

Metropolitan Care Services Limited

Barking

Inspection report

Suite 9,
56A Longbridge Road
Barking
IG11 8RW

Tel: 02085946888

Website: www.metropolitancare.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 January 2018 and was announced. At the last inspection on 15 June 2017, the service was rated as inadequate. We asked the provider to take action to make improvements with regard to care planning, risk assessments, people's capacity, staff recruitment and training and the quality assurance process. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. We found most of the actions have been completed, however, improvement was needed regarding the monitoring of staff visits to people and their durations.

Barking Metropolitan Care Services Limited is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection, 15 people were using the service.

There was a registered manager 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.

People told us they felt safe using the service. Staff understood their responsibilities to protect people from the risk of abuse. Risks to people were assessed to ensure they were safe.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. There were systems in place to make sure people received their medicines safely.

Staff received appropriate support to meet the needs of people. They received regular training and one to one meeting with their line manager. New staff underwent an induction programme, which included training courses and shadowing experienced staff.

People were supported by sufficient number of staff. The provider had an effective recruitment process in place to ensure staff were safe to work with people who used the service.

People were involved in decisions relating to the care they received. Their preferences and diverse needs had been recorded and care and support were provided in accordance with their wishes.

People's capacity to make decisions was considered and recorded during the assessment and care planning process. Staff had received training about the Mental Capacity Act 2005. They encouraged people to maintain their independence as much as possible, in all aspects of life and daily activity.

People's needs were assessed before they started using the service. They were involved in developing their

care plans which were individualised to their needs and preferences.

Staff understood the importance of respecting people's privacy and dignity. People's cultural needs were understood and catered for by staff. Information about people were treated confidentially.

The provider took account of complaints and comments to improve the service. The views of people and their relatives had been sought and acted upon. Regular audits were undertaken to monitor the quality of the service provided. However, the system for monitoring staff visits was not working effectively and this could put people at risk.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the back 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?

Requires Improvement ●

The service was not always safe. People were protected by safe recruitment procedures and there were sufficient numbers of staff to meet people's needs. However, some people and relatives told us the staff did not always arrive and leave on time.

There were systems to reduce the risk of abuse and to assess and monitor potential risks to people who used the service.

People received their medicines as prescribed and medicines were managed safely.

Staff were aware of their responsibilities on how to prevent and control infection.

Is the service effective?

Good ●

The service was effective. Staff received training and were supported through regular supervision and appraisals.

Staff understood the requirements of the Mental Capacity Act 2005. Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People had access to the services they required to maintain their health and staff supported accordingly.

Where requested people were supported to eat and drink enough to help keep them healthy.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect and staff supported them to maintain their independence.

People and their representatives were involved in the care planning process. People were able to make decisions about their care in a way that suited their needs.

Is the service responsive?

Good ●

The service was responsive. People received personalised care. Care plans were regularly reviewed and updated to ensure they contained accurate information about people's needs.

There was a system in place to inform people how to make a complaint and how it would be managed. Where concerns had been raised, appropriate actions were taken to resolve the issues.

Is the service well-led?

The service was not always well led. There was a quality monitoring system to check that the care and support provided by staff, met people's needs. However, the system for recording and monitoring staff visits was not working effectively and this could put people at risk.

The management team took an active role in the running of the service. They had good knowledge of the staff and the people who used the service.

Staff had access to policies and procedures to inform and guide them in their roles.

There were regular audits undertaken and any improvement identified was acted on.

Requires Improvement 

Barking

Detailed findings

Background to this inspection

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

This announced inspection took place on 16 January 2018 and was conducted by one inspector. We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we checked the information that we held about the service. This included the previous inspection report and action plans on how the provider would meet our regulations. We also reviewed the information that was shared with us by the local authority.

During our inspection we spoke with the registered manager and the nominated individual. We looked three care plans and risk assessments, three staff recruitment files, staff training records and a range of records about people's care and how the service was managed. These included medicine administration record (MAR) sheets, quality assurance audits, satisfaction surveys, daily notes and policies and procedures.

