

Altonian Care Ltd

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Inspection report

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Date of inspection visit:
12 September 2016
13 September 2016

Date of publication:
07 October 2016

Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 12 and 13 September 2016 and was announced to ensure staff we needed to speak with were available. Altonian Care Ltd is registered to provide personal care to older people and those living with dementia. They also provide a service to people with a physical disability, sensory impairment and younger adults. At the time of the inspection there were 60 people using the service.

The service 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.

We previously carried out an announced comprehensive inspection of this service on 29 February and 1 March 2016. Breaches of legal requirements were found in relation to safe care and treatment and clinical governance. The provider was served with two warning notices that they were required to meet by 30 June 2016. Following the inspection the provider sent us an action plan detailing how they would meet the regulatory requirements by the required date. At this inspection we found the requirements of these regulations had been met.

At this inspection we found action had been taken to ensure people received their medicines safely. Staff were required to undertake medicines training, followed by an assessment of their competency to administer people's medicines. Improvements had been made in relation to the processes for recording people's medicines. The registered manager planned to introduce topical cream charts to provide staff with visual guidance for their administration, in addition to the written guidance available.

Staff received an induction to their role based on industry requirements. The registered manager had determined the staff mandatory training requirements and staff were required to keep their knowledge up to date. Staff were supported in their professional development and received regular supervision of their work which included observations of their practice to check their competence to deliver people's care.

Since the last inspection the registered manager had reviewed the robustness of the systems they had to enable them to deliver people's care and to monitor the quality of the service provided. Processes were now in place to enable them to audit people's medicine records effectively. There were also systems to enable the registered manager to identify and address staff training and supervision requirements. People's views on the service had been sought and action had been taken where required in response to the feedback received, to improve the service for people.

The registered manager had completed recruitment checks in relation to staff. However, they had not always ensured that applicants had provided the date when they completed their full-time education to enable them to establish if they had a full employment history, nor had they always sought an explanation

for any gaps in the applicant's employment history. There was the potential that people might have been placed at risk from the recruitment of staff as the provider had not always fully assured themselves of their suitability for their role.

People and their relatives told us they received consistency in their care staff. People received their care on the days they needed it and at the times they required. Staff were now expected to use the electronic system to 'log-in' and out of people's calls to ensure a record of the call time and duration was maintained.

Staff had undertaken safeguarding training and understood their role in relation to safeguarding people from the risk of abuse. Safeguarding alerts had been made to the local authority by the registered manager as required to safeguard people from the risk of abuse.

People had risk assessments in place which identified risks to them and the measures required to ensure they were managed safely for them.

People told us staff sought their consent before they provided their care. Staff had undertaken training in relation to the Mental Capacity Act (MCA) 2005 and understood how it applied to their day to day work with people. The registered manager told us that currently all of the people they cared for had the capacity to consent to the provision of personal care from the service. They had a copy of a MCA assessment tool available to enable them to do a MCA assessment if they identified that a person might lack the capacity to make a specific decision.

Staff had guidance about what assistance people needed to eat and drink. People were adequately supported by staff to eat and drink sufficient amounts for their needs.

Relatives told us staff supported people to maintain good health which records confirmed. Staff reported any concerns with people's health to the office, to ensure they could be addressed for people.

People provided very positive feedback about the quality of the relationships they experienced with staff. People's care was provided by staff who understood the need to communicate with, and to build a relationship with, the people to whom they were providing care.

People told us staff supported them to express their views and to make decisions about their care. Written guidance was available for staff about people's care preferences and they were able to tell us how they supported people to make decisions about their care.

People's privacy and dignity were respected and promoted by staff during the provision of their personal care.

People's needs had been assessed prior to them receiving a service. People told us that the service was responsive to changes in their care needs. People's care plans contained sufficient background detail about people for staff; however, work was being completed to identify if peoples' care plans could be further enriched with additional information about people. It will take further time to complete this.

There was written guidance for staff in the event that people experienced a medical emergency related to their diabetes or epilepsy. Work was underway to provide staff with written guidance in relation to other types of health conditions.

People and their relatives told us they had not had cause to make any written complaints but they felt

confident any concerns would be listened to and responded to. Where people had raised issues verbally, action had been taken for them to address the issue.

People, their relatives and staff told us there was regular, transparent communication with the service. Staff said they felt their concerns were listened to. Staff were guided in the delivery of people's care by a clear set of values.

People, their relatives and staff told us the service was well led. They found the registered manager to be accessible and supportive. The registered manager had taken measures since the last inspection to ensure they had sufficient time to carry out their management responsibilities.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People had been safeguarded from the risk of abuse.

Risks to people were identified and managed for their safety.

Staff had undergone recruitment checks; however, not all of the required evidence was available for each staff member to fully demonstrate their suitability for their role.

The registered manager ensured there were sufficient staff to provide people's care safely.

People's medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was effective.

People received their care from staff who had the knowledge and skills they required to carry out their responsibilities.

People's consent to care and treatment had been sought in accordance with legislation and guidance.

People were supported by staff to eat and drink sufficient for their needs.

People were assisted by staff to maintain good health.

Good ●

Is the service caring?

