Huggies Cares Limited

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Huggies Cares Ltd (Huggies) on 17 and 18 October 2016 and our first day was unannounced. Our last inspection took place April 2014. At that time we found the service met the standards we inspected against.

Huggies is a domiciliary care agency located in the Trafford area of Manchester. The agency provides care and support for adults with a variety of needs such as mental health needs, sensory difficulties and dementia. The provider's statement of purpose states that support provided includes assistance with personal care, domestic tasks and outings in the community. At the time of our inspection 47 people were receiving services.

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

We found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the end of the full report.

People told us they felt safe with their care staff. Staff we spoke with were aware of the types of abuse and knew how to report any suspected abuse. Recruitment and selection processes in place were not sufficiently robust to help ensure that staff recruited were suitable to work with vulnerable adults. The service did not have an effective system in place to record safeguarding referrals and investigations. This meant that the provider was unable to effectively identify any patterns or trends that may help to keep people safe from harm.

Risk assessments were carried out but these did not always provide sufficient guidance to staff to help them manage people's risks and support them safely. People's medicines were managed safely and people told us care staff were careful when administering their medicines. Training records showed that all staff were up to date and competent in administering medication. This meant that people were supported in a safe way to take their medication. Infection control practice was good

People felt that care staff had the right skills and knowledge needed to undertake their caring role. We saw that mandatory training in key areas such as safeguarding and moving and handling were done and refreshed each year. This should help to ensure that care staff supported people safely and effectively. There were no records to demonstrate that care staff received regular supervision and annual appraisals. This meant that we could not be certain that care staff were receiving necessary professional support to carry out in their role effectively.

Records we viewed did not evidence that people had consented to the care and support they received. The service facilitated people's access to medical attention and healthcare professionals when required. This meant people were supported to receive the right health care when they needed. Some people were supported to make healthy nutrition and hydration choices. This should help people to maintain a balanced diet and support their wellbeing.

People told us care staff supported them in a caring manner. They gave us examples of how staff were proactive and went the extra mile. This meant people felt cared for and supported effectively by their care staff. People were treated with dignity and respect and encouraged to maintain their independence depending on their abilities. This helped to promote their continued wellbeing.

People told us the service was flexible and responded to their needs. We found that care plans we looked at in the office were not consistent with those we viewed in people's homes. Not all care plans contained person centred information about what people expected from the care and support they received. However, there was sufficient information within plans to guide staff to provide safe and effective support. People told us they knew how to raise a complaint or a concern. The agency did not keep a systematic record of how it managed any complaints received. This meant we could not tell if the service how the service had dealt with complaints and if how it had learnt from these. We found no record that the service had asked for people's opinions on the support they received. This meant we had no evidence that people were helping to influence and improve the care and support provided by the service.

We observed an open and approachable culture at the agency. People and relatives, in the main, expressed satisfaction with the agency and the support they received. However, there were some relatives who told us that management practice and communication could be strengthened. The provider and the registered manager did not have appropriate systems in place to effectively manage the operation of the service. There was a lack of effective and robust quality assurance systems to provide effective monitoring of the quality and safety of service. The service did not always meet the legal requirements of notifying the CQC of safeguarding incidents. This meant that people's care and support was not adequately assessed monitored to ensure their continued safety and wellbeing. We saw that the provider had a suite of policies and procedures in place; this should help to ensure staff had appropriate guidance to carry out their roles. Staff meetings were resumed in September 2016 and were scheduled to happen on a monthly basis. This forum would give care staff the opportunity to discuss their work with managers and colleagues.

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.

People told us they felt safe with their care assistants and they liked that staff always wore their uniform and identity badges.

Recruitment processes were not robust. The provider did not ensure that adequate pre-employment checks were made before staff were recruited.

Medicines were managed satisfactorily. Staff were up to date with their medication administration training and competency.

Is the service effective?

Requires Improvement

The service was not always effective.

People told us that staff were good and had adequate training to meet their care needs effectively. We noted that there were gaps in staff training and that ongoing professional support for staff was lacking.

The registered manager did not demonstrate a good understanding and awareness of the Mental Capacity Act and how this legislation affected people receiving support and care.