After the inspection we spoke on the telephone with two people who used the service, three relatives and one advocate to gain their views about the service. We also contacted four members of staff to confirm what we were told during our inspection and also to ask them some questions about their work and the people they looked after.

Is the service safe?

Our findings

People and their relatives told us they felt safe when the staff visited them. One person said, "My carers are very good and I don't have anything bad to say about them." A relative told us, "Yes, I do not have any concerns when the staff come around, I feel my family is always safe with them."

People told us they were supported by the same members of staff most of the time unless the staff were not well or on leave. One person told us, "I have the same girl that comes to see me, they are very caring." A relative said, "My family member has the same carer nearly everyday." We looked at the staff rota over the past week and noted people generally had the same staff, who provided care and support to them. This helped with consistency of care to people. Some people and relatives mentioned that the staff usually arrived on time for their visits. If they were running late the staff would call them to let them know. However, two relatives said the staff were sometime late and sometime early. This meant sometime people had to wait longer for staff to attend to their needs. This issue was brought to the attention of the provider so action could be taken to resolve it.

At our last inspection on 15 July 2017, we identified that the recruitment of staff was not completed in a way that ensured staff were suitable to work in a care setting. Application forms were poorly completed and gaps in applicant's employment histories were not explored. There were no records of the interview or assessment process and how the provider had decided that staff were suitable to work in a care setting. During this visit, we looked at the recruitment records of staff and found the necessary pre-employment checks had been completed such as, proof of identity, references, employment histories, interview notes and Disclosure and Barring Services (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. The provider also carried out checks to ensure staff had the right to work in the UK. The registered manager said, "I make sure now that everything is checked when a new staff start work."

At the last inspection, we found the provider had a policy regarding safeguarding adults from avoidable harm and abuse. This included the details of the local authority safeguarding team in which the office was based, but not for the local authority area in which all the people who received a service lived. Safeguarding is led by the local authority where the alleged abuse took place. The policy now included all appropriate information to ensure staff knew how to escalate concerns to the correct agencies. This meant that the provider had the appropriate measures in place to help ensure people were kept as safe as possible.

We saw staff had received training in how to prevent abuse, recognising signs of abuse and how to report it. Staff had a good knowledge of safeguarding people and were able to tell us the actions they would take if they had any concerns. For example, one member of staff told us, "If I see any unexplained bruising on someone, I will report it straightaway to the office or to the manager." Another said, "I will report any concerns to the manager." There had not been any safeguarding concerns raised since our last visit. It was clear from discussions we had with the management team and staff that they understood their safeguarding reporting responsibilities. This helped to ensure people who used the service were protected from the risk of abuse.

Previously we noted that not all risks to people were assessed and identified, such as how staff should manage certain medical conditions. This meant people were at risk of harm. From the care records we looked at during this visit, we saw that each contained a set of risk assessments which identified potential difficulties for people in their daily lives and aimed to minimise the risk to them. For example, we saw risk assessment in place where one person had difficulty with their mobility. There was clear guidance on what actions staff needed to take to minimise this risk. Staff were aware of the risks to people and understood the information available to them in the support plans. Care records also contained risk assessments about people's home and living environment, such as any trip hazards. Staff were kept informed of any changes in people's risk assessments which were reviewed regularly.

During our last visit, records showed the service supported people to take medicines. The provider had created its own medicines administration records (MAR). However, these were not sufficient to ensure the safe administration of medicines as the staff were recording they had administered "dosset box" rather than the individual medicines administered. There was no clear information for staff about when they might have to administer medicines and which medicines they might be. We also noted the MAR contained gaps in records and it was not clear staff had administered medicine in a safe way. This meant there was a risk the person did not receive their medicines as prescribed.

At this visit, we saw where people needed assistance to take their medicine, there were guidance in place on how staff must support them. Staff ensured people had taken the right medicines at the right time. The MAR sheets were more comprehensive and gave the name of each medicine the person was prescribed and their administration route, for example, oral or nasal. At the time of our visit, the staff supported only two people to take their medicines. Other people took their medicine independently or with the help of their relatives. We looked at the medicine administration record (MAR) sheets and saw they had been completed correctly with no gaps. One person said, "The staff give me my medicine when they come in." One relative told us, "The carers always make sure my family member has their medicine."

