

The Personal Support Network (Teesside) Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 27 September 2016. This meant the registered provider and staff knew that we would be attending. This was the first inspection of the service which had registered with the Commission on 5 April 2016.

At the time of inspection, the service provided personal care to 22 people living in their own homes. People were supported by 29 staff who worked within specific postcode areas within Middlesbrough. The office was located in a residential area within Middlesbrough.

The registered manager had been registered with the Commission since 23 February 2016. 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.

Care plans and risk assessments did not contain the detail needed. The concerns we found had not been identified by the service's own quality assurance processes in place. Minutes of staff meetings had not always been recorded and there were a lack of action plans in place following audits.

There were gaps in supervision and appraisal records and staff induction records. We could see these meetings had taken place however records had not been fully completed. Staff told us they felt supported by the management team.

There were some gaps in training; however planned dates had been put in place

A small number of complaints had been made. Records in place showed the nature of these complaints and the action taken to resolve them including an outcome.

People, their relatives and staff spoke positively about the registered manager. Staff told us they felt able to discuss any concerns with them and felt supported by them.

Safeguarding alerts and accidents and incidents had been recorded and were analysed to identify any patterns and trends which may have occurred. This allowed the registered manager to take action to reduce any future risks of harm.

Notifications had been submitted to the Commission when needed.

Safeguarding alerts had been made when needed. All staff understood the procedure which they needed to follow.

Staff understood the risks to people; however identification of these risks were not always followed with risk assessments. We could see that staff addressed these risks despite any gaps in the care records.

On-going recruitment was in place because there had been a high turnover of staff. Robust recruitment procedures were in place.

People and staff confirmed there were enough staff on duty to provide safe care and support to people.

Good procedures were in place for the management of medicines. We highlighted gaps in medicine administration records and topical cream records and these were addressed on the day of inspection.

Staff understood the procedures they needed to follow for people who were at risk of malnutrition and dehydration. Staff also made sure people had access to provisions such as bread and milk.

People were supported by staff when they experienced deterioration in their health and well-being. This included making appointments to see health professionals.

Staff understood the procedures they needed to follow for obtaining consent from people. Where they were any queries about whether people had capacity to make their own decisions, staff told us they would also seek support from the registered manager.

People spoke positively about the care and support they received from staff at the service. We could see people and staff had good relationships with each other and people told us they communicated well with staff.

People's privacy and dignity was respected and maintained. People told us they received a good standard of care from staff and felt involved in any decision making about their care.

We found one breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the premises and equipment and records. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff demonstrated good knowledge about safeguarding and the procedures which they needed to follow if they suspected abuse could be taking place.

There were sufficient staff on duty to provide safe care and support to people.

There were good procedures in place to manage people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt supported to carry out their roles safely.

Staff understood the procedures which they needed to follow if people became at risk of dehydration or malnutrition.

There was evidence of consent in the care records. Staff understood the action they needed to take if they felt people were no longer able to give their consent.

Is the service caring?

Good ●

The service was caring.

People told us they received safe care and support from staff which reflected their needs, wishes and preferences.

People told us staff always respected and maintained their privacy and dignity whenever care and support was carried out.

People told us they felt involved in their care and staff listened to them.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Some care records contained limited information. This meant staff did not always have the information they needed to care for people effectively.

Care plans were in place but risks were not always clearly identified.

People told us they knew how to make a complaint and felt confident that the service would take their complaint seriously.

Is the service well-led?

The service was not always well-led.

Staff told us they enjoyed working at the service and felt supported by the registered manager.

The registered manager understood the requirements of their role and submitted notifications to the Commission when required to do so.

Quality assurance processes were in place; however there were gaps in records and a lack of action plans.

Requires Improvement 

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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.

One adult social care inspector carried out an announced inspection on 27 September 2016. This meant the registered provider and staff knew we would be attending because we needed to be sure someone would be in the office.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

The registered provider was not asked 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.

