

Angels Care Wirral Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Angels Care Wirral Ltd is registered to provide personal care to people living in their own homes. At the time of the inspection there were 26 people using the service most of whom lived in Wallasey and the surrounding area. The majority of the people receiving a service were older people, some were living with dementia and some needed support from staff with their mobility. The provider employed 13 care staff, a co-coordinator and a supervisor.

We carried out an unannounced comprehensive inspection of this service on 6 April 2016 at which breaches of legal requirements were found. We identified concerns in relation to the assessment of risk and a lack of quality assurance, monitoring and oversight of the service. Following the inspection the provider wrote to us to say what action they would take to ensure they were meeting the requirements of the law. At this comprehensive inspection which took place on the 11 July 2017 we found that although some improvements had been made the provider was still in breach of legal requirements.

The service had 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.

The provider had not ensured robust systems had been implemented for reviewing, monitoring and assessing the quality of the service. The provider was not undertaking their own internal audits of the records. Therefore they were unable to demonstrate how they monitored and identified gaps in the records and whether standards of care were falling. The absence of a robust quality assurance framework meant the provider had no systems to identify shortfalls and take action to drive improvement. This is an area of practice that requires improvement.

The provider had not ensured that staff received regular support, training and supervision and had the skills, knowledge and experience required to support people with their care and support needs. Training materials were out of date and did not reflect current good practice guidelines and legislation. This is an area of practice that requires improvement.

People received their medicines on time. However the information available to staff about people's

medicines was not robust. Therefore there was a risk that staff would not have the guidance they needed to ensure people received their medicines safely. This is an area of practice we have identified as needing improvement.

At the last inspection we found the provider had not always ensured people's risk assessments had been updated and reviewed to reflect changes in people's needs. At this inspection we found improvements had been made. Individual assessments identified environmental and individual risks. They were up to date and detailed guidance for staff to follow to reduce these risks effectively.

Staff knew the people they were supporting well and were aware of their personal preferences, likes and dislikes. Care plans were in place detailing how people wished to be supported and people and or their representatives were involved in making decisions about their care. People's comments included, "They are nice people, nice to chat to" and "They are very caring and understanding". A staff member told us "It's a small company. We have really good relationships with our customers and have time to spend with people". People were supported with their healthcare needs and staff liaised with their GP and other health care professionals as required.

People's privacy and dignity was respected. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. People said the service met their needs and encouraged them to be as independent as possible. One person we spoke with told us "I'm very independent and want to stay that way. The more I do the longer I'll be able to do things. They know that and let me do things for myself". People were asked for their views of the service and complaints and concerns raised had been responded to promptly.

People, relatives and care workers spoke highly of the service, the management and staff. Staff felt supported within their roles, describing an 'open door' management approach, where the registered manager and management team were available to discuss suggestions and address problems or concerns. One person who used the CQC web site to provide feedback on the service wrote 'It is a small and personal service. When things have gone a bit wrong they will listen and try to do what is required'. People confirmed they felt safe with the staff. Systems were in place to protect people from abuse and harm and staff acted on any concerns they had. When concerns had been identified these had been passed to the local authority for them to consider under local safeguarding protocols.

Staff worked in accordance with the principles of the MCA and sought people's consent before delivering care.

We found two areas where the provider was not meeting the requirements of the law you can read what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People received their medicines safely but the information available to staff about people's medicines was not robust.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Steps had been taken to minimise risks to people's health and safety.

There were appropriate staffing levels to meet the needs of people who used the service.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The provider had not ensured that staff training was kept up to date and reflected current good practice. Staff did not always receive supervision in line with the providers own policies and procedures.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by caring and kind staff.

Staff maintained the confidentiality of people's personal information and people's privacy and dignity was respected.

Good ●

People were encouraged to express their views about how care was delivered and supported to remain in dependant.

Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs.

Assessments were undertaken and care plans developed to identify people's health and support needs.

Staff were aware of people's preferences and how best to meet those needs.

Good ●

Is the service well-led?

The service was not consistently well led.

The provider did not have quality assurance processes in place to measure and monitor service provision and drive improvement.