Staff had received training in medicine administration and their competency was checked on a regular basis to ensure they followed good practice and people received their medicines safely. The provider had procedures regarding the management of medicines to ensure people who used the service received their medicines when they needed them.

Staff were provided with Personal Protective Equipment to protect against any health and safety risks at work. They were aware of their responsibilities to promote a safe working environment to prevent the spread of infection. For example, one member of staff mentioned about the importance of wearing gloves and aprons when providing personal care.

There were systems in place to record accident and incident. The registered manager informed us that there had not been any since our last visit. Staff were encouraged to report any concerns promptly so appropriate action could be taken by the management team to minimise or prevent any further occurrence.

Is the service effective?

Our findings

People who used the service and their relatives were satisfied with the care and support provided by staff. One person said, "The staff are excellent." A relative told us, "They [staff] do a very good job."

During our inspection last year in July 2017, we found the assessment process before people started to use the service needed to be more comprehensive as they lacked details. Since our last visit we found the provider had revised and updated the assessment to ensure it covered all areas where people needed assistance. The assessment looked at people's physical, social and psychological needs and was carried out in a holistic way. People and their relatives confirmed they had been involved in the assessment process. One relative said, "Yes, they [staff] came and I was asked a number of questions about my family member."

At the last inspection, we found staff were not provided with the training and support they needed to perform their roles. During this visit, we saw that the provider had put an effective system in place to assess and monitor the staff's skills and understanding. Each member of staff had an individual training record which showed which training courses they had undertaken and when they were due. This helped the registered manager to monitor staff were up to date with their training. Staff told us they received training which was relevant to their roles and helped them to meet the needs of the people who used the service. Staff were trained in areas, such as health and safety, safe moving and handling, communication, infection control, safeguarding and medicine management. This helped to ensure staff had the skills, they need to care and support people safely. Staff felt the training they received was of a good standard. One member of staff said, "I have done a number of training, some online and some I had to go to the office."

Staff were also supported to enrol on a nationally recognised qualification in care at an appropriate level. The registered manager monitored staff training to ensure that staff were up to date with their training. We saw refresher training in certain areas had been arranged to take place in March 2018. There was a training record for each member of staff and this helped the registered manager to monitor if staff had completed all of their training.

Prior to staff started working for the service they were provided with an induction programme which followed the Care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The induction also included shadowing experienced staff. During the shadowing period the new staff would be introduced to people they would be looking after. This helped them to become familiar with the needs of the people they would be supporting and how to meet them. The staff were also provided with a staff handbook which had information about the service and policies and procedures they had to adhere to. One relative said, "The manager came to introduce me with the carer who was going to look after my family member."

Staff told us and records confirmed they received regular supervision with their line manager to discuss their work, any concerns they might have, and any personal development. Staff said they found those meeting helpful. This helped the registered manager to regularly assess and monitor the staff's ability to meet people's needs. The registered manager also went out to observe staff when they were providing care and

support to people in their home. The staff were provided with guidance about their practice as 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. 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 domiciliary care services, an application must be made to the Court of Protection. The registered manager was aware of the process and told us no applications had been made. People were free to do as they wished in their own homes.

At the last inspection, we found the provider was not seeking or recording consent to care in line with legislation and guidance. Care plans did not contain information about people's capacity to consent to their care, or make decisions about their care. Considerations about capacity and consent were not included in the assessment process. None of the care files viewed were signed by people, or legally appointed decision makers, to indicate their consent.

During this visit, we checked whether the provider was working within the principles of the MCA. We found the management team as well as the staff were aware and understood their responsibilities under the MCA. People had given their consent to receive care and support from staff and their capacity to make decisions was considered and recorded during the assessment and care planning process. People or their representatives had signed their care plans indicating they were involved.

Staff had received training on how to protect people's rights. Policies and procedures on these subjects were in place. A member of staff told us, "I always ask for the person's permission and consent before I help them with their personal care." One person told us, "The carers always check and ask me before they do anything."