During this inspection, we spoke with two directors, the registered manager and six members of care staff. We also spoke with 13 people who used the service and six relatives over the telephone.

We reviewed four care records, four recruitment records and five staff supervision and appraisal records. We also looked at records relating to the day to day running of the service at the registered providers office. This included health and safety records and policies and procedures.

Is the service safe?

Our findings

Everyone we spoke with during this inspection told us they felt safe using this service and felt safe when staff were providing care to them. One person told us, "I feel safe with them [staff], and even the new ones seem well trained." Another person told us, "I feel safe with all of them [staff], they are all very good."

From speaking with staff, we could see they understood the procedures which they needed to follow to raise a safeguarding concern. We found safeguarding training was up to date and was regularly discussed at staff meetings and in the office as issues and questions arose. Staff told us the management team at the service were approachable and they felt able to whistle blow [tell someone] if they had any concerns. Safeguarding alerts had been made when needed and detailed records were in place which highlighted the outcome of each alert and the action taken to minimise the risk of reoccurrence. One staff member told us, "Everything is in place for safeguarding, I have never needed to raise an alert, but would speak with my manager if I had concerns."

A small number of accidents and incidents had occurred and records were in place to show the action which had been taken by the service to minimise the risk of future harm to people and staff.

Before people started using the service, staff carried out a risk assessment of people's homes. This meant they could be sure people and staff would be safe whenever care and support was delivered. Staff also told us they carried out visual checks of equipment, such as shower chairs and hoists before using them to make sure they were safe for use. Some people had risk assessments in place dependent on their health condition, such as falls and nutrition. We found that staff were aware of the risks to people, however these risks had not always been documented in people's care records. When we spoke with one staff member they told us, "Some people have a variety of risks. These can include medicines, falls, neglect, security and keeping themselves safe. But we have support plans, key safes and medicines safes. Because we see people regularly, we can sit and chat with them about how they are doing. We know people well and can tell when something is off. Where we do have concerns, we report them to [Senior practitioner] or the [Registered] manager. They are all very approachable and give you the time you need." People and their relatives told us staff gave them the care they needed and they did not feel at risk of harm. One relative told us, "When Mum is in bed, they move her in the right manner. They do it properly. They don't hurt her. They tell her what they are doing. Mum gels with them."

We looked at the recruitment records of the four newest members of staff. We could see that records were in place to show that robust recruitment procedures had been carried out. These included two checked references and a Disclosure and Barring Services (DBS) check. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. An on-going recruitment drive was in place at the service. The three directors openly discussed the difficulties of retaining staff and found they could not always compete with working hours and pay, however they told us they were looking at ways of addressing this. People and staff told us the service had experienced a high turnover of staff. One staff member told us, "Staffing could be improved, but I understand that there has been a high turnover."

Staff told us they were allocated to specific postcode areas which provided more consistency to people using the service and helped to minimise any travel time for them. Staff told us they did cover calls in other postcode areas when they needed to. From speaking to people, their relatives and staff, we heard mixed reviews about staffing at the service. Many people spoken with expressed their concerns about the amount of travel time allocated to staff. Some people told us that carers often arrived late or had experienced a reduction in their care call because of staff levels and lateness. However another person told us that carers were reliable and punctual, stating, "The carers are mostly on time. They [staff] might be late if there is anything unforeseen but they make it up." And, "If they are going to be late then they will ring me." Another person told us, "Sometimes I feel a bit rushed, they [staff] sometimes don't stay the full time." However another person told us that carers were always on time and stayed for the right amount of time."

Another person told, "The carers are pretty punctual. They may be ten minutes late." Another person told us, "Carers always turn up." A relative told us, "There is a bit of chopping and changing on a weekly basis but they are mostly the same carers."

We also heard about inconsistencies with care staff. Some people told us they had the same care staff involved in their care and other people told us this was not the case. One person told us, "At the moment there is a big variety of carers as there can be up to 15 different ones [staff] in the week. I would prefer a core of three people." Another two people we spoke with told us several different care staff visited them and they did not have any staff member whom they saw regularly.

