

Freedom Care and Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection of Freedom Care and Support Limited on 30 and 31 May 2018.

This service provides a combination of support as a domiciliary care agency and supported living service. It provides personal care to people living in their own houses in the community. The supported living service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection, a total of 24 people were receiving care and support from the service.

The service was managed by 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.

At the last inspection, in January 2015 the service was rated as overall 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'. We found four breaches of the regulations in respect to safeguarding vulnerable adults, the failure to review risks to people's health and safety, the implementation of the Mental Capacity Act 2005 and the failure to submit statutory notifications. You can see what action we told the provider to take at the back of the full version of the report.

Whilst there were safeguarding adults' procedures in place and staff had received appropriate training, we found the provider had failed to report two incidents to the local authority under safeguarding procedures. This meant there was the potential for people to be exposed to further harm. Following the inspection, the registered manager confirmed they had reported all incidents to the local authority, as appropriate.

People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments had been carried out; however, the assessments had not always been reviewed in a timely manner and in line with people's changing needs. Staff understood best practice for reducing the risk of infection. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. Sufficient numbers of staff were deployed to provide people's care and support.

People were not always supported to have maximum choice and control of their lives and staff had not always supported them in the least restrictive way possible. Staff received appropriate training to meet people's needs. An induction and training programme was in place for all staff. Whilst the registered manager visited people and their families several times before they received a service and spent time sourcing a property, there were no records maintained during the assessment process. People were supported with their healthcare and nutritional needs as appropriate. However, it was unclear how people's

routine medical appointments were monitored.

Staff treated people with kindness and compassion in their day-to-day support. Staff knew people's needs well and people told us they valued and liked their support staff. People were aware of their individual care plans; however, there was no evidence people had been involved in the review process. Staff understood the importance of promoting people's independence, however, there were no clear objectives or goals set for people's future development. This meant it was unclear how people's level of independence skills were monitored and developed.

People were supported to plan and participate in activities that were personalised and meaningful to them. We noted people participated in a wide range of activities and had an activity planner to help them structure their time.

People had access to a complaints procedure and were confident any concerns would be taken seriously. Whilst no written complaints had been received the registered manager had not maintained a record of verbal complaints and concerns. The registered manager agreed to make a record of any verbal complaints received in the future.

On looking at the incidents reports, we noted the provider had failed to submit the required statutory notifications without delay. We received all delayed notifications following our visit.

The registered manager monitored the quality of the service and sought feedback from people, their families and staff. However, we found a number of shortfalls during the inspection, which indicated the quality assurance systems needed improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Whilst people felt safe using the service, the provider had failed to report two incidents in accordance with safeguarding vulnerable adults' procedures.

Risks to people's safety and wellbeing had been assessed; however, the risk assessments had not always been updated in a timely way and in line with their changing needs.

The provider operated an appropriate recruitment and selection procedure for new staff. Sufficient staff were suitably deployed to provide people's support.

People were satisfied with the support provided with their medicines. However, protocols had not always been established for the administration of medicines prescribed 'as necessary'.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

The principles of the Mental Capacity Act (MCA) 2005 had not been applied appropriately.

People were supported to access relevant health and social care professionals to ensure they received the care and treatment that they needed. However, it was unclear how routine medical appointments were monitored.

Whilst the registered manager spent considerable time with people and their families before they received a service, there were no assessment tools and no written records of people's assessment of needs.

People received the support they required to ensure that their nutritional needs were met.

Staff completed relevant training and were supported by the management team.

Requires Improvement 

Is the service caring?

The service was not consistently caring.

Whilst staff understood the importance of promoting people's independence, there were no clear objectives and no evidence of people's involvement in the care planning process.

People were treated with kindness and compassion by staff.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People had an individual care plan; however, there were no arrangements for formal reviews. Although the care plans had been reviewed there was no evidence to demonstrate what aspect of the plan had been reviewed.

People using the service and their relatives knew how to raise a concern or make a complaint. However, the provider had not maintained a record of any verbal complaints.

People participated in a variety of activities in line with their needs and preferences.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

A registered manager was in post and they were available to provide support to people and staff.

Whilst feedback was sought from people using the service, the systems in place to monitor quality needed to be improved.

Requires Improvement ●

Freedom Care and Support Limited

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 comprehensive inspection took place on 30 and 31 May 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was undertaken by one adult social care inspector on the first day and two adult social care inspectors on the second day.