We found on our last visit that there was no information about people's dietary preferences, what they liked to eat or how they liked to be supported to eat their meals. This meant there was a risk that people were not always supported to maintain a balanced diet or eat and drink enough. During this inspection, we saw details about what people liked and disliked to eat were included in their care plans so staff knew what to offer people. For example, one person liked a certain cereal only and they preferred to have it with cold milk. Staff demonstrated a good understanding and awareness of people's specific dietary needs. People were able to eat and drink what they wanted, however staff encouraged them to eat a varied and healthy diet.

We were concerned during our previous inspection that people were at risk of not being supported to maintain their health as staff did not have clear information about people's health needs and the support they needed to maintain their health. However, during this visit we found the care records had been updated and contained clear information about people's healthcare needs. This helped staff to monitor people's health and welfare. If a member of staff had any concerns about a person's health or wellbeing, they would inform the registered manager who would take appropriate actions such as referring the person to other health care professionals. One relative told us that staff had called an ambulance when their family member was not well. Relatives confirmed they had been kept informed of the health of their family members.

Is the service caring?

Our findings

People who used the service told us they had no worries about how staff treated them and said the staff were very good and supported them well. One person said, "The staff are very caring."

We previously noted in July 2017 that due to inconsistent rotas and changing of staff this meant people did not have the opportunity to build up positive relationships with staff. Feedback we received from people and their relatives after this visit was mostly positive about the service. One relative told us, "The girls [staff] have a very good relationship with [family member]. I can now go on holiday knowing they will be looked after well." One person said, "The carers [staff] are very good and caring." Staff knew people they supported well and had built up good relationships with them. They were familiar with the way they wanted to be looked after. They knew what people's likes and dislikes were, and how they liked to be supported. However one relative had concerns that sometime staff did not stay for the whole duration of their visits and only one staff attended on two occasions instead of two staff.

At our last inspection, we found care plans did not contain any information about people's preferences. Some of the people we spoke with at the time told us they had not been asked their views or involved in making decisions about their care. During this visit, we saw people were able to express their views and had been involved in making decisions about their care needs. We noted that people had a plan of care in place and those were discussed and agreed where possible with them or their representatives. One person had an advocate who spoke on their behalf to ensure all their assessed needs were met. An advocate is a person who speaks on behalf of others to ensure their rights were protected. They will attend meetings with people and them to express their concerns or wishes.

We noted people's interests and diverse needs were also recorded and this helped staff to meet their needs in accordance with their wishes. For example, one person who used the service was a certain faith and spoke Hindi. The member of staff who visited them also shared the same faith and also spoke their language. This helped to ensure people's religious and cultural needs were understood and met by staff in an appropriate way.

We saw staff had received training in Equality, Diversity and Human Rights. They were aware of their responsibilities to ensure people's rights are protected and promoted.

People told us staff treated with kindness and compassion when being provided with care and support. One person said, "Yes, they are always helpful and caring." One relative told us, "My [family member] can be difficult at time, the staff know how to manage them, the staff are always nice to them." The relative felt the staff were respectful and empathetic to their family member behaviour.

Staff demonstrated a good understanding of the needs of the people who used the service and could describe how to maintain people's dignity and how to ensure people's choices were respected. They were able to tell us what people liked to do and how they liked things done or if they had any particular routine during the morning or afternoon visits. They gave us examples of how they maintained people's privacy and

dignity when provided care to them. One member of staff told us, "I always make sure I close the door when assisting service users [people] with personal care."

Staff supported people to maintain their independence as far as possible. Part of the service offered by the provider was a reablement service to people. Reablement encourages people to develop the confidence and skills to carry out daily living activities and other practical tasks by themselves and this helps them continue to live at home. This service usually lasts for up to six weeks. The provider mentioned that most of the people had been using the service for longer than six weeks. Some people had gained their independence back and were not using the service anymore. People told us that staff helped them with certain tasks only and they did the rest. One person said, "They [staff] come and help me with getting up, but I make my own breakfast and take my medicine by myself." Care plans contained details of what people could do for themselves and where they needed support.

