

S.Janvier Limited

Apollo Care South Wirral

Inspection report

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Date of inspection visit:
11 November 2016
16 November 2016

Date of publication:
25 January 2017

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 11 and 16 November 2016. The first day of the inspection was unannounced. The second day was by arrangement.

Apollo Care South Wirral provide personal care for 13 people living in their own homes in the geographical area of South Wirral. On the first day we visited the organisation's office; on the second day we visited five people in their homes who were happy to speak with us about the care they received.

The service required and 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.

During our inspection we found a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Recruitment procedures were not operated effectively to ensure that persons employed were suitable to work in health and social care. You can see what action we told the provider to take at the back of the full version of the report.

We saw that there were procedures and systems in place to recruit new staff safely. However we found that these had not always been followed. This meant that the registered manager did not have oversight of and could not be assured that they had consistently made safe recruitment decisions.

People told us they felt safe with the care they received in their home. People's relatives told us they had confidence in the care and support their family member received. They also said the service they received was reliable. One person said, "They have never missed a call".

There were sufficient staff employed to meet people's care needs and to be reliable in the visits planned to people's homes. People had their calls at the time that had been agreed and recorded in their care plan, in accordance with their needs and wishes. The registered manager showed us and staff confirmed that they received a weekly rota; this plan allowed for appropriate travel time between calls. The people using the service told us that also they received a weekly rota from the organisation showing them who was making the visits the following week. One person said, "I have a rota showing which staff are coming. I know them all".

People told us they always received the full allocated time for their call. When care was required from two staff member's people told us two staff always arrived.

People and their relatives told us they thought that the care staff were sufficiently trained and had the skills needed to be confident in their role. Staff told us they felt well supported and received initial training,

induction and time shadowing an experienced staff member. They also received refresher training, unannounced 'spot check' assessments, supervision meetings and team meetings to support their ongoing development.

Staff received training in safeguarding vulnerable adults. Those that we spoke with were knowledgeable with regard to safeguarding. They knew who to contact if they had any concerns and which organisations they could go to outside of Apollo Care South Wirral if appropriate to do so.

We saw that people were supported with their health care needs and to access medical professionals when necessary. People who were assisted with their medication had this documented in their care plan. We saw that records were kept of the medication administered in people's care plans and on a medication administration record (MAR). The organisation supplied care staff with gloves, aprons and any other equipment needed to complete their role safely. As part of their identified care some people were supported with purchasing and preparing their meals. People told us this was done well.

We saw that appropriate risk assessments were in place for the different aspects of people's care. The registered manager also kept a record of accidents, injuries and any near misses that happened, along with a record of any action taken to keep people safe.

We saw that the organisation applied the principles of the Mental Capacity Act in the delivering of their care. People we spoke with told us they were treated with respect, their consent was sought and they were involved in the planning of their care including any referrals made. As part of people's initial assessment, their ability to consent to their care was ascertained.

People told us they felt well cared for. One person when speaking about their care staff, told us, "They are like a family". One person's relative told us, "They are all lovely; there is not one of them we don't like. A few are like friends now".

People told us they were treated with kindness and patience. They told us of examples of this in their care along with being treated with dignity and respect. We saw that the organisation had received many written compliments from people and their families. The service had provided end of life care for some people in their own homes which had been praised. We were told this was planned in line with the person's wishes.

The registered manager promoted a caring culture. Staff were recognised who excelled in being caring. People also told us they felt well informed by the organisation and this gave them reassurance. People and their families were involved in assessing their care needs and preferences and creating a care plan. We saw that these plans were reviewed periodically with people. We looked at some people's care plans and found they contained the person's agreed schedule and had individualised and specific guidance on the person's needs, preferences and how to keep the person as safe and healthy as possible.

People and staff told us the service was well led and they found the registered manager approachable. The registered manager told us they liked to be personally involved in the reviews of people's care plans. They told us that it was an opportunity to stay in touch with people and gain feedback in person about the quality of their care. We looked at the organisations records of compliments and complaints. We saw that complaints had been recorded, addressed and responded to in a timely manner.

The registered manager completed a series of audits. They had recently started auditing people's medication administration records and daily communication sheets. The manager had oversight of when people's care plans were reviewed and staff supervisions and training. We found that the audits of staff files

had not been effective in highlighting gaps in the system ensuring staff were recruited safely.