The service facilitated people's access to medical attention and relevant health care professionals in a proactive manner.

Is the service caring?

Good

The service was caring.

People spoke fondly about the care workers that supported them and told us they found them to be very caring.

Staff were able to demonstrate to us that they knew the people they supported.

We saw that people were treated with dignity and respect and where appropriate assisted to maintain their independence which promoted their wellbeing.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans gave staff sufficient information to help them support people according to their wishes. They did not always reflect people's preferences and we saw no record that care plans were reviewed periodically.

People knew how to make a complaint. However the service did not operate an effective system of managing complaints.

The service did not demonstrate that people's opinions on the care and support they received was effectively captured to drive improvements.

Is the service well-led?

Requires Improvement

The service was not well led.

Most people and their relatives told us they thought the agency was well managed and the staff were good; however, some relatives felt that there was room for improvement.

Quality assurance systems were not robust and did not give the provider and registered manager the necessary oversight required to effectively assess and monitor the service's quality and safety.

There were policies and procedures in place to guide care staff in their caring role.

Huggies Cares 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.

This inspection took place on 17 and 18 October 2016 and the first day was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is someone 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 caring for an older person who has used care services.

Before the inspection, we asked the provider to complete 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. This form was not returned to us.

We contacted various stakeholders such as the local authority commissioning and safeguarding teams and the clinical commissioning group to find out what information they held about the service. 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.

During the inspection, with their prior consent, we visited one person and two relatives in their homes and we spoke with four people and one relative by telephone. We also spoke with the registered manager, an administrative staff member and two care assistants. We looked at records relating to the service including six care records, seven staff recruitment files, daily record notes, medication administration records (MAR), training documents and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with the care assistants that attended to them. People said that staff "always" wore their identity badges and uniforms and that this practice made them feel comfortable. One relative told us, "Both my wife and I feel entirely safe with these carers". Another relative said, "Although I am very pleased with the care my (relative) receives, there is a big turnover of staff which could lead to a lack of consistency and treatment, however so far so good."

We looked at seven staff recruitment files to see if the necessary pre-employment checks were in place. In three files, we saw that references had not been checked; in two files we saw no record of references being collected; and in two files, we noted no identification documents such as passport or driver's permit. Regarding references we noted one candidate had provided a reference from a partner. We noted that two staff files did not have a record that Disclosure and Barring Service (DBS) checks had been made. 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. We noted that one staff file contained unexplained gaps in employment which had not been investigated at interview. This meant the recruitment and selection process was not sufficiently thorough to help ensure staff recruited were suitable to work with vulnerable groups and was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with were aware of the different types of abuse and they knew how to protect people from the risk of abuse. They told us they had annual refresher training and we saw from training records that this training was scheduled for December 2016. We noted previous training had been done in May 2015. We saw that there was a safeguarding policy in place which contained appropriate contact details for reporting safeguarding events to the local authority and the Care Quality Commission.

We asked the registered manager how the service recorded and investigated safeguarding incidents. We saw that safeguarding referrals were investigated and appropriate action taken. This meant that people were protected from risk of abuse because the service had systems in place to do so.

We asked to see how the service recorded accidents and incidents. The registered manager told us these were recorded in people's daily logs and also on the care planning system the service used to manage people's visits. Care workers we spoke with confirmed this is what they did. While, we saw examples of incidents recorded on the care planning system, we found the service had no effective system of monitoring these incidents to protect people's wellbeing and safety and to help ensure that risks of reoccurrence were minimised.

We saw that assessments were carried out to identify and manage any risks that a person using the service may be exposed to in relation to supporting their care needs. These included moving and handling, food safety, and infection control. We looked at five risk assessments and we saw they did not consistently contain specific details to help guide staff to manage an individual's risk safely. For example, one person was at risk of pressure ulcers and their assessment explained the risk, identified the aids required and the

health professionals involved. Another person's moving and handling risk assessment evaluated the level of risk involved, the control measures and further action required to be taken by staff to manage the risk. We noted these assessments were up to date and provided ample guidance to care staff. However, we saw an individual's assessment for challenging behaviour had not been completed fully and did not evaluate the level of risk (that is, low to high); we saw no control measures to manage the risk but noted the following written, "low mood at times". We saw the form had not been dated or signed. Another person's risk of falls assessment identified that two care workers needed to be present to help mobilise the person but no guidance regarding what should be done if that individual had a fall. One person told us they were encouraged to take positive risks in relation to managing their medical condition but their care plan did not reflect this. This meant that care staff may not always be guided accordingly to keep people safe from harm and support them effectively.