Relatives told us they were kept informed of any changes in their family members' needs. One relative said, "If there is anything, they [provider] would contact me and let me know."

Information about people was treated in confidence. The provider had policy and procedures regarding confidentiality and information about this topic were also included in the staff handbook. Staff were aware of their responsibilities and knew that information provided in confidence should only be disclosed to an authorised person. We saw people's records were kept securely in the provider's office. The provider was a member of the Information Commissioner's Office. They are an independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

Is the service responsive?

Our findings

People and their relatives felt the care and support they received was good. Relatives felt their family members were looked after well. One person said, "The girls do an excellent job." A relative told us, "[Family member] is very pleased with the staff. They look after [person] very well."

At the last inspection in July 2017, we found that care plans contained only basic summaries of the support to be provided to people and there was no information about people's care preferences. There was a lack of detailed information about how to provide assistance to ensure their needs were met.

During this visit, we saw there had been improvements made to the care plans to ensure staff had all the relevant information to guide them on how people's personal care and support needs should be met. The care plans also contained information about what time people liked to get up, how they communicate, if they needed help with their medicines or with eating and drinking and whether they had any difficulty with their mobility. We saw care plans were individualised and focused on areas of care people needed. For example, one care plan stated, "[Person] is able to move on their own with the help of a walking frame." In another care record, we saw staff had been provided with guidance on how to assist one person with eating and drinking. There was also information on how to maintain the person's personal hygiene needs in order to prevent skin breakdown as they preferred to stay in bed all day. Staff were aware of each person's care and support needs and met them accordingly.

We saw people and their relatives had been involved in planning their needs and their care plan had been written in consultation with them. Care plans were kept under review and this helped to ensure staff continued to meet the needs of the people who used the service. A copy of each person's care plan was kept in their homes. Staff were responsive to people's needs and took time to ensure they were met as the person wished.

People were supported to engage in meaningful activities of their choice. Staff were knowledgeable about people's preferred routines. For example, one member staff said, "[Person] likes to watch television." The provider told us the staff did not take any person in the community for activities. However, if it was part of the person's care package, they would do so. They had previously taken people out to do activities with them. One relative said, "The staff do have a chat with my [family member] when they come. They also do what they have to do."

At our last visit, the registered manager told us they had not received any formal complaints since the service started operating in November 2016. They said they had received some informal complaints about timekeeping. The provider's policy did not distinguish between formal and informal complaints and stated, "The recording of complaints will not be confined to 'serious' or 'substantial' complaints." The provider had not maintained a record of complaints made. Three of the relatives we spoke with told us they had made what they considered to be formal complaints about the service. They were all satisfied with the outcome and stated that the provider had apologised and was taking steps to ensure the issue they had complained about did not recur. The lack of records regarding complaints meant the provider was not keeping records

of complaints and so could not analyse complaints for themes or ensure that lessons were learned and applied from complaints.

During this visit, we noted one complaint was received. We saw the provider had acknowledged the receipt of the complaint and had contacted the complainant given a time by when they would complete their investigation. They also had a meeting with the complainant to discuss their concerns. If people were not satisfied with the outcome of their complaint, information on which other bodies they could contact such as the local government and social care ombudsman was included in the provider's complaints procedure. People and their representatives were encouraged to raise any issues with either the registered manager or the provider. One person told us, "If I am not happy, I will phone the office and speak to [provider]." A relative told us, "I have raised concerns before and they [management team] had acted on them." Staff told us they would report any concerns to the registered manager if the person they were caring for, was not happy about something.

The registered manager told us that people would rarely discuss their last wishes upon death with them as some of them found it difficult to talk about it. The provider said people felt they were using the service to get better so it was not easy to talk about their last wishes. However, they told us if people had made their last wishes known, this would be recorded and acted upon.

Is the service well-led?

Our findings

Most people and relatives felt the service was good and it had improved since our last visit. One relative said, "We had some concerns before, but now we are happy with the agency." One person told us, "They do an amazing job." However, one relative had very minor concerns which they felt were not impacting on the care needs of their family member.