We saw that when incidents had occurred in delivering care to people these had been recorded and the registered manager had taken appropriate action. We found the manager to be open, candid and quick to respond to concerns highlighted.

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.

There were procedures systems in place to ensure that new staff were recruited in a safe manner. These had not consistently been followed.

People told us they felt safe with the care they received.

There were sufficient staff to meet people's care needs safely. People told us the service was reliable and they received their calls at the agreed time.

Staff had been trained in and were knowledgeable about safeguarding vulnerable adults.

We saw that appropriate risk assessments were in place and accidents, incidents or near misses were recorded and learnt from.

Is the service effective?

Good ●

The service was effective.

People told us they thought the staff had the right skills for their role and were well trained.

Staff received appropriate training, assessment and on-going support to care for people well. This included initial training, supervisions, feedback from spot checks and staff team meetings.

The service operated within the principles of the Mental Capacity Act 2005. People consent was sought and they were involved in the planning and delivering of their care.

If needed people were supported with purchasing and preparing sufficient nutritious food.

Is the service caring?

Good ●

The service was caring.

People told us they were well cared for and listened to. Feedback from people's relatives was positive; they told us their family members were well cared for.

People told us they were treated with dignity and respect, that carers took their time and showed patience.

We saw that many compliments had been received by the organisation.

People told us they were kept informed and up to date by the organisation. They liked receiving a weekly rota of carers scheduled to call.

Is the service responsive?

Good ●

The service was responsive.

People told us that their care met their needs. People's needs and preferences were recorded as part of an initial assessment, which was periodically reviewed.

The scheduled call times were planned around people's needs and wishes. People and their relatives told us that these can be changed to meet their changing needs.

We looked at the organisations record of compliments and complaints. We saw that all complaints had been taken seriously and responded to quickly by the registered manager.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The manager ensured that audits and checks of the quality of the service were undertaken. We found many of these to be effective.

However audits of staff files had not ensured the recruitment procedures had prompted follow up action by the registered manager.

People told us they thought the service was well led. Staff told us that the registered manager was approachable and always helpful.

Apollo Care South Wirral

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 was 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 11 and 16 November 2016; the first day was unannounced and the second day was by arrangement with the service. The inspection was completed by an adult social care 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 looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner.

We also contacted the local authority quality assurance team for their feedback.

We visited five people who received support from the organisation. We looked at their care plans and spoke with them about the support they received. We also spoke with three relatives. We interviewed five members of staff including the registered manager and we spoke with one health and social care professional.

We also looked at the staff files of five members of staff and documents relating to the medication administration, health and safety, staff rostering and the management of the service.

Is the service safe?

Our findings

We asked people if they felt safe with the care they received in their home from Apollo Care South Wirral. One person said, "Safe? Oh yes". Another person told us, "I feel safe with the carers". A third person told us they felt safe because they know the carers and when they arrive they always introduced themselves. People's relatives told us they were happy and felt reassured with the care and support their family member received. One relative told us, "I have confidence in them". Another relative had written to the office and stated, 'The care at home is first class and certainly puts my mind at rest... please tell them how much they are appreciated by us'.

We saw that there were procedures in place to recruit new staff safely. For new staff the provider undertook a criminal record check using the Disclosure and Barring Service (DBS). The DBS carry out checks to help employers make safer recruitment decisions and help prevent unsuitable staff from working with people who use care and support services.

We looked at the staff files for five members of staff.

On one staff members file a reference from a previous employer had not been investigated or followed up when it raised a concern. We spoke with the registered manager and they did not have sufficient knowledge of the circumstances regarding this person's recruitment. This meant that the registered manager did not have oversight of and could not be assured that they had consistently made safe recruitment decisions.

On another staff members file we saw that an appropriate risk assessment had not been completed. The registered manager completed a risk assessment shortly after our inspection.

This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. Recruitment procedures were not operated effectively to ensure that persons employed were suitable to work in health and social care.

The registered manager made enquiries and assessed any risks that may be present on the same day. They also put in place an organisational improvement action plan which they shared with us. We found the manager to be open, candid and quick to respond to concerns highlighted

Candidates applied for roles within the service by first of all having a one to one conversation about the role, with the registered manager. Then they filled out an application form which asked them about their previous employment, experience and skills gained from employment and life experience. Those that were successful attended an interview. The registered manager told us that during the interview she was, "Looking for a match with the people we care for and their personalities. We do this using scenario based questions". Staff told us about being asked scenario based questions and we saw notes from people's interviews on their staff files.