From our discussions with the registered manager and the directors during inspection, we could see they were aware of concerns around staffing. We could see there was an on-going recruitment drive which they hoped would alleviate the situation and senior carers were covering any shortfalls in staffing. The registered manager told us they would be carrying out reviews with people using the service and take action to address any late calls and calls cut short.

Each person had a medicines profile in place which identified their prescribed medicines, the dosage and frequency and any arrangements for obtaining a repeat prescription. One staff member told us, "This is very handy when we need to ring the person's GP. We also use it to check against any new medicines coming in before we give them to people."

People spoke positively about their medicines and told us they were happy with the arrangements in place for staff to give them their medicines. One relative told us, "The carers always give [person using the service] her medicines. They are kept locked away." One person told us, "The carers never forget my medicines. They know just what I have to take; this makes me safe." Another person told us, "They [staff] always give me my tablets, and always get it right."

Staff told us that all new stock was checked against the medicine administration record (MAR) to make sure there were no discrepancies. This would identify any gaps in records or too few / too many medicines. One staff member told us, "I am responsible for medicines. If there is a problem it's on me." I am in the process of auditing medicines. Where I have identified gaps in the records I have spoken with staff. We do physical checks of prescribed medicines and topical creams."

Only staff trained to dispense medicines did so. We found medicine competency checks were up to date.

Some people at the service were prescribed controlled drugs. Controlled drugs are medicines liable for misuse. We found these had been stored securely in people's medicines safes. These are controlled under the Misuse of Drugs Legislation. Records were in place to show that people had received these medicines

and spot checks were carried out by senior members of staff to check this had been done correctly.

Topical creams contained a date of opening as well as an expiry date. Body maps were in place but contained limited information. We discussed this with the staff member responsible for medicines and they took immediate action to address this and showed us the action taken during inspection. This meant staff had the information needed about where and when topical creams should be applied.

Is the service effective?

Our findings

All new staff participated in an induction programme which involved training, shadowing more experienced members of staff and becoming familiar with the policies and procedures of the service. Induction included completion of the care certificate. This is a set of standards which staff are expected to follow at work. During their induction, staff were subject to reviews of practice and spot checks to monitor their progress. They were also used to identify any training and support needs.

A small number of people and their relatives thought that some staff did not display confidence or experience when providing care and support to people. We could see that new members of staff that were in place were being supported with areas of identified need and training from more experienced members of care staff and the director responsible for training. Other people and their relatives spoke positively about staffs ability to care for them or their relatives. One relative told us, "They seem confident for [person using the service] specific needs and her personal care. They are confident using the hoist." Another relative told us they were happy with the carers involved in [person using the service] care, but felt that some staff lacked experience.

A training schedule was in place and we could see all staff were subject to a competency check following training. Training included safeguarding, dignity and respect, moving and handling, medicines management, health and safety, infection prevention and control and first aid. Not all training was up to date; however planned dates were in place. Following inspection, a director contacted us and informed us that they had written a training session to cover the Mental Capacity Act and deprivation of liberties safeguards which would be delivered to staff over the next two months.

Staff told us they were well supported to carry out their role and this included regular supervision and appraisal. These are formal methods of support between staff and their supervisor to make sure any needs are identified. We looked at the records of five staff and found they all received supervision and appraisals within the guidelines set by the registered provider, however there were gaps in the recording of these sessions. This meant the areas discussed in these supervision and appraisals and the actions taken were not always clear. All staff had a signed a supervision contracts and had participated in spots checks to ensure they remained competent to carry out their roles.