Most people we spoke with told us the care staff were usually on time and that the office would let them know if care staff were going to be delayed. One person told us, "Yes, the carers come on time, especially given where I live." At the time of our inspection, we saw on record one missed call. The registered manager told us and we saw from care planning records that care staff were grouped into geographical teams. This meant the same group of care staff delivered support to people helping to ensure that their care was consistent.

We found the service managed people's medication satisfactorily. People who needed help to take their medicines told us care staff were careful when administering medicines and they helped to reorder blister packs as necessary. We saw from the training records that staff had done their annual medication administration training and competency checks in September 2016. This should help to ensure that people received their medication safely.

People told us that care workers demonstrated good hygiene practices by using personal protective equipment (PPE) such as gloves, aprons and sanitising gels, and washing their hands as required. We observed care staff collecting PPE at the offices. Staff we spoke with could tell us how they demonstrated good infection control practice. We observed a new care worker with long, painted finger nails; this was not good infection control practice. We noted that records did not indicate that any training had been done in this area in 2015 or 2016. Training should help to reinforce good practice and help to ensure that staff know how to keep people safe from infection.

Requires Improvement

Is the service effective?

Our findings

Comments from people who used the service included, "These carers don't just clean (relative) up and get (them) cups of tea – they really try to encourage (them) to listen to the radio or watch TV, they really communicate with (them)", "(regarding training), they (the care staff) are on the ball. They are switched on. (The agency) select their carers carefully" and "The carers are very nice people (and) willing but they are not trained. My (relative's name) has to show them what to do." The relative told us this was because the agency sent different care workers and their relative had to train them all the time.

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.

Staff we spoke with told us they always asked for people's consent before providing any care or support. People and relatives confirmed this. We noted people's care records kept in the office were not signed by them or their legal representative. When we visited two people's homes we looked at their care records, with their permission. We saw that one care plan did not contain the person's signature and there was a note in the other plan indicating the person was unable to sign and this document had not been dated.

We reviewed the care records of a person with a diagnosis of dementia. We noted that there were no capacity assessments included and we asked the registered manager about this. They told us the local authority social work team did mental capacity assessments. We discussed MCA with the registered manager but we were not assured that there was full understanding of how the agency should apply this legislation to its service provision and their role in referring people to social services if they think the person's mental capacity has changed. This meant that the registered manager and care workers may not always be aware what these laws meant for the people who may be affected by them. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us the service had an induction programme and mandatory training such as safeguarding, moving and handling, health and safety and infection control which was refreshed annually. They also said that newly recruited staff shadowed more experienced colleagues until they were assessed as competent to work unsupervised. Care staff we spoke with confirmed they had had an induction, mandatory training and shadowing opportunities. We saw an example of one care worker's reflection on and evaluation of their shadowing experience. However, we did not see clear records of induction, shadowing shifts and what topic areas had been covered. The registered manager told us the service had started to use the care certificate for induction in August 2016 and that four new staff members were enrolled. However, we did not see any evidence of how the service was going to deliver this training. The Care Certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers; its objective is to develop the values, behaviours and skills care workers need to provide high quality and compassionate care.

We reviewed the 2016 training matrix and we found that most staff were up to date with the training provided during the year which was medication and cardiopulmonary resuscitation/first aid. We noted about 24 percent of care staff were booked to do this training but the records did not indicate when this would take place. Also we found three care staff who did not appear on the training matrix. We noted from October 2016 to December 2016, all staff were scheduled to receive annual refresher training in moving and handling, health and safety, infection control, and safeguarding. This training, when completed, should help to ensure that care workers have the necessary knowledge and skills needed to support people safely and effectively.