In preparation for our visit, we considered the previous inspection report, and information that had been sent to us by the local authority's contract monitoring team.

The provider was not asked to submit a Provider Information Return. This is information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we visited and spoke with seven people living in their own home, eight members of staff, four relatives, the finance director and the registered manager.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for four people, medicine administration records, staff training records, three staff recruitment files, staff supervision and appraisal records, minutes from meetings, incident and accident reports and records relating to the management of the service. The registered manager also gave us a copy of a Quality Review and the results of the satisfaction surveys undertaken in April 2018.

Is the service safe?

Our findings

At the last inspection, in January 2015, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'.

We looked at how people were protected from abuse, neglect and discrimination. As part of this, we checked the incident records completed by staff. We found there were two incident reports, which indicated two people had experienced harm whilst participating in activities in community. However, the registered manager had not reported the incidents to the local authority in line with safeguarding vulnerable adults' procedures. This meant the incidents had not been investigated by the safeguarding team and people remained at risk from further abuse.

The provider had failed to operate effective systems and processes to protect people from abuse. This is a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed he had reviewed all incidents records over the last two years and had raised four safeguarding alerts with the local authority.

People spoken with told us they felt safe and comfortable using the service. For instance, one person told us, "The staff are very nice." Similarly, the majority of the relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "I have a real peace of mind. I know [family member] is very settled."

All staff spoken with had an understanding of what may constitute abuse and said they would report any incidents to their line manager or the registered manager. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff spoken with confirmed they had completed safeguarding training and the staff training records confirmed this. We saw there were appropriate policies and procedures, which set out the safeguarding vulnerable adults processes.

We found there were appropriate procedures and arrangements in place for the staff to handle people's money safely. People told us they were satisfied with the support they were receiving. We saw there were records of all financial transactions and the staff obtained receipts for any money spent. The management team audited the records on a regular basis and we could see evidence of their checks in the financial records seen.

There were arrangements in place to assess the risks to people's health, safety and wellbeing. However, on looking at people's care plans and other associated documentation, we saw that people's risk assessments had not always been updated in a timely manner and in line with their changing needs. For instance, we noted one person's risk assessment document had not been updated since October 2014, despite them being involved in numerous incidents. We also noted another person's risk assessment had not been reviewed to take account of the risks posed by a co-tenant. This situation had been resolved at the time of the inspection; however, a relative spoken with told us their family member had experienced long term

stress and anxiety.

The provider had failed to review the risks to people's health and safety in order to ensure all risks were assessed and mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager acknowledged the shortfalls and assured us a review of risk assessments would be undertaken to ensure they were fully reflective of people's needs and circumstances.

We noted there was an accident and incident policy in place, which detailed how accidents and incidents should be managed. We also saw records were kept in relation to any accidents or incidents. There was an overall log of records for each geographical area; however, this was contrary to the provider's policy, which stated a central log should be maintained for the service. Whilst an analysis had been carried out for the geographical areas, there had been no analysis for the service as a whole. This meant there was the potential for any patterns and trends to be missed. From the records looked at, we saw the registered manager had checked all accident and incident records to make sure any action was effective.

People were happy with the support they received with their medicines. The level of assistance each person needed was recorded in their care plan along with guidance on the management of any risks. All staff had completed appropriate medicines training and had access to a set of policies and procedures. There were suitable records in place to record the administration of medicines and staff were observed to ensure they were competent to handle medicines safely. We observed weekly stock counts of all medicines were undertaken to help ensure people had received their prescribed medicines. However, written protocols were not always in place where people had been prescribed 'when required' or 'variable dose' medicines. These are important to ensure people receive these medicines in a safe and consistent manner.

We noted there were systems in place to ensure people were protected against the risk of infections. Staff spoken with were aware of their roles and responsibilities in relation to hygiene and infection control. Staff were provided with personal protective equipment, including gloves and aprons. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training.

There were sufficient staff to provide safe care for people. Duty rotas were prepared in advance by the team leaders. We checked a duty rota and saw that the levels of staffing were consistent across the week including weekends. All people spoken with told us they received support from the same members of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences. We observed that people had positive relationships with staff during the inspection.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure, which reflected the current regulations. People and their families were involved in the recruitment process. This ensured they had direct input into the choice of new staff. Three people visited during the inspection explained they had recently met candidates for a team manager position and told us they had made their preference clear to the registered manager.

Is the service effective?

Our findings

At the last inspection, in January 2015, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'.