Staff told us they supported people with their nutrition and hydration in a variety of ways. This was dependent on the needs of each person. We saw that staff prepared and cooked meals for some people and assisted them with eating and drinking where needed. Staff provided encouragement to other people and made sure they made the person a drink during each visit. Staff told us that where they had concerns with people, they spoke with the registered manager and followed the guidance in place. This included speaking with the person and their relative to discuss whether an appointment to see their GP was appropriate. Staff told us they also monitored people's fluid and food intake. People spoke positively about the support they received from staff with their nutrition and hydration. One staff member told us, "We speak with people about their dietary needs and read through care plans. I would query when people only want a sandwich if they normally eat a full dinner. If I continued to be concerned, I would speak to my [registered] manager."

Another staff member told us, "We document all food and fluid intake of people at risk [of dehydration and malnutrition]. We know who is diabetic and what they can eat. All allergies are recorded. If people are not consistently eating, I would speak with the [registered] manager and the person's family. We would determine whether we need to discuss a referral to a dietician with the person's GP or ask the person's family to support them with this."

Staff told us if they had any concerns about the health and wellbeing of people, they would speak to the person and their family. They would also document any concerns so ensure staff could monitor the situation. Staff also told us, they would support people to attend appointments. One person told us, "The support worker will make any doctor's appointments for me, and take me to them." Another person told us, "If I need to go to hospital, they will drive my car and stay with me." People told us staff were caring and did provide the care and support they needed when they became unwell and needed to see a health professional. One person told us, "They [Staff] are very caring. Once I had an accident getting out of bed. I had a fall and was stuck on the floor until the carer came. They called the company and called for the Ambulance. They stayed with me until the Ambulance came. They looked after my house for me."

Some people had a 'Do not attempt resuscitations' (DNAR) certificate in place. Staff demonstrated a good understanding of this and the procedure which they needed to follow.

We spoke with staff about how they obtained consent from people and how they worked within the boundaries of consent. One staff member told us, "Consent forms are recorded and allow us to discuss people's needs and their medicines for example. Some people have dementia and their families are happy for us to contact them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We spoke with staff about the MCA. One staff member told us, "We report any confusion and speak with the person's social worker to organise a review. We also look at potential reasons behind any confusion, such as an infection or medication. We have detailed care plans in place, which show whether people have capacity to make their own decisions and all staff should be aware of this."

Is the service caring?

Our findings

We asked people about the care and support they received from the service. One relative told us their mother received safe support and said, "They [Staff] are a good, conscientious group of girls. They are always willing to help." Another relative told us, "They look after my father's needs and requirements well. They know what they are doing." Another relative told us care was provided to a high standard and they followed the routine put in place for their mother. They told us staff understood how important this routine was.

People and their relatives spoke positively about staff at the service. One person told us, "They [Staff] are lovely lovely people. I love cuddles and get lots of cuddles from them all." Another person told us, "They [Staff] are nice, and they are kind to me." A relative told us, "[Person using the service] gets on well with the carers, and the carers show a caring and compassionate approach."

People and their relatives told us staff were caring. One person told us, "They [Staff] are very caring. The girls are very nice. They couldn't do anything better." A relative told us, "They [Staff] are very caring. They acknowledge Mum when they come in and leave. They tell Mum when they are coming again. They say 'See you in the evening'."

People told us staff had supported them to make changes and they had experienced a positive change in their lives and in their well-being. One person told us, "I used to be frightened to go outside, my support worker has me so relaxed now I love to go out. This afternoon I am going shopping for shoes with high heels." Another person told us they had been able to keep some of their independence with the help of staff. A relative told us staff provided the support needed. They told us, "I can hear them talking to [Person using the service] when she is in the shower. They say 'Put your arm over here' and, 'Do this, pet'. They appear to do everything right. She never comes out of the shower upset. They get her dressed and do her hair. They take her into the kitchen and say 'Here is your husband making a sandwich and a cup of tea for you'. The carers stay and have a cup of tea and chat to my wife." One person told us, "They are brilliant. The carers give me a shower and help me get dressed. They are always there to help me. They make sure that I have had enough to eat and that I have taken my tablets."