Staff felt supported by management and understood what was expected of them.

The registered manager and staff worked well with other agencies.

Requires Improvement ●

Angels Care Wirral Ltd

Detailed findings

Background to this inspection

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

The service was last inspected on 6 April 2016 where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the assessment of risk, record keeping and the lack of oversight and quality assurance processes for the service. The service received an overall rating of 'Requires Improvement'. Following this inspection the provider sent us an action plan outlining the action they would take to ensure the requirements of the law. At part of this inspection we checked to see whether they had followed their plan and the improvements had been made.

This inspection took place on 11 July 2017. We gave four days' notice to make sure the registered manager would be available to facilitate the inspection. The inspection was carried out by one inspector. 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 sent out questionnaires to people who used the service, their relatives and care staff working for the agency. We received nine completed questionnaires from people who used the service, six from staff and five from people's relatives and analysed the results. We also looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. A notification is information about important events which the service is required to send us by law.

As part of the visit to the service we looked at records, which included five people's care records, four people's medication administration records, five staff recruitment, training and supervision files, the staff communication book, people's daily records and other records relating to the management of the service

such as policies and training materials. We spoke with the registered manager and three care staff. We also received feedback from three people, three relatives and two members of staff by speaking with them over the phone.

Our findings

People said they felt safe when supported by the staff. One person told us "I feel safe with them absolutely". Another person told us "They've never raised their voice to me; I feel safe with them". A relative told us the staff were very careful when they handled their loved one. Despite the positive feedback we received we identified some areas of practice that needed to improve.

At the last inspection we found the provider had not always kept a record that original documents relating to the identity of some staff had been seen and had not always obtained explanations for gaps in employment history. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. Recruitment practices were safe. The recruitment files for new members of staff contained photocopies of original documents relating to staff members identity. These had been signed and dated by a senior member of staff to show they had seen the original documents and the recruitment files for new staff also contained explanations for gaps in employment. The provider had ensured they obtained references for new staff members and Disclosure and Barring Service (DBS) checks were completed before staff started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support.

At the last inspection we found the provider had not always ensured people's risk assessments had been updated and reviewed to reflect changes in people's needs. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. Individual risk assessments identified environmental and individual risks. They were up to date and detailed guidance was in place for staff to follow to reduce these risks effectively. For example, one person's care plan gave clear instructions for when and where in the person's home they should support a person who used oxygen. A staff member told us "They have a boiler in the utility room. It's important they don't have the oxygen mask on when they go in there".

People were happy with the arrangements in place for the administration of their medicines. One person told us, "They keep them locked away. I'm not sure where they keep them but it's safe. They don't leave them out for me so we can't overdose or anything. They give them to me when I need them". A relative told us, "The agency staff look after the medicines when we are on holiday and we've not had any problems". Medication administration record sheets (MARS) had been completed by staff to indicate medicines had

been administered as prescribed and intended. A member of staff described how they gave medicines to a person and they explained that they watched them swallow their medicines to be sure that they had taken them.

Staff recognised and reported medication errors and took appropriate action to ensure that people were safe from harm. For example, records showed one staff member had reported to the office when the stock of one person's medicines was running low. This information had been passed to a family member so they could order replacement medicines. Another staff member told us they had raised concerns about another person who was not taking their medicines as prescribed and intended. This information was passed to the person's family and GP and arrangements were made for the agency to administer this person's medicines to them at the prescribed times. Staff knew people well and were able to tell us the conditions people took their medicines for, where medication was stored and the times they needed to administer them. However people's care records did not always detail this information. Therefore there was a risk that any staff referring to information in the care plan would not have the guidance they needed to ensure people received their medicines safely. This was raised with the registered manager who told us they would take action to ensure this information was added to the care plans. Whilst we did not assess that any harm had occurred as a result of this shortfall it is an area of practice we have identified as needing improvement.