The service was caring.

People experienced positive, caring relationships with the staff who provided their care.

People were supported by staff to express their views about their care.

People's privacy and dignity were respected and promoted.

Good ●

Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs.

People were provided with information about how to make a complaint if required.

Good ●

Is the service well-led?

The service was well-led.

There was an open culture based on regular communication. People and staff felt informed and that they could raise any issues.

The service was well-led and well managed.

Processes and systems had been put in place to enable the quality of the service to be monitored and improved.

Good ●

Altonian Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 12 and 13 September 2016 and was announced to ensure staff we needed to speak with would be available. The inspection was completed by one inspector.

Before the inspection we reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We requested and received 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.

Prior to the inspection we spoke with the matron for the district nursing service. During the inspection we spoke with eleven people and eleven people's relatives. We also spoke with five care staff, the registered manager and the Finance and Systems Director.

We reviewed records which included seven people's care plans, four staff recruitment and supervision records and records relating to the management of the service.

Is the service safe?

Our findings

At our inspection of 29 February and 1 March 2016 we found the provider had failed to ensure the proper and safe management of medicines. There was a lack of written evidence to demonstrate all staff administering people's medicines were up to date with their training or that their medicines competence had been assessed. People's medicine records were not robust. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan detailing how they would meet the regulatory requirements by the date required within the warning notice of 30 June 2016. At this inspection we found the requirements of this regulation had been met.

A person told us "They make sure I have taken my tablets." A relative said "They always record that they have administered medicines." Another relative told us staff applied their loved ones creams and they had seen them sign the medicine administration record (MAR) afterwards.

The registered manager told us all staff were required to undertake an on-line medication course. This was followed by a practical assessment of their competency to administer medicines to people before they were rostered to do so; which records and staff confirmed. Records showed two staff had also been booked to attend a 'Medicine management for managers' course on 12 October 2016; to further develop their skills and knowledge. People's medicines were administered by staff that had undergone appropriate training.

People's MAR sheets were printed electronically monthly, this had reduced the risk of staff making errors when handwriting them. Staff were only required to hand write on the MAR any medicines that were added during that month; before they were added to the next month's electronic MAR. We checked people's MAR sheets and found them to be accurate with no gaps. The registered manager told us people had a printed list of their medicines sent out each month with their MAR. This enabled staff to check people's medicines in their homes against what was on the MAR and their medication list, to ensure people were receiving the correct medicines.

Records showed that when incidents had occurred involving people's medicines, the registered manager had taken action to reduce the risk of repetition for people, for example; by reviewing with them the arrangements for the delivery of their medicines. Actions were taken following medicines incidents to ensure people's safety.

Since the last inspection the registered manager had reviewed and revised the medicines policy to ensure staff had access to up to date and relevant medicines guidance for the safe management of people's medicines.

Although people's care plans contained clear guidance for staff about which topical medicines (creams) to apply for people and where, there were no body charts to provide staff with a visual reminder of where people's topical creams were to be applied. This increased the risk of staff not applying the correct topical cream to the correct area for people. We spoke with the registered manager who told us they would ensure

they were introduced.

Staff told us and records confirmed that they had undergone recruitment checks, these included the provision of suitable references, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Three of the staff recruitment records reviewed lacked dates for when the staff member had completed their full-time education, therefore we could not establish whether there was a gap between them completing education and commencing their first job. A fourth staff recruitment record contained gaps in their employment history without a satisfactory explanation. There was the potential that people might have been placed at risk from the recruitment of staff as the provider had not fully assured themselves of their suitability for their role.

The provider's failure to ensure that all of the required information was available in relation to each staff member employed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People reported that they received consistency in their care staff. A person told us "There is pretty good consistency." Relatives told us "We get a regular carer" and "We get a group of carers and we know them well."

People's care plans documented the dates they required a care call, the number of times per day and the person's preferred time for a call. Staff said there were sufficient staff to be able to provide people's care at the times they wished and that people received continuity in their care, which records confirmed. People received their care when they needed it to be provided.

Staff told us they were now required to use the phone 'log-in' system when they completed people's calls. Records demonstrated staff were reminded of the importance of logging in and out of calls at the two September 2016 staff meetings. This ensured there was an electronic record of when staff had arrived at people's calls and the duration of each call. In geographical areas where staff mobile phones did not work, staff were required to manually enter the call data. Processes were in place to ensure there was a record of people's calls.

People told us "Yes, I'm safe in her (carers) care." Relatives told us people were "110% safe with them" and that "Staff wear identity badges."

Staff told us they had undertaken safeguarding training which records confirmed and understood their role and responsibilities. Staff were asked if they had any safeguarding concerns they wanted to raise as part of their supervision. One staff member commented "They have drummed into me to report any issues." Records demonstrated that safeguarding was discussed at the two September 2016 staff meetings. Staff were also given the opportunity to raise privately any concerns that they had. The registered manager had updated the safeguarding policy since the last inspection, so staff had access to relevant guidance. Records demonstrated safeguarding alerts had been made by the registered manager as required to safeguard people from the risk of abuse.