People told us they felt able to communicate with staff and there was always someone to talk to when they needed. One person told us, "They are very caring, I have got to know them well and we talk about anything and everything." Another person told us they felt listened to and said, "That's important."

We could see that people's privacy and dignity was maintained and respected whenever care and support was carried out. One relative told us, "They [Staff] are pretty caring. They want to make [Person using the service] happy. They are always willing to help. The carers are at my mother's beck and call." Another relative told us, "When they are fitting my mother's [incontinence] pad or sorting out her pillows they say 'Is that comfortable. Does that feel good?' They make sure that her position is comfortable." Another relative told us, "I never get the feeling that they are just getting her sorted. They care about her feelings. They say 'Is that ok'."

From speaking with staff, we could see they enjoyed working at the service. One staff member told us, "I enjoy the satisfaction of supporting people, making a difference to them; putting a smile of their face and I enjoy the banter. I absolutely love it." Another member of staff told us, "Everything we do is caring. We make sure we follow support plans, that people are comfortable and their dignity is maintained. People do have a voice and we try to make sure they are heard."

Staff told us they tried to go the 'Extra mile' for people. They recognised that some people could not always go out into their local community but they made sure people's needs were met. For example, one staff member told us, "We go and get bread and milk for people or let the next support worker know so they can bring it with them. We can't leave people to go without."

People told us they had been involved in planning their own care. One person told us, "I have all the say in my care plan. Since coming home after being in a care home for six months, the staff have helped me to keep my independence." A relative told us, "[Person using the service] has a care plan and she was involved in it. The Supervisor came round to go through it. She asked questions about how she liked things done." Another relative told us, "We spoke over the telephone about my father's needs and requirements. Then they came out to see us. A plan was put together with all the procedures in place as we requested."

Staff understood that some people may need support to make decisions and told us they would signpost people to a local advocacy service which was available in the same building as the registered provider's office. Advocacy is a means of accessing independent support to assist with decision making.

People and their relatives confirmed that privacy and dignity was maintained and respected. One relative told us, "They are brilliantly respectful. They cover Mum when they strip her. They make her feel more at ease. They are nice-mannered and very gentle, not rough. They give good care." Another relative told us, "When they are helping my father get dressed, they will respect his wishes if he doesn't want to get dressed straight away."

One staff member told us, "We always try to protect people's dignity. I make sure any doors are closed and keep them covered up when assisting people in the shower. I always make sure that I meet people's needs and always ask if there is anything further they need. We do things step by step so people are not rushed and we always get consent. Manners are really important in this job."

Is the service responsive?

Our findings

During this inspection we identified gaps in staff records and records relating to the day to day running of the service.

We looked at the supervision and appraisal records of five staff and found gaps within these records. There was little evidence of what staff had said in these meetings and no action plans had been put in place where additional support had been identified. Future supervision sessions had not shown whether the support needs had been addressed and records had not always been signed by the staff members they related to. After inspection, we were supplied with copies of supervision records which showed they had been completed more fully. This meant the registered provider had listened to our feedback and had started to take action to improve the quality of these records.

Probationary review records for new staff, which were required to be completed at three intervals during their probationary period to determine whether staff required any additional support had not been completed. This meant we did not know if the probationary periods of staff had been completed and if staff had been determined as competent to carry out their role.

Some care records contained limited information and were not always person-centred. We were concerned that staff did not have the information which they needed. The registered manager told us that staff used an electronic system to record important information about people which all staff were expected to read. When we spoke with staff, we could see they had a good understanding of people's individual needs.

Although staff had a good understanding of people's needs, we found that care plans did not always reflect their knowledge. This meant that staff not regularly involved in people's care may not have had the information needed to provide care and support which reflected people's wishes, needs and preferences. For example, in one person's records we looked at information about their hobbies. The record stated, "She is unable to say what she is interested in. Due to this she does not participate in activities. We spoke with a staff member about this during inspection and found that the person enjoyed listening to music, liked to dance and watch soaps on the television. This meant the records did not accurately reflect what this person enjoyed. We could also see that this person had very little communication skills. The care records did not provide any information about how to communicate with this person or how this person consented to the care and support given to them. A staff member told us that they needed to ask closed questions because the person could give one-word answers, however this was not demonstrated in the care records.