People spoken with told us the staff were very good and they were happy with the care and support provided. For instance, one person said, "The staff are good. I get on well with them all."

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. The application process for this in domiciliary and supported living settings is under the Court of Protection. We checked whether the service was working within the principles of the MCA and if any applications had been made to the Court of Protection.

We found that staff had an understanding of their responsibilities under this legislation and had completed appropriate training. We saw that one person had a Court of Protection order and the registered manager assured us they were abiding to the conditions of the order. However, we noted one person had consistently requested to spend time alone outside their house. This request had not been granted for safety reasons. Two people also told us they were 'not allowed' to go further than a local shop on their own because it was not safe. According to the people's records, no mental capacity assessment had been completed to ascertain their capacity to make decisions or whether their support was being provided in their best interest. We also found consideration had not been given as to whether an application should be made to the Court of Protection for a Deprivation of Liberty.

Staff spoken with confirmed they asked people for consent before carrying out any care and told us this was part of usual practice. However, there were no consent forms on people's files to indicate their agreement to the care and support provided.

The provider had failed to seek people's consent to provide care and treatment and had failed to act in accordance with the Mental Capacity Act. These concerns constitute a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us he visited people on several occasions before they received a service and spent considerable time sourcing an appropriate property. This meant he had a good relationship with people and their families. Two relatives spoken with told us they fully discussed their family member's needs and the type of service, which would be best for them. They told us, "Everything has been meticulous and we were all totally at ease during the process." The registered manager explained he used the care plan format

to carry out the assessment and did not use any assessment forms. Hence, there were no records seen of discussions and people's assessment of needs. The registered manager assured us he intended to develop a full assessment tool and record all activities prior to a person receiving a service. We saw detailed transition plans to support a person into their new home. The plans ensured the person moved at a pace comfortable for them.

People were supported with their health care needs and staff accompanied people on medical appointments as necessary. We noted there was information about people's healthcare needs in their care plan. However, this information was brief and it was unclear how people's health was monitored to ensure they attended routine appointments on a regular basis.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. The registered manager explained a computerised accounting system was used for payroll and one person used a computer to help them communicate with staff.

Staff spoken with demonstrated an understanding of people's individual needs and were confident they had the knowledge and skills to meet them. We saw staff were provided with a good range of training which enabled them to fulfil their roles. They told us their training needs were discussed during their supervision meetings with their line manager and annual appraisals. Staff training records were maintained to ensure staff received regular training updates.

From the training records seen, we noted the staff had completed a variety of courses relevant to the people they were supporting including manual handling, equality and diversity, food safety awareness, medicine administration, first aid, health and safety, infection control, MCA and DoLS and safeguarding vulnerable adults. Staff also undertook specialist training in line with people's needs for instance epilepsy, autism and managing challenging behaviour. All staff spoken with confirmed their training was useful and beneficial to their role.

All staff completed induction training when they commenced work with the service. This included an initial induction, familiarisation with the organisation's policies and procedures, the provider's mandatory training and where appropriate, the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that health and social care services are expected to uphold. The registered manager explained that new staff also shadowed experienced staff to become familiar with people and their needs.

People were supported to maintain a balanced diet. We noted people's care plans and risk assessments gave staff guidance on how to support people with their nutrition and hydration needs. People were consulted on a daily basis about what they wished to eat. People were involved in the shopping and preparation of the food as appropriate.

The registered manager and staff worked and communicated with other agencies and professionals to facilitate a co-ordinated approach to people's care needs. We saw that people had input from a variety of specialists to monitor and contribute to their on-going support.

Is the service caring?

Our findings

At the last inspection, in January 2015, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'.

People told us they were treated with kindness and respect at all times when receiving care and support. For instance, one person said, "The staff are really nice and help me a lot." Relatives also praised the caring approach taken by staff. One relative told us, "As far as the house staff go, they are outstanding. They really prioritise [family member's] care and needs" and another relative commented, "The staff are spot on. They are so friendly and it seems like a family when I visit. I am always made very welcome."

During our time spent in people's houses, we observed the staff interacted with people in a caring, patient and sensitive manner. We saw people were respected by staff and treated with kindness. The atmosphere was cheerful and people were happy in their home.

Staff were aware of the importance of maintaining and building people's independence as part of their role. On reflecting on their approach, one staff member told us, "We want people to live their lives. It is wonderful to see what [person supported by the service] has achieved." We noted there was a section in each area of people's care plans about how their independence should be supported. However, there were no clear goals or objectives set out and there were no records seen of how staff monitored people's level of skills. Further to this, a relative told us, "People are very well looked after but not developed. I don't know what they are doing to promote an adult status and people's independence."