Staff personnel records we looked at did not contain records of supervisions and appraisals. Supervision and appraisals help to ensure staff have the necessary support and opportunity to discuss any issues or concerns they may have, and identify any professional development needed. This meant the service did not demonstrate that staff were receiving adequate support to help ensure they carried out their roles safely and effectively. Despite not having regular supervision, care workers told us they felt supported in their role and that if they had concerns about their work, they would speak with the registered manager or the owner who also worked in the service. However, these shortfalls in training, supervision and appraisal meant there was a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us care workers were proactive in ensuring that they accessed any medical attention and appropriate health care professionals if needed. We asked one person what they thought their care worker would do if a medical emergency occurred; we were told this had already happened and the care worker knew what to do. Another person told us their care worker, alarmed by their condition, immediately made a call in to the District Nurse. While at the office, we heard staff members making referrals to the relevant healthcare teams on behalf of the people they supported. This showed that the service was proactive in making sure people received the right health care when they needed to.

We saw from people's care records that care staff helped them with their meals if required. People told us staff always gave them a choice of what to eat and drink. Staff we spoke with said they encouraged people to have a healthy diet but promoted their independence by ensuring they decided what they wanted. This meant that, when required, the service helped to ensure that people maintained good hydration and nutrition.

Good

Is the service caring?

Our findings

People said that staff were very caring, "lovely" and prepared to go the extra mile. For example, one person told us their care staff, noticing the lounge needed cleaning, got the vacuum cleaner out and did it. People and their relatives made the following comments, "I have had a variety of carers and the ones I've had have all been great", "The girls are respectful, helpful and fun with a great sense of humour", "They (the care staff) talk to my (relative) politely and gently when they are doing physical care which includes toileting, washing, getting (them) a cup of tea, etc." and "they (the care staff) recognise I have a wicked sense of humour. It's comfortable and just a delight. I've had over a decade of carers and this company works well for me."

Staff we spoke with demonstrated their knowledge about the people they supported. From our conversations with them, it was clear they knew people's personalities and they had developed good relationships with their customers. We spoke with one care worker who demonstrated to us how they interacted with people, for example, getting down to the eye level with a person if they were seated or in bed, and speaking with them in calm reassuring manner. Care staff told us they were able to support people more effectively if they knew something about them so they asked about their lives, what they liked or did not like, what job they did and any interests they may have. We read one care staff's evaluation of their shadow shifts and they described how they interacted and engaged with each individual to help ensure they were providing caring support to each person. This meant people were supported by care staff that took an interest in them and cared about their wellbeing.

People and their relatives told us they were involved in planning their care and support. They said information about what they required was gathered during their initial assessment. This was confirmed in most care records we reviewed. This meant that people and relatives felt included and were consulted in making decisions about the care they received. People we spoke with said if they had any concerns about their care they called the office or they raised them with the care staff. One person confirmed this and said to us, "The girls seem to iron out any problems I have." People told us their calls were always promptly responded to. This meant that people and relatives felt included and were consulted in making decisions about the care they received.

We asked people if they were treated with dignity and respect and they told us that they were. Care staff told us they maintained people's dignity by ensuring curtains and doors were closed and making sure the person was covered accordingly when providing personal care. One family member told us, "Respecting privacy was greatly valued" and that when their relation was receiving personal care the care staff asked other family members, with the permission of the person, to leave the room.

From the care plans we looked at we saw that people were encouraged to be independent depending on their abilities. Staff we spoke with described how they helped people to maintain their independence in their homes by helping them to do those tasks they could no longer do on their own. For example, preparing a meal or doing the laundry. This should help people to maintain their independence in a safe way and also promote their wellbeing.

Requires Improvement

Is the service responsive?

Our findings

We asked people if the service they received from Huggies was responsive. People and their relatives told us, "They are really flexible. They're not a one glove fits all", "[Registered manager] and (their) staff at the agency are very approachable. When I do have issues they try and sort it out to my satisfaction" and "The girls at the agency are very responsive. When I asked for a time change as I was taking [person] to a wedding, they were able to send someone at 7am. I was very happy with this".

One person told us the service had adjusted their morning visit to suit their needs. They told us their care staff visited early in the morning to administer their medication as this was time specific and then returned about half an hour later to carry out the other tasks. This showed us the service was able to respond to people's specific needs.