People were protected from abuse. Staff were aware of the need to report any concerns that a person was being subject to or was at risk of abuse, to a senior person. They gave examples of when they had done this and showed us records to confirm the actions they had taken to safeguard people. Their actions included reporting concerns to the provider, the local authority, relevant healthcare professionals and informing people's relatives of their concerns. One member of staff described to us how they and the staff team had ensured one person was kept safe by providing emergency cover to make sure they were not left alone over a weekend when staff had been unable to contact the local authority to raise their concerns. They explained to us how they had worked with others involved in the person's care to ensure that the care package they received was amended so as to protect them from abuse and minimise the risk of reoccurrence.

The provider employed sufficient numbers of care staff to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs and people told us they had not experienced any missed calls.

People were protected by safe infection control procedures. People told us that staff wore uniforms and confirmed that they took appropriate precautions to prevent the spread of infection, such as the use of personal protective clothing. One member of staff told us that they always washed their hands before and after supporting a person and another said that they wore gloves and an apron when supporting people with personal care.



Our findings

People told us they felt care staff had the correct skills and training to carry out their role. One person told us, "They know what they are doing". Another person commented, "They are very competent". A relative told us, "All the girls are superb. We are extremely happy with them". Another relative commented, "Mum likes them (the care staff); we've had no problems with them, we couldn't be happier". Despite the positive feedback the provider had not always ensured that all staff had received the training and support they needed to provide consistently safe and effective care.

At the last inspection the registered manager told us they undertook spot checks of staff and observed them delivering care but had not kept a record of this. They told us most staff had not received formal documented supervision on a regular basis or had an annual appraisal since 2014. At this inspection some improvements had been made. Records showed that some spot checks had been completed and staff had received an annual appraisal of their performance. However not all staff had received supervision and the cycle of staff supervision, observation of practice and appraisals of performance still needed to become fully embedded into day to day practice.

Moving and handling training was provided by DVD and answering multiple choice questions. The registered manager told us when people had been assessed as needing to use equipment to move, such as hoists and standing aids, an occupational therapist had trained staff how to use the equipment in people's homes. Following this training these staff members had then trained other staff how to use the equipment. However a record of this training had not been maintained and the staff that had provided training to other staff were not qualified to do so. Therefore the provider could not be assured that the moving and handling techniques staff were using followed current good practice guidelines.

Staff also watched training DVD's and answered multiple choice questions in relation to medication, safeguarding, dementia, first aid, infection control and health and safety. However records showed that the update training for nine members of staff in relation to moving and handling, health and safety, first aid and safeguarding had not been completed within the timescales the provider specified in their staff handbook. They also showed that four new members of staff who were delivering care had not completed any training with the provider. In addition to this there were no records to confirm the competencies of staff to administer medicines had ever been assessed.

The registered manager explained that the majority of staff were experienced and held a nationally recognised qualification in care. They also told us that some staff had completed training such as moving

and handling and medication in previous roles; however the provider had not obtained evidence of this. Therefore the provider could not be assured of staff had the skills and knowledge to deliver care effectively.

At the last inspection some of the training materials the provider used were out of date. At that time the provider told us they were in the process of identifying training for staff to update their knowledge. At this inspection these training materials had not been updated and staff had not received training to update their knowledge. Therefore the provider could not be assured that staff were aware of and following current legislation and good practice guidelines.

The registered provider had not ensured that staff had received the support, training, professional development, supervision and appraisals necessary for them to carry out their role and responsibilities. This was a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) 2014.

The registered manager told us all staff completed a two day induction and orientation training course. They showed us a certificate that they issued to staff upon completion of this training which included subjects relating to their role. The provider told us they explained each of the subjects to new staff and gave them hand-outs on the subjects for staff to read and refer to for guidance. However the provider did not provide an induction and training to staff new to care that followed the Care Certificate standards. The Care Certificate is a nationally recognised certificate which was introduced to make sure staff are supported, skilled and assessed as competent to carry out their roles. Although we did not assess that any harm had occurred as a result of this it is an area of practice we identified as needing to improve.

New staff also shadowed experienced staff for a week before working unsupervised. This included being introduced to the people they would be providing care to and getting to know their routine. People confirmed this and one person told us they were always introduced to new staff and commented, "They bring them in and introduce them to me. Two of them come and show the new one what's needed".