People and their families told us they were consulted about their care plans, however there was no evidence seen to demonstrate people had agreed with the plan and had participated in reviews of their care plan documentation. This is important to ensure people views and preferences are taken into account in the delivery of their care. Commenting on this issue a relative told us, "I'm not aware of any reviews, action plans or monitoring."

Although people told us that they had been involved in some decisions about how their care was provided, some people's independence was subject to restrictions on a routine basis. The registered manager told us that this was done in people's best interests; however, appropriate assessments and related best interest decisions had not been carried out. Where people did not have the formal opportunity to express their views and wishes regarding how they wanted to be supported; there was a risk that people would not receive support in the way they preferred.

We observed people being treated with respect and dignity. Staff spoken with recognised people's diverse needs and equality and diversity issues were covered in people's care plan documentation. Staff did not wear uniforms, so that people could be provided with support in the community in a discreet and dignified way. People were able to spend time alone in their bedrooms. There were policies and procedures for staff about upholding people's privacy and confidentiality.

Personal records other than those available in people's homes were stored securely in the registered office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care plans. People were seen to be comfortable and at ease with the staff who supported them. Staff spoken with talked with warmth and affection about the people they were supporting. One member of staff told us, "It's a very rewarding job. It's great putting smiles on people's faces. We all do the job because we really care."

Staff had access to a set of equality and diversity policies and procedures and completed relevant training. Staff spoken with were familiar with people's needs and respected their differences.

People were given information on the service in the form of a leaflet. This was set out in an easy read format with pictures to illustrate the main points. However, the information was brief and lacked detail about the services and facilities provided. The registered manager explained there were plans to provide a more detailed service user guide.

Is the service responsive?

Our findings

At the last inspection, in January 2015, this key question was rated as 'Outstanding'. At this inspection, the rating had deteriorated to 'Requires improvement'.

People indicated that staff listened to their requests and were always available to spend time supporting them with any assistance they required on a daily basis. People's relatives also expressed satisfaction with how their family members were responded to by staff. For instance, one relative told us, "It's perfect for my [family member]. All the staff are lovely and do the best they can to make sure [family member] has a good life."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. As part of this, we examined four people's care files and other associated documents. We found all people had a care plan, which contained personalised information about their needs and preferences. The care plans were underpinned by a series of risk assessments, which provided guidance for staff on how to manage risks.

We found the majority of the care plans were reviewed every 12 months by a team manager, however, there was no evidence seen to indicate what aspects of the plans had been reviewed. We also noted there were no arrangements in place for formal reviews. This meant people and their families had not been involved in the review process. This is important to enable people to make their views and wishes known on the service provided. Further to this, one family member told us, "I've read [family member's] care plan and think there's not enough in it, especially about their complex needs." We discussed the systems in place to develop and review people's care plans with the registered manager who assured us he had plans to revise and update all aspects of the care planning process.

Staff completed a detailed record of the care on a daily basis, which included information about people's diet, well-being and activities. This enabled staff to monitor and identify any changes in a person's well-being. We looked at a sample of the records and noted people were referred to in a respectful way.

Staff were employed to work with specific people. This meant people received consistent care and support and staff knew them well. All staff spoken with had a good knowledge of the people's needs and could clearly explain how they provided support that was important to each person. Staff were readily able to describe people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the provider shared information with people to support their rights and help them with decisions and choices.

We asked the registered manager how they were meeting the requirements of this standard. They told us they were not aware of the standard and had not carried out any specific action to meet it. Whilst we saw an information leaflet about the service had been produced in an easy read format, we found people's care plans and risk assessments were not easily accessible and understandable to people who may have sight impairment or difficulties in reading.

The staff team worked flexibly to ensure people lived as full a life as possible. Records showed people were supported to experience a wide range of meaningful activities, in line with their abilities, interests and preferences. For instance, one person told us they volunteered at a luncheon club for older people and other people volunteered to work in charity shops. People told us they also enjoyed leisure pursuits in the local community including shopping, visiting restaurants, bowling, going to the cinema and swimming. We noted people had activity planners as part of their support plan documentation to help them structure their time.