In the office, we looked at four people's care plans and we saw each contained a schedule of duties which was very detailed and included exactly what needed to be done, what people liked for breakfast or other meals, for example. In some people's care plans, we saw personal histories but we did not see a record of what people's preferences or interests were. However, we noted care plans contained little or no information about what people's personal outcomes were from the support they received. One care plan we looked at in a person's home followed a different format from those we had seen at the office; we noted this plan identified a key worker, contained some personal information about the person including allergies and family members but there were gaps in likes and dislikes and interests. The plans we looked at in the office did not have this format. The second care plan we looked at in a person's home only contained their personalised daily records and no other information such as personal history and risk assessments. Daily records were individualised and listed the tasks to be undertaken by care staff including personal care and medication administration, and people's meal preferences. We saw that care staff logged entries of any changes in a person's circumstances for example hoist or medication change on the daily records; this information was also recorded on the service's care planning software. This meant that the registered manager would be made aware of any reviews of support that were required.

However, from care plan documentation, we could not tell how often people's care was reviewed. We asked the registered manager about this and they told us people's care and support was reviewed as required. We pointed out to the registered manager that without dates to evidence this had occurred, we had no reassurance that people's care needs was being reviewed to ensure they were still appropriate. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that the service's complaints procedure was included in the service user guide and we saw a copy of this in people's care plans. We asked the registered manager to see how the service managed complaints. The registered manager provided documents relating to one complaint saying this was a sample of how complaints were dealt with. We noted the record contained the referral documents from the local authority and we saw that the registered manager had satisfactorily investigated and addressed all issues. We did not see documentation to demonstrate the service had responded to the person once the issue had been investigated. We found no evidence to support that the service maintained a systematic log of complaints

and concerns received so we could not be sure that all complaints were being dealt with in this way.

In the service user guide, we saw feedback from people using the service would be gathered from user surveys. People we spoke with said they had not been asked to complete a customer questionnaire. We asked the registered manager about this and they told us information was gathered informally. However, the registered manager did not demonstrate to us how they were collating this information to remain informed of what people thought of the service provided. This meant people were not given the opportunity to help effect change or improvements if needed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2004.

Requires Improvement

Is the service well-led?

Our findings

We asked people and their relatives if they thought the service was well managed. In the main people we spoke with were happy with the service Huggies provided and they said they would recommend the agency to others. One person using the service told us that their hairdresser had recommended the service. Six out of eight people and relatives we spoke with praised the registered manager and the care staff for their "sympathetic, can-do" approach. Two relatives told us "management means well; their hearts are in the right place but they don't have appropriate training and are always [making a mess of things]."

People told us that the managers had been care workers themselves so understood the nature of the work and all aspects that it involved including the responsibilities, scheduling, transport problems and they did their best to alleviate these issues for their customers and staff. One person said the manager had visited them in the capacity of a care assistant and that their relatives were very happy with this intimate personal approach. One relative told us "The carers are brilliant. It's the management that's the problem." They told us that agency's communication was poor and gave us the example that they had not been informed that care staff used a mobile phone to start and end a visit.

Huggies had a registered manager who had been in post since August 2013. Everyone we spoke with knew who the manager was.

We noted there was little in the way of quality checks in place. We asked the registered manager about these and we were shown two spot checks that had been done for one care worker; we did not see records of any others that had been completed. We also noted that some medication record audits had been done but these did not appear to be regularly scheduled. The registered manager told us they undertook an audit of medication administration records (MARs) for people who had complex medication regimes. We noted these audits were not systematically done and they did not include people who had less complicated medication needs. From reviewing these audits, we found it difficult to determine how effective and useful these audits were because there were no comments, actions or summary statements about the audits' findings. In one example, we noted the audit form did not match up with the entries on the medication administration record. We raised these issues with the registered manager during feedback.

We saw no evidence that checks were carried out to ensure that people's care plans were accurate and continued to meet their needs. We noted incidents and accidents that happened in people's homes such as falls were recorded in daily notes and on the care planning system. Care workers we spoke with confirmed they did this. We found the service had no effective system of monitoring these incidents to protect people's wellbeing and safety and to help ensure that risks of reoccurrence were minimised. We therefore found the provider did not have a robust system in place to effectively assess and monitor the quality and safety of the service provided.