Staff told us "We have ID on our phones and an ID badge." Staff were seen to wear a uniform and an identify badge. People's care plans also provided details of how to maintain the security of people's property when accessing their home. People's care plans documented the safeguards staff had to follow if supporting people with their finances to ensure their safety. Processes were in place to safeguard people from the risks of unauthorised people accessing their home and in relation to the safe management of their finances.

People and relatives told us risks were well managed. A person said "The carer is there to monitor the risks." Another person told us an emergency had occurred shortly after they commenced the service and the carer had managed it very well. A relative told us staff had responded well upon noticing their loved ones foot was swollen and immediately sought medical advice.

Risks to people in relation to the development of pressure ulcers were identified within their risk assessments. This included any action required to manage this risk to people, for example, through the use of preventative creams. A relative told us "The carer makes her walk every morning to take the pressure off." Records showed that staff had reported any concerns about people being at risk of developing pressure ulcers to the district nursing team to ensure this risk was managed for them.

People had a moving and handling assessment to identify their needs in relation to transferring them safely, including the number of staff needed and any equipment required. A relative told us two staff were always provided to hoist their loved one. Another relative told us "Staff follow the correct moving techniques." Risks to people from their environment had been assessed with a health and safety assessment. This considered the risks to people from their environment, infection control, food hygiene, chemicals, fire, water, gas and electricity. Staff were able to tell us about the risks to people they cared for and how these were managed. There was an out of hour's number to ensure people and staff could access assistance if required. Risks had been assessed and managed safely.

Records showed staff responded well to incidents and completed an incident form. A person had experienced a fall and staff ensured this information was passed to the relevant agency and that a request was made for the person to have a pendant alarm. Where required discussions took place with people's families about how to manage the future risks to the person for their safety. Incidents were correctly recorded and acted upon for people's safety.

Is the service effective?

Our findings

At our inspection of 29 February and 1 March 2016 we found the provider had failed to ensure staff providing people's care had the qualifications and competence to do so. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan detailing how they would meet the regulatory requirements by the date required within the warning notice of 30 June 2016. At this inspection we found the requirements of this regulation had been met.

People told us "Yes, they are first class and well trained." "Staff are knowledgeable and competent." Relatives told us "They know what they are doing." "Staff are skilled and we always get experienced staff."

The Care Certificate is the industry standard induction for staff who are new to care. Staff told us and records confirmed that if they were new to social care they had been required to complete the Care Certificate. People were cared for by staff who had undergone a suitable induction to their role.

The registered manager had determined what their training requirements were for staff following completion of the Care Certificate, in order to ensure they updated their training regularly. Staff were required to update their moving and handling, medication, safeguarding, infection control and mental capacity training on an annual basis. They had to update their health and safety and life support training every three years. Records demonstrated that staff were up to date with their mandatory training requirements. In addition the registered manager had identified extra relevant training for staff which they felt would then further enhance and develop their skills in caring for people. These courses included: pressure ulcer care, dementia care, falls, nutrition and hydration, end of life care and diabetes care. The registered manager had not set a target date for the completion of this training; however, staff had commenced these additional courses.

Staff told us they received regular supervision of their work. Records demonstrated staff underwent regular supervisions and spot checks of their practice. If staff hoisted people they were required to undergo practical observations of their hoisting skills. Staff also had practical observations of their skills in delivering personal care and re-positioning people. Processes were in place to practically assess staff's competence at delivering people's care.

Staff told us and records confirmed they were encouraged to undertake a professional qualification; of the 42 staff, 19 had a professional qualification in social care. People were supported by staff who were encouraged to undertake professional development.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People told us staff sought their consent before they provided their care. A relative told us "Yes, staff always seek her permission."

Staff told us they had undertaken MCA training, which records confirmed and understood its application in their daily work. A staff member told us "Clients have every right to make choices, whether you agree or not."

People were screened at their initial assessment in order to identify if they had an impairment that could impact upon their capacity to make decisions and if they required support with decision making. Where it had been identified that people had a cognitive impairment it was documented how this impacted upon the person, for example, by making them forgetful. Information was sought about whether people had a lasting power of attorney or a court of protection deputy. This ensured staff knew who they were legally obliged to consult in the event the person lacked the capacity to make a specific decision. People signed their care plans where they were physically able to. This provided written evidence that they had consented to their care. Where people were unable to physically sign their care plan this had also been documented.

The registered manager told us that currently all of the people they cared for had the capacity to consent to the provision of care from the service. They had a copy of a MCA assessment tool available to enable them to do a MCA assessment if they identified that a person might lack the capacity to make a specific decision. Records showed that where an issue had arisen in relation to a person's capacity, the registered manager had sought advice from Social Services. This had ensured that the person's right to make their own decision was upheld.

A person told us "Yes, they always ensure my lunch is provided" and another said "They sort my meals and get what I want." A relative said "They make mum's lunch and document what she eats." Another told us "They encourage her to eat."

People's care plans documented people's arrangements for their meals, whether they or family members prepared their meals or whether staff were to do this. Where staff assisted people to prepare a meal there was guidance for staff to check with the person what they would like to eat. There was guidance for staff to make sure that if the person was unable to get a drink for themselves between calls then