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. We checked whether the service was working within the principles of the MCA. People were supported to make day to day decisions such as what they wanted to eat or wear. Staff told us they explained the person's care to them and gained their consent before carrying out any care and support and all the people and relatives that we spoke to confirmed that this was the case. One person told us, "They are very understanding. If they know I'd rather do something for myself they don't stop me". Staff told us that people chose how they would like to be cared for; they explained they always asked permission before starting a task and would never make anyone to do anything they did not want to do.

People and their relatives made most of their healthcare appointments. However, staff were available to support people to arrange them if required. Records showed staff liaised with health and social care professionals involved in people's care when needed. Records showed that staff monitored people's health and wellbeing for example their skin integrity. When concerns had been identified in relation to people's health, staff described occasions when specialist advice had been sought for example by contacting people's GP's and district nurses on the person's behalf., This had been recorded and guidance was appropriately followed.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or people themselves and staff were required to heat

meals and ensure drinks were accessible to people. One person told us, "I have microwave meals mainly. They heat them up for me". A relative told us, "They help with meals, mainly heating up frozen meals or making a sandwich". One person's care plan stated the person 'doesn't eat very well' had 'fortified milk' and detailed the importance of leaving food and drink out and in sight of the person. This was to remind them to eat and drink sufficient amounts throughout the day and night. A relative commented on their questionnaire, 'My relative seems happy with the support they receive from Angels Care Wirral. It has allowed them to remain in his own home and the meals they prepare have improved their diet'.

Our findings

People receiving care and support from the service told us that staff were kind and caring. People's comments included; "They are nice people, nice to chat to" and "They are very caring and understanding". A relative told us "They are extremely nice; we are very happy with them". Another relative commented, "They chat to mum and she likes them. She'd let us know if she wasn't happy. We've no concerns what so ever". A staff member told us "It's a small company. We have really good relationships with our customers and have time to spend with people".

People were extremely happy with the care they received and said they saw regular consistent staff that knew them well and treated them with kindness. Staff had built positive relationships with the people they provided care to. Staff were able to tell us how people preferred to be addressed, for example some people had chosen to be known by a name other than their birth name.

The registered manager told us how they did their best to ensure that people were supported by the same staff on a regular basis so they had continuity of care. They explained that they allocated a group of care staff to each person so that they could provide consistent care and staff could cover for each other when they were on leave. People and their relatives confirmed this. One person told us, "I usually get the same ones unless they're sick and then they let me know".

People's dignity and privacy was always upheld and respected. Staff were aware of the need to preserve people's dignity when providing care to people. They explained to us how they made sure that people were always covered and not unduly exposed when they supported them with personal care. One member of staff commented, "I always make sure the curtains and blinds are closed before personal care. Some people have their beds downstairs so it's really important to close the blinds first". They also told us "I get a towel ready to wrap them in when they get out of the shower to cover them up and keep them warm".

Staff recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. Staff supported people to remain independent in their own homes. One member of staff told us that they encouraged people to do as much as they were able. They said that that when giving personal care to people she gave them the opportunity to wash their own face and hands and any other areas that they were able and wanted to do themselves. One person we spoke with told us, "I'm very independent and want to stay that way. The more I do the longer I'll be able to do things. They know that and let me do things for myself". A staff member told us, "The pace of work is just right; it's just how it should be. We have the time to encourage people to do

things for themselves without rushing them".

People said they could express their views and were involved in making decisions about their care and treatment. Staff promoted people choices and respected their decisions; for example one person told us, "They know me they know how I like to do things. I'm slower than they are but they don't rush me. They let me do things myself and at my own pace". Staff told us that when they arrived at a person's house for the first time they would introduce themselves and tell them where they came from. They said when delivering personal care they would ask the person how they would like to start. Staff told us when supporting people with their personal care they would explain to people what they were doing and why and that it was important to support people at their own pace.

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss people whilst providing care for others. Information on confidentiality was covered during staff induction and training. Records in the office were stored in locked cupboards or in password protected files on the office computers so that only people with authorisation to do so could access them.

Each person supported by the service was provided with a Service Guide which explained how care and support would be delivered and what people could expect from the service. The Service Guide included useful telephone numbers such as the out of hours emergency contact number for the service.