In another person's care records, we found they contained limited information about their health conditions and how best to support them. There was little information about how staff would know when the person needed increased support, for example because their memory was poor or they were anxious or because their blood sugars were too high / low. Staff unknown to this person did not have the information they needed to provide the most appropriate care and support. We also found conflicting information in the records, for example, in one area of the care records it stated the person was unable to hold a conversation and in another area stated that the person liked to sit and chat with staff.

In the care records for another person it was difficult to ascertain what care staff were responsible for providing. For example, the records stated that the person's gastric tube should be flushed. When we asked staff about the training they had received to do this staff told us that they did not provide this care. From speaking to staff we identified that another care provider was responsible for the gastric tube flush. This was not clear in the person's records.

There was a clear lack of information in this person's care records and the person had not been provided with information in a suitable format. We could see that staff did not have the information needed to provide the most appropriate care and support to this person. There was no information in the person's care records to inform staff that the person was unwell or was experiencing pain. There was also no information about the actions they needed to take if the person became unwell or experienced symptoms associated with their health condition.

Staff told us reviews of people's care could take place every three, six or twelve months and are determined at the time of the review. There was nothing in the care records to show the frequency of which people could expect a review and there was no guidance for determining the frequency of reviews. When we spoke with people, we found they did not know when to expect a review of their care to take place.

We looked at the review for one person. When we questioned the signature on the review, staff told us that this belonged to a relative who had been involved in the review. There was no information in the review to show that the relative had been involved. We also found that three actions had been identified in this review, dated 26 April 2016 which had not been addressed at the time of this inspection. The care records stated that this person's care should be reviewed in three months. We found that this had not been carried out.

We found that where people had been diagnosed with a health condition which impacted upon their nutrition and hydration, such as diabetes, the care records did not show what support people needed and how staff might know if extra support was needed, because of deterioration in their health condition.

Risk assessments were in place for people; however some risk assessment summaries were incomplete. We also found that identified risks such as slips in the shower had been recorded; however health condition specific risks such as diabetes, COPD and dementia had not always been included into risk assessments. From speaking with staff we could see they understood these risks to people.

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

During inspection, we were shown a copy of a new care plan which the service had planned to implement. We noted this would provide more in-depth information about people's needs, wishes and preferences.

In some care plans looked at, we found they contained detailed information. For example, we could see they did not ask for nutrition or hydration because of their health condition. The care records showed it was important for staff to offer nutrition and hydration and that the person would accept. There was also detailed information about what care and support was needed each time staff visited this person. This was particularly important because the person had very limited communication skills.

All staff completed daily record books after each visit with people. We found they were regularly completed and these were audited once each book was fully complete.

An up to date complaints policy and procedure was in place and each person using the service had access

to this. A small number of complaints had been received. We found records in place to show the nature of the complaint, the action taken to resolve the complaint and the outcome.

Is the service well-led?

Our findings

During inspection we identified gaps in the quality assurance processes in place at the service. We found minutes of meetings were not always in place. This meant we could not be sure if information was disseminated appropriately. When audits had been carried out, action plans had not always been completed. When following action plans staff did not always check to see if issues picked up previously had been dealt with. During this inspection, we identified gaps in care records and staff records which had not been identified in the quality assurance processes in place by the service. Staff had not raised any concerns about the gaps in information in the records.

The three directors told us they held an annual general meeting each year and they invited their non-executive director. Regular board meetings were held with the three directors of the company and care plans, recruitment, communication, medicine errors and any lessons learned were discussed. Where areas for improvement or actions had been identified, action plans had not been produced.