We looked at how the provider managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Similarly, relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. For instance, one relative told us, "I would contact [the registered manager] straight away if I had any problems. He is approachable and would listen to anything." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. Whilst no written complaints had been received, one relative told us during the inspection they had verbally raised some concerns in the last two years and had discussed these with the registered manager. However, there was no written record seen of the verbal complaint, the discussion or any action taken to resolve the situation at the time of the inspection. The registered manager agreed to make a record of any verbal complaints and comments received in the future and sent us two notifications in connection to these matters following the inspection. The information in the notifications included details of the action taken to address the relative's issues of concern.

No one currently supported by the service was in receipt of end of life care. The provisions in place for end of life care were discussed with the registered manager. They were aware of the need to support people to consider their plans for the end of their life at the appropriate time.

Is the service well-led?

Our findings

At the last inspection, in January 2015, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'.

All registered persons have a statutory duty to notify the commission without delay of specific events and incidents which occur in the service. However, we found that whilst the registered manager had liaised closely with one local authority's safeguarding team to investigate some allegations of abuse, the commission had not been notified of the incident in line with the current regulations. We also noted from looking at the incident records there were two further incidents of which we had not received a statutory notification.

This was a breach of regulation 18 the Care Quality Commission (Registration) Regulations 2009.

The registered manager submitted all the outstanding notifications following the inspection and provided assurances that systems had been put into place with immediate effect to prevent a reoccurrence.

All people and staff spoken with made positive comments about the registered manager and the way they managed the service. For instance, one person told us, "[The registered manager] is very nice. He comes round to see us and check we are okay" and a member of staff commented, "[The registered manager] is very supportive and approachable. I would have no concerns discussing anything with him." The majority of relatives were also complimentary about the management of the service, for example one relative said, "[The registered manager] is fantastic, easy to talk to and very honest."

The registered manager was committed to the continuous improvement of the service and had a good understanding of people's needs and preferences. He described his achievements in the last 12 months as, the development of five new tenancies in two properties to meet people's specific needs, successfully providing a domiciliary service for four people with complex needs and the development of staff training. The registered manager also told us about his priorities over the next 12 months, which included the full implementation of the Mental Capacity Act principles in the care planning system and a total review of the assessment, care planning and review processes.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff told us they had received the training they needed and were well supported by the registered manager and the management team. The staff said they appreciated being able to readily contact the registered manager and their team manager.

The registered manager used various ways to monitor the quality of the service, which included seeking feedback from people, their families and staff. This was achieved via daily conversations and satisfaction surveys. The survey questions were structured around the five key questions used by the Care Quality Commission to assess services. We were given a copy of the results of the surveys conducted in April 2018 as part of a Quality Review process. We noted people, relatives and staff indicated a high level of satisfaction

with the service. Many respondents had also made positive comments about the service, for instance, one person had written, "I am really happy with the way my care is provided" and a relative had written, "All the staff we have seen have been courteous. We are happy with the set up." We saw an action plan had been developed to address any suggestions for improvement.

We saw the registered manager had arrangements in place to monitor the staff training and supervision processes. He also carried out an annual quality review of the service. We were given a copy of the review carried out in 2018 and noted it was split into seven domains including, 'My support', 'My home', 'The staff', 'What others think', 'Things that went well and things that didn't go so well', 'What's it like at the office' and 'Policy review'. As part of the review, the registered manager had devised an action plan for the forthcoming year and had reviewed the action plan from the preceding year. However, we found a number of shortfalls during the inspection, which had not been identified as part of the quality review.

Whilst the provider had a set of operating policies and procedures, many were not followed in practice, for instance, safeguarding vulnerable adults, the analysis of accidents and incidents, the MCA 2005 and notifications to the commission. We also found there was no structured system for the assessment of people's needs and the formal review of care plans and risk assessments. This meant the systems in place to monitor the quality of the service needed to be improved. We were given assurances by the registered manager that the necessary improvements would be made. Following the inspection, the registered manager sent us written confirmation that work was due to begin on the review of all policies and procedures.

The registered manager explained there had been two external reviews of the service over the last 12 months and both had provided positive feedback about the service.

We looked at how the service worked in partnership with other agencies. We found arrangements were in place to liaise with other stakeholders including local authorities, the health authorities and commissioners of service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to submit statutory notifications without delay. Regulation 18
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to review the risks to people's health and safety in order to ensure any risks were assessed and mitigated. Regulation 12 (1) (2)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to operate effective systems and processes to protect people from abuse. Regulation 13 (1) (2) and (3). The provider had failed to act in accordance with the Mental Capacity Act 2005. Regulation 13 (5).