We saw that the organisation sought two references for new staff members as part of their application; if possible one of them was from the person's previous employer. There were records that showed the referee was contacted to confirm their identity and inform them of the reference request before it was sent. This helped to verify the references. We also saw that applicant's photographic identification; proof of address and right to work in the UK had been checked.

In people's care plans there was time recorded for when the person required their call. For some people the timing was very important, for example on one person's plan it stated the person needed to 'eat soon after 8:30am', due to a health need. This person told us, "The girls are lovely and they are always on time".

We found that there were adequate numbers of staff to meet the needs of the people supported. Staff told us that they had sufficient time for travel in between calls and to give people the full allocated time for their call. This helped to ensure that staff had time to give people the care and support they required. The registered manager told us that it was important to them that people got the care time they had been allocated. We saw on recent staff meeting minutes that staff should not, 'Cut people's calls. If you are running late call the office to organise'.

People we visited told us that the staff were reliable. One person said, "They have never missed a call". People also told us that the carer always stayed for the full allocated time of their call. Where people's care required help from two staff members this had been identified and planned for. One person who received support from two carers told us, "There are always two of them who come". As part of the manager's unannounced 'spot checking' system we noted that staff arrival times, use of uniform and identification was periodically checked.

Staff files contained a contract and job description along with some of the service's key policies that the staff member had signed as read. This helped to ensure that staff were aware of their responsibilities in their role.

Staff received training in safeguarding vulnerable adults as part of their initial training. Those we spoke with were knowledgeable about safeguarding vulnerable adults. They were aware of the different ways a vulnerable adult could be abused and knew what clues may indicate a person was being abused in some way. Staff knew who to contact if they had any concerns and which organisations they could go to outside of Apollo Care South Wirral if appropriate to do so.

We noted that people who were assisted with their medication in some way had this documented in their care plan. We saw that records were kept of the medication administered in people's care plans and on a medication administration record (MAR). People's care plans recorded that where a person needed support applying a medicated cream, there were clear guidelines for staff. Any application was recorded, so that this was done effectively and safely.

The organisation supplied the care staff with gloves, aprons and any other equipment they needed to complete their role safely. People we visited told us the care staff use these appropriately. One person said, "They always wear aprons and gloves, they're just wonderful".

We saw that appropriate risk assessments were in place in people's care files for different aspect of people's care. For example for safe moving and handling for people who need support with their mobility. We also noted that environmental risk assessments had been completed. People were supported to use assistive technology so people could alert others if they needed help. One person who had an assistance alarm told us, "Every time the girls leave they check, 'Do you have your button on'".

The registered manager kept a record of any accidents, incidents or near misses. These included a body map if a person sustained any mark, bruise or injury. The record of incidents was detailed and we saw examples of when incidents had been learnt from and actions taken to keep people safe.

Is the service effective?

Our findings

People who we visited told us they were happy with the carers who came to visit them. One person said, "They are wonderful. I'd give them 11 out of 10. The girls who came in this afternoon were all lovely". Another person told us, "I can't fault the carers, it's very good this system. There is nothing like staying in your own place". One person's relative told us they thought staff had the right skills for the role. They told us, "The staff are well trained; they know what they are doing. If there is a new carer they come out with experienced carers first".

Staff we spoke with told us that they enjoyed and felt effective in their role as carers. One staff member told us, "I have been able to spot things and make suggestions that have helped people. For example in making suggestions in the variety of food that they eat".

New staff received a thorough induction which included a period of shadowing an experienced member of staff. There were records of the shadow time that new staff had received on their staff files and a shadow checklist. We saw that this recorded that staff had received training on any assistive or mobility aids the person may require. Staff told us they benefitted from the shadowing. One staff member told us "I watched an experienced member of staff, got to know people and their needs". Another said, "It was good to go with an experienced staff member at first. It helped me to know how to do things and to get the details right for people". One staff member told us that they appreciated being, "Asked if I felt confident to go out on my own". Another staff member had written in feedback that they felt well prepared when they started supporting people as part of their role.