At the last inspection in July 2017, we found there was a lack of quality systems in place which meant there were risks to people using the service that had not been identified or addressed. The provider was asked if they had completed any audits or checks on care plans, records of care or medicines records. The registered manager told us, "There are no checks on the records log book, I do check the MAR charts but I don't document it. We monitor the call log information, but it's not recorded." During the inspection issues with the quality of the recruitment records were identified. The registered manager and nominated individual were asked if they had ever checked or reviewed the recruitment files. The registered manager responded, "Truthfully, no, I have never checked."

During this inspection, we identified, although some audits were being carried out on MAR charts, care plans, daily records and staff files, further improvement was needed regarding how people's call logs were monitored and recorded. Following our inspection, we requested the provider to send us the call logs for three people for the first two weeks of January 2018. When we looked at the information we found that most of the visits for every single person were completed exactly on time for exactly the correct amount of time. For example, for one person who required two staff to support them, we saw both staff logged in at 09.30am and logged off at 10.15am. We found out of 72 visits, 57 were completed at the exact time. When we asked the provider how staff logged in and out, they stated that they used the people's landline telephone to do so. However, one relative who lived with a person who used the service told us this was not the case, they said staff did not use their landline and they had not signed any staff time sheets either. The relative also mentioned that they kept their own record when staff came and left and this differed from what the staff wrote in the log book which was kept in the person's home.

Two people had also raised concerns in August 2017 with the local authority Quality Assurance Team about staff not using the electronic system to log in and out and also about incorrect call durations recorded in the log books. They also mentioned that the records of electronic calls monitoring and the log book times did not match. From records sent to us after the inspection, we noted one person when completed the quality review form ticked 'rarely' when answering the question – 'My care worker(s) arrive on time'. One relative told us sometimes the staff come early and sometimes they did not stay for the whole duration of the calls. They gave us the dates on which staff came early. However, from electronic call records sent to us, it was recorded that the staff had come exactly at the time they were supposed to and stayed for the whole duration. This showed the system for monitoring staff visits was not working effectively and this could put people at risk of not receiving their visits on time or as agreed during the care planning process.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the registered manager was approachable and they felt supported. They also commented positively about how the service was led. One member of staff said, "The manager is very good and very supportive." Another said, "The manager takes care of us very well." Relatives told us they could speak with the registered manager or nominated individual if they had any issues that they wanted to discuss and they felt both of them were very approachable. Following our inspection, a relative raised some concerns with us. We contacted the provider about the issues raised. The following day, the provider informed us that they had already contacted the relative and had put an action in place to deal with their concerns. The relative confirmed to us that this had happened. People and their relatives were familiar with the management team and they said they had visits from them.

Staff were clear about their roles and responsibilities and said they felt valued by the management team. There were staff meetings held regularly where a number of areas were discussed such as staff training and people's care needs. Staff were kept informed of any changes occurring in the service and this meant that staff received up to date information and were kept well informed. Staff felt they worked well together and were happy working for the service.

The provider used an external organisation for drafting their policies and procedures. Staff had access to policies and procedures via the office or their staff handbook. They were aware of the line of accountability and who to contact in the event of any emergency or concerns.

The registered manager had good links with the local community. They worked in partnership with organisations such as the local authorities and clinical commissioning groups. They were also a member of the United Kingdom of Home Care Association Ltd (UKHCA). UKHCA helps providers such as domiciliary care or homecare in promoting high standards of care.

The registered manager had sent satisfaction surveys to people to get their views about how the service was operating. We looked at some of the surveys and the comments made were mostly positive. For example, one person wrote, "Staff are friendly and do what is asked from them." Another person wrote, "Staff are polite and helpful, do everything they can and they listen to me." We saw the information received was reviewed by the registered manager. Where improvements were suggested, this was acted upon. For example, one person wanted staff to wear overshoes when attending to them. This was taken on board and staff were asked to respect this person's wishes.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The system for monitoring staff visits were not always effective and this could put people at risk.</p>