The service carried out regular audits; however we found that action plans were not developed when areas for improvement were identified. For example, in a care plan audit dated September 2016, we could see that areas of improvement were required in care plan reviews, consent forms and support plans. However an action plan had not been developed and there were no dates specified about when action would be taken to address these areas. An audit of training had been carried out in August 2016 and showed that some training was outstanding. No action plan was in place, however one of the directors told us that all outstanding training had been booked in and a training schedule was in place. This showed that the director had taken the action needed to address outstanding training but had not completed the audit process.

Where gaps in medicines administration records and topical cream records had been identified, we could see that staff had been spoken to, but no action plan had been produced to show the action taken to reduce the risk of further gaps in the records. We discussed these with staff during inspection and action was taken to produce these actions plans.

A survey for people using the service was carried out in March 2016. We could see that the result had been collated but no action plan had been developed. The registered manager told us that they had taken on board areas for improvement however there were no records to show what action had been taken and the results had not been shared with people using the service.

We could see that regular staff meetings were held, however minutes of meetings were not always recorded. This meant that we couldn't be sure if staff who didn't attend meetings were provided with an update and there was no way of checking comments for accuracy or to refer back to at a later date.

From speaking with the directors, they were aware that their standard of record keeping required improvement and plans were in place to recruit an administrative assistant

There was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Following this inspection, we received an action plan which identified the areas of concern during our feedback. This meant we could see the directors took our concerns seriously.

A registered manager was in place and was also one of the directors of the company. Staff spoke positively about the registered manager. One staff member told us, "Since starting at this company, whatever problems I've had, I've been able to discuss them with the management." Staff told us the registered manager sat with them in the care office. This meant staff could speak with them whenever they needed too. Another staff member told us, "I love my job. I make sure everyone is supported. Everyone is in it together. It is helpful that the manager sits with us. We can approach them and ask any questions." We could see that a proactive staff team was in place. Staff told us how they would try to resolve any issues which came up. Where they were not able to, they would see their manager. One staff member told us, "We have a good bunch of staff here. We try to improve things as we need to."

All staff understood the values of the service, which included maintaining privacy, dignity and confidentiality. The promotion of equality and diversity, independence, fulfilment and choice were also included. We could see these were included in policies and procedures.

When we spoke with people and relatives after inspection, we identified mixed reviews about their experiences with the service. Some people and their relatives had not been happy with the service they had received at times. From speaking with staff and managers during inspection, we were already aware that some people had, at times not been happy with the service. Staff had told us about the action they had taken to resolve these situations and we noted that people had wanted to continue to receive care and support from the service. We also received many positive comments from people and their relatives about the service and care they received from staff. Many of whom told us they would recommend the service to other people.

The service was based in a community resource centre in a residential area. They had worked hard to establish links with the local community. One of the directors spoke with us about the new café at the community centre where the service was based. They told us this was positive move for the service because people using the service and people from the local community were coming together and friendships had developed as a result. There were future plans in place to develop a vegetable garden. One of the directors told us, "We ask people to come into our café. We join people coming in for lunch or sit and chat with them. Whatever support they need. Some people have developed friendships from this and share hobbies with one another."

The service also supported people to arrange group holidays, lunch clubs and bingo. They told us this helped to increase social contact with people. In September 2016, they were involved in fundraising activities for MacMillan cancer and there is a project in place in December 2016 to support families in need.

The service planned to grow in the coming year by increasing the number of people they support. This included recruitment of more staff which included thinking about how to retain staff. One of the areas open to consideration was the offer of shift working, rather than working hours around call times for people. The service felt this would give staff greater flexibility to achieve a positive work life balance.

All safeguarding alerts, accidents and incidents were recorded and monitoring systems were in place to look at ways of reducing future risks to people and staff. This information was regularly analysed and discussed in management meetings.

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>There were gaps in care plans and risk assessment. Supervision and appraisals contained limited information. Staff recruitment records didn't always show if reviews had been carried out. There were also gaps in meeting minutes and action plans following actions. Quality assurance procedures had not highlighted the concerns which we had during inspection.</p>