We saw records of formal supervision meetings that carers had with a senior staff member. We saw that subjects discussed included work life balance, dealing with feedback from people, recording and at times told staff were improvements needed to be made. Staff told us they were useful and helpful to them in their role. One staff member told us, "They are useful; I am able to raise questions that have come up".

There were also unannounced 'spot check' observations of staff's practice in caring for people. When looking at people's staff files we saw copies of people's spot checks. The spot check looked at staff's presentation and punctuality, hand hygiene and infection control, treating people with dignity and respect, health and safety, safe medication administration and people's fluids and nutrition.

New staff completed a probationary period; we saw that this had been used effectively to ensure that staff were suitable for the role. Some people had not passed their probation assessment and one person had this period extended whilst they worked on an issue. This helped the registered manager ensure that staff were appropriate for the role.

At the start and the end of the induction process new staff members were asked for three words that described how they felt. At the start of their induction process one staff member stated they felt, "Nervous, excited and hopeful. At the end they stated they felt, "Empowered, relaxed and part of a team". This allowed the registered manager to gain staff feedback about the induction.

Staff told us they also had staff team meetings. One staff member said during these meetings they, "Get updated on the people cared for and recent improvements that had been made". We looked at the staff meeting file. We saw minutes from recent staff meetings when staff were given reminders on guidelines and scenarios were discussed as an opportunity for learning and refreshing good practice.

All staff completed a week of face to face training that covered the 15 standards of the Care Certificate as recommended by Skills for Care. Skills for Care is a government agency who provide induction and other training to health and social care staff. We saw that staff completed comprehensive workbooks for each standard, which helped the registered manager gauge staff member's understanding of the training. Staff told us that the training they received equipped them for their role. One staff member told us, "I felt confident because of the training I had received". Another told us it was, "Very, very good. Excellent".

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 be as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care, applications must be made to the Court of Protection. The service operated within the principles of the MCA. People we spoke with told us they were treated with respect, their consent was sought and they were involved in the planning of their care including any referrals made. People told us that they agreed with their care plan and signed their care plan as agreed. As part of people's initial assessment, their ability to consent to their care was ascertained.

Some people needed support with their food as part of their care. They told us this was done well. One person said, "They help me by making a sandwich for my lunch". Another commented, "Of a night they make me a nice meal". As part of people's care as identified in their care plan it was recorded each day what food and drink people had been provided with.

We saw that people were supported with their health care needs and to access medical professionals when necessary. We saw that people were involved with any referrals that were made to outside organisations.

Is the service caring?

Our findings

All the people and their relatives we spoke with told us they felt well cared for. Some examples of this included one person who told us, "They are like a family". It's so nice that they care so much". Another person told us, "They listen to me". A third person who was visually impaired explained to us, "When staff come in they say, 'Hello [name], how are you?' They sit and talk with me; they take my hand so that I know they are there". One person's family member told us, "Mum's not been well; they have been really extra kind to her". Another relative told us, "They are all lovely; there is not one of them we don't like. A few are like friends now".

The care staff told us they were happy in their job roles. One staff member told us, "I like it when I can make a difference". They gave us a recent example of how they supported a person to socialise at local bingo. Another staff member said, "I love the job, the variety. I feel as though I make a difference in another person's life". A third said, "I like it, it's nice to feel part of a good team".

People told us they were treated with kindness and patience. One person described her carers telling us, "They are brilliant, very caring, they take their time. They say to me, 'Take your time, there is no rush'. This gives me confidence. They are a brilliant team, I can't fault them, they have patience". Another person said, "They are kind and patient". A third person told us they really enjoyed the company of the carers. They said, "You have got to have a joke and a laugh. They are always happy and joke with me".

We saw that there had been recent written compliments and thank you cards received in the office. We looked at a sample of these. One person's family had written, 'The care given to my mum has been exceptional'. Another relative had written about a staff member, 'She did her job well. But her lovely attitude made all the difference. I can't thank her enough'. A third had written, 'Please pass on my thanks to all the staff. They do an amazing job and provide me with peace of mind that they are there each morning and would alert me if they thought anything wasn't quite right. They are invaluable'.

The manager told us of times when staff do more than what is expected of them. They gave us one example of a person who could no longer live at home and moved into a nursing home. The registered manager told us how she had learnt that staff visit the nursing home to see the person in their own time. They also told us how little things staff do make a big difference, like taking a person a bunch of flowers on their birthday.