We noted record keeping was poor. For example, we found there were no systematic records relating to complaints and safeguarding incidents received and how these were analysed to identify common themes or staff involved. The lack of consistent auditing and analysis meant the provider and the registered

manager had no effective way to continually monitor and assess the service provided to ensure people received safe and effective care.

The lack of adequate management oversight, quality checks, effective monitoring of incidents and accidents and adequate record keeping were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant that robust systems were not in place to help monitor that people continued to receive safe and effective support.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC); these are called statutory notifications. We checked our records between February and October 2016 and we noted the registered manager had not always submitted notifications to us in line with their responsibilities and legal requirements. For example, we were not notified of three safeguarding incidents that had taken place. Failure to report notifiable incidents such as these was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We saw that the provider had policies and procedures in place; these should help to guide staff in their caring role. We noted some policies and procedures such as those for Infection Control and Medication policy did not have current dates on them and we saw no review dates to show if they had been reviewed. We saw policy documents displayed in the training area and we asked the registered manager about this. They told us they had introduced a system of identifying key policies and any new policy/procedure or training material they wanted care staff to review. The documents we saw were for safeguarding, medication including covert medication administration and challenging behaviour. Staff we spoke with told us they would check the notice board and do any required reading in their administration time. We were assured that the registered manager had a system in place to help ensure staff were aware of relevant policies but we pointed out to the manager that making sure these documents were updated would help to ensure care staff were effectively supported to understand and perform well in their caring role.

We observed there was an open and approachable management style. We saw that staff were comfortable coming into the office and we noted the registered manager was very supportive. For example, one care assistant attended a distressing call during our visit and we heard the registered manager suggesting that they come into the office. When this staff member came into the office, we saw that the registered manager and other office staff offered practical and emotional support including a discussion of the incident and reallocation of their caring duties for the rest of the day.

From records, we saw that staff meetings were held in April 2016 and September 2016. The registered manager told us there had been no meetings during the summer due to busy schedules and annual leave but that from September 2016 meetings were to be resumed on a monthly basis. They told us they used staff meetings to reinforce previous training and key policies and procedures. We were unable to verify the specifics of these meetings because the minutes did not contain the details discussed. Staff meetings should help all staff to feel supported in their roles and give them the opportunity to discuss concerns they may have about their work. However, based on our observations and speaking with staff during our inspection, we found management were supportive to their workforce. We will check at our next inspection to see what steps management have put in place to ensure regular staff meetings occurred. The registered manager told us and we saw from the minutes that team leader meetings were started in October 2016 and these provided a separate forum for care staff to further discuss issues around their role with their team leader and colleagues.

We asked the manager about partnership working and how they kept up to date with industry best practice. They told us about the local authority's service improvement partnership forum. This was a group chaired

by the local authority which gave providers the chance to discuss issues relating to the care industry. The manager told us attendance at these meetings should help the service share and keep up to date with good practice and discuss challenges within the sector.

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 18 Registration Regulations 2009 Notifications of other incidents The service did not inform CQC about notifiable incidents such as safeguarding. Regulation 18

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service did not demonstrate clearly that people's care needs were being reassessed according to the service's policy to help ensure their care was still appropriate. Regulation 9(1)(c), (3)(a)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of people must only be provided with the consent of the relevant person. Appropriate assessments must be done to if people are suspected of lacking capacity Regulation 11(1)(3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were no established governance systems or process in place to effectively provide oversight of the service

	Regulation 17(1) There was a lack of regular quality checks / audits and analysis of these to continually monitor the service provided to ensure people received safe and effective care. Regulation 17(2)(a) No systematic records kept relating to management of the service such as safeguarding. Regulation 17(2)(d)(ii) The provider did not have an effective system of capturing the views of people using the service to help the service effectively monitor the standard and quality of care and support provided. Regulation 17(2)(e)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed 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)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not demonstrate that appropriate induction training and professional support systems were in place to effectively support care staff in their caring role. Regulation 18(2)(a)