Our findings

People and their relatives told us they received a service that was responsive to their needs. A relative told us, "They are very accommodating not just for mum but us too". Another relative told us, "They are very flexible and will send in extra staff when needed. They change the times to suit what we are doing". A relative stated on their questionnaire, 'Angels try to accommodate our relatives needs and are willing to have flexibility if we need to change times of calls so our relative can get out and still be a part of the community. Angels are always as punctual as they can be to the times of calls when in the past other care providers have been unable to do this'.

At the last inspection people's care plans had not always been reviewed and information updated to reflect changes to people's care needs that had taken place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. Care plans had been reviewed and updated when required. The manager had a system in place to monitor when they were required. Records showed that each person's care plan had been reviewed and updated within the last year and staff told us and records showed they had also been updated as and when changes had occurred. For example records showed that one person had been reassessed before they were discharged from hospital to ensure that the agency was still able to meet their needs.

Each person's needs had been assessed prior to care being delivered. Assessments had been undertaken and care plans developed to identify people's health and support needs in conjunction with the person and where appropriate, their relatives. One person told us, "I've got a care plan. It's in a folder where they keep the records they write in. I haven't bothered looking in it. I know what's going on and that's all that counts". The plans were developed outlining how people's needs were to be met. They detailed task based activities such as assistance with personal care and the support people required. In one care plan it detailed how staff assisted a person to transfer to a wheelchair and how they were required to 'reassure the person and support where needed'. In another care plan it described how the person wanted to be supported and that the person needed 'a lot of encouragement to get up and about'. A relative commented on their questionnaire, 'Angels Care looked after my spouse, who had Alzheimer's. They came in three times per day towards the end. Well looked after throughout.'

Staff knew people well and were responsive to their changing needs. Staff told us they usually visited the same people on a regular basis and would report any changes in their condition to their line manager and in some cases the person's family. The registered manager and staff explained how one person's needs had changed so that they needed more support. They told us they had contacted the local authority and the

person's family and GP to arrange a review and the person's care package had been increased to meet the change in their needs. A member of staff told us when they noted a decline in the memory of another person they provided care to they had reported this and an appointment had been made for the person to attend a memory clinic.

People and their relatives told us staff arrived on time and stayed for the full duration of the call. One person told us, "They usually turn up on time. It's only if someone is sick then they tell me they are likely to be a bit late". Another told us, "Yes they turn up on time and if anything they do more and stay longer than they should do". A relative commented, "They arrive on time. We haven't had any problems with the timings or them leaving early". Staff told us that they felt they were able to support people with the time that was allowed for each call. If they felt there was not enough time they would raise this concern with the senior staff in the office who would look into it. Staff told us that they were given sufficient travel time between calls.

Care staff completed a log after each visit to a person and we saw that entries were detailed and described the care that had been given and how the person was feeling. Staff knew how to obtain help or advice if they needed it and one member of staff told us, "Someone is always on the end of the phone, we have an out of office hour's number to call for assistance".

There was a complaints procedure which was included in the Service Guide for people which they were given when they started to use the service. Complaints were dealt with in a timely manner and to people's satisfaction. No one we spoke with had raised concerns or had any reason to make a complaint about the service they received. Everyone we spoke with was happy with the service and told us they would not hesitate to contact the agency should they have any reason to raise a concern. They also told us they felt any complaints would be taken seriously and acted on. One person told us, "I'd definitely let them know if I wasn't happy. I'd phone the boss she'd listen to me and put things right, I'm sure of that". Another person told us, "I am very happy with them. I know who to call if I wasn't. I presume they'd listen to me but I'd speak to my relatives if they didn't. I've dealt with them for many years and never had to complain". One person stated on their questionnaire, 'The agency have provided a folder which is kept at the house. This has useful information in about Angels and if we needed to make complaint. We have not needed to do this'.



Our findings

People, their relatives and staff all spoke highly of the registered manager and staff and felt the service was well managed. One person told us, "I can't fault them. They're great". Another commented, "I'm very happy with them. I can't say there's anything they don't do well." One relative told us, "They are absolutely superb". Another told us, "They are absolutely super. They really are Angels and living up to their name". Despite the positive feedback we received we assessed some areas of practice that required improvement.