The registered manager promoted a caring culture. For example we saw in one staff member's supervision notes that a compliment that had been received about them had been fed back to them during their supervision and praise given to the staff member. This recognised staff members who had excelled in being caring.

We saw that people's privacy and dignity was respected by staff and in the way their service was delivered. People's confidential information was protected in the office, records were made in a respectful way and only necessary information was held. Personal care was provided in a dignified way that respected people's privacy and in accordance with people's preferences.

People told us they felt well informed by the organisation and this gave them reassurance. People said they liked receiving a weekly rota showing which staff were due to care for them. One person told us, "They are reliable. They have never let me down. If there is a problem someone calls up and sends somebody else". Another person said, "They are reliable, if they are running late they give me a ring".

The service had provided end of life care for people in their own homes. This was planned in line with the person's wishes. One social worker with two years' experience of care at Apollo Care South Wirral told us, "Apollo provided absolutely excellent end of life care. It was really, really good, caring and compassionate. There was nothing they wouldn't do for the person".

Is the service responsive?

Our findings

People gave positive feedback with regard to the care and support they received. One person told us, "It's very good, they [carers] are all very good". Another person said, "Everything's running really smooth. They are excellent". A third person told us, "I can't fault it". One person's relative told us that the care had, "Made a big difference". Another said, "We think it's wonderful. Other places have been below par".

The registered manager told us that it was important for the care their organisation provides to be flexible. They gave us an example of when they have, "Adjusted the times of our visits to fit in with people's activities". People told us of this flexibility during our visits. One person's family member told us, "They are so accommodating. At times we need to make a change to a call or arrange an extra call, they just do it".

Carers travel between people homes typically making 30 minute visits. The organisation had a system in place which they used to schedule people's visits and allocate familiar carers to the visits to produce a rota for people. One person said they liked the system telling us, "I have the same carers, over the last year I've had more or less the same carers". The rota system took into account the carer's travel times and allocated this on top of the time of the arranged visit into the care worker's shift. This made sure the carers were able to spend the full allocated time with each person and did not become rushed. One person told us, "I have a 30 minute call and they stay for the whole time". One staff member told us, "Most often I'm scheduled to see the same people regularly. It's good for continuity, they get used to you and it helps me to do my job better".

Everybody we visited told us they appreciated receiving a rota in advance and having familiar carers visit them. One person said, "I have a rota showing which staff are coming. I know them all". Another person told us, "I get a list of who's coming and I know them". One person's relative commented, "It's really useful to have a timetable each week, mum likes to know when people are coming".

People's care needs and preferences are documented as part of an initial assessment. There was an assessment pack that prompted questions which made sure that the service were able to safely meet people's support needs and preferences. For example, people were asked what times they needed their calls, if they preferred care from male or female staff, older or younger carers. This meant that people's care was individualised and person centred from the start.

When we visited people we saw that their care plans reflected the care they needed and received. The plan identified the reason for the visit, such as for personal care, medication, meal preparation, household tasks and other reasons such as shopping. The care plan contained the person's agreed schedule and had individualised and specific guidance on the person's needs, preferences and how to keep the person as safe and healthy as possible. We also saw that the care plan contained information on moving and handling techniques that had been agreed with the person. The plans contained information on people's preferences and notes on a person's background that they wanted to share.

We saw that there was a detailed daily log of the care given to each person. There was also a record kept on the computer system of contact between people supported by Apollo Care South Wirral's office; this was

detailed and thorough. This helped office staff and the registered manager keep up to date with events in people's care.

People we spoke with were happy with their care and told us it met their needs. One person told us about their carers, "They have made a big difference to my life". Another person told us, "Anything I want them to do, they will do it".

We noted that people's care was reviewed and their needs reassessed after a period of time. One family member told us how this was useful saying, "They did a review before we started and then after about six months. We found this useful because mum's needs had changed slightly". Another person's relative said, "When the care plan was reviewed, we were able to say exactly what care was wanted and needed. It's a good way to get information, good to have our involvement". These reviews helped to keep the service responsive to people's needs and wishes.

We looked at the organisation's records of compliments and complaints. We saw that complaints had been recorded, addressed and responded to. We also noted that these were reviewed by the registered manager monthly looking for themes that may arise across the organisation.