At the last inspection the provider was not meeting the requirements of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured audits of people's care plans and staff files were being completed and records of quality monitoring visits had not been maintained. At this inspection we found that some improvements had been made, however further shortfalls were identified in relation to record keeping and governance of the service. Therefore the provider was still not meeting the requirements of the law.

The provider had not implemented effective systems and processes to monitor, manage and improve the quality and safety of services and drive improvement. Although each person's care plan had been reviewed and updated they had not been audited so shortfalls in their content, such as the lack of specific guidance in some people's care plans for staff to follow in relation to the administration of medicines, had not been identified.

Medication administration records were not audited or routinely checked for their accuracy and completeness. Therefore there was a risk that any errors or poor practice in the administration of medicines would not be picked up and could result in further similar errors occurring. The provider did not have an overview of when staff supervision and training updates were due and staff recruitment and training files had not been audited. Therefore the provider had missed the opportunity to identify shortfalls and take action to make the necessary improvements.

Whilst complaints had been addressed by the provider on an individual basis, they had been recorded in people's individual files and not in the complaints log. Therefore the provider did not have a clear overview of the complaints to analyse and help drive improvement of the service.

The provider had not systematically reviewed and updated their policies and procedures. At the last inspection a number of the provider's policies and procedures including medication, health and safety, confidentiality, recruitment, safeguarding and lone working had not been updated since 2010. At this

inspection we found that although some of these policies and procedures had been reviewed in 2016, they still referred to legislation and guidance that was out of date. They also made reference to the regulatory body that had been replaced by the Care Quality Commission (CQC) in 2010.

The lack of systems and processes to effectively monitor the service has been identified as a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was open and transparent about the above issues and acknowledged there had been a lack of oversight of the quality assurance processes. They explained they were aware that they had fallen behind with records keeping. They also told us they had made arrangements with another care provider to support them with implementing quality assurance systems and in providing training to staff.

People were asked for their views on the quality of the service. Quality assurance questionnaires were completed by people at the same time as their annual review. The registered manager then used the feedback to drive improvement. The majority of the feedback provided was positive. Where any issues had been identified, we saw actions had been implemented to ensure that improvements were being made.

There was a clear management structure in place. The registered manager was supported by a supervisor and assistant supervisor. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff said they felt well supported within their roles and described an 'open door' management approach where they could speak to management at any time they required support. One staff member told us, "The management are really good; you can call in any time for advice". Staff said they would have no hesitation in reporting whistle blowing concerns to the registered manager and were confident they would take appropriate action to deal with any concerns they raised. It was evident that management knew the people who used the service well and were able to describe to us individual's needs and personal histories. They were aware of which people had family involved in their care and who they should contact in emergencies.

We received consistently positive feedback from people about the management of the service describing the management and staff them as approachable and effective. One relative told us the registered manager was "An extremely nice person" and they were "Very happy with them". People and relatives confirmed they would feel comfortable in contacting the office to discuss any concerns they had and that they felt listened to by the registered manager. The registered manager acted in an open and transparent way in relation to the care and treatment provided. When mistakes had been made apologies had been provided and explanations given. One person who used the CQC web site to provide feedback on the service wrote, 'It is a small and personal service. When things have gone a bit wrong they will listen and try to do what is required'.

It was evident the registered manager and staff worked with other organisations such as the local authority and health care professionals and contacted them for support and advice appropriately

Staff showed enthusiasm and interest in their work. One staff member told us, "I am very happy working here I love my job". Another staff member told us, "It's great place to work; we have the time to spend with people without rushing them, you just don't get that in other agencies". All the staff including the registered manager told us people came first and it was apparent from our conversations with people and staff this philosophy governed the day to day delivery of care.

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured robust systems had been implemented for reviewing, monitoring and assessing the quality of the service. This has been identified as a continuing breach.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensured that staff had received the support, training, professional development, supervision and appraisals necessary for them to carry out their role and responsibilities.