There had been a small number of complaints, the registered manager had acknowledged and then responded to these quickly after addressing the concern. We noted one particular complaint that the manager had responded to where the relative who had raised the complaint had written back twelve days later. They stated how, 'Pleased we are with the improvement of service since my complaint... The improvement is really tangible, so I wanted you to know'. We also noticed that people had a copy of the organisations complaints and compliments procedure in their care file and this contained the details of the local authority social services and the Care Quality Commission

We also saw that there had been more written compliments than complaints and that compliments relating to specific staff members were fed back to them.

Is the service well-led?

Our findings

We saw that the registered manager knew the people supported, people were comfortable with her. We observed that they were friendly and showed a personal interest in people.

One staff member told us about the registered manager, "She's very approachable". Another staff member said, "I phone her often, she is always helpful". The registered manager commented that, "I have brilliant staff, I am proud of my current staff team". They had recently set up an employee of the quarter award to recognise staff that do a good job. They added, "It's important that people are recognised for making a difference in a person's life".

The registered manager told us, "Caring is my working background and I have first-hand knowledge from helping out and providing care for people. I have a passion for my role". The registered manager told us they liked to personally do reviews of people's care as it enables them to assess the quality and an opportunity for people to tell her, "What they are really thinking. They told us it is, "Important to me to have relationships with people. The review is an opportunity to stay in touch with people and have a talk with them". When we visited people they were familiar with the registered manager and it was clear they had a positive relationship with people. One person told us, "If there is anything I'm doubtful about I speak to the manager".

The registered manager arranged for a series of audits to be completed on the quality of the service provided to people. The quarterly audits of staff files had not highlighted missing information relating to the safe recruitment of staff. For example not following up on information of concern in a reference from one staff members previous employer and not completing a risk assessment for another staff member. The audits of staff files had not been effective in giving the registered manager oversight of a safe recruitment process.

The manager had recently arranged for audits of people's medication administration records (MAR) for completeness. However when we visited people in their homes we noticed that four of the five people's MAR charts had blank spaces where it had not been recorded if the person had received their medication or medicated cream was applied as instructed by the person's care plan. The registered manager told us they were aware of this problem and was using the information from audits to address this issue with staff and had highlighted it with staff in a staff meeting. We discussed with the manager the use of the term 'self-administer' and 'supervised' when it appeared that staff administered people's medication. The manager told us this would be clarified.

We noted that people's daily communication sheets, where carers recorded the care people received, were checked for completeness and these checks were recorded. We saw that when incidents had occurred in delivering care to people these had been recorded and the registered manager had taken appropriate action.

Staff told us they were confident going to the registered manager if they had a concern. One person told us

that happened when they had a concern, "The manager took notes and it was dealt with right away. I filled in an incident form and kept a good record. Changes happened". Another staff member told us they felt listened to telling us, "I raised a concern and it led to the manager making a referral and improvements in a person's care".

The service currently had some vacancies. We noticed during our inspection that there had recently been a high staff turnover of staff. Only three staff members out of sixteen had been with the organisation for over ten months, at the time of our inspection. We spoke with the registered manager about this. They told us that the organisation had grown during 2016 but had also been through a very difficult period with staff retention. They showed us how they investigated the reasons behind this through conversations with staff. These conversations revealed themes that the registered manager addressed. They told us it took time to understand the problems but when they did it resulted in changes being made. Staff we spoke with confirmed this, one person said, "Previously there have been some issues with staff and recruitment; these are now under control".

The provider used a computerised rota system which helped the registered manager to ensure that every person's call was allocated to a specific carer in an organised way. The system helped to ensure that people received carers that they were familiar with and people's preferences were acted upon.

The registered manager used a computer system to keep records that were used to audit the quality of the care. The system showed the registered manager when tasks were upcoming, due and overdue using a red, amber and green system. This meant that the manager was aware of when staff member's supervisions, appraisals, training and spot checks were due and when people's care plans needed reviewing.

To ensure the quality of care provided to people the registered manager arranged for unannounced spot checks to be completed. These were completed by the registered manager or another senior member of staff. These spot checks helped ensure that people's care was appropriate, followed their care plan and met their needs. One staff member told us they thought these were, "Really useful, it gave me some positive feedback, good ideas and areas for improvement".

There was a copy of the organisations' policies in the office. One staff member told us, "Policies are in the folder, I checked them out when I had a query about medication".

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure that persons employed were suitable to work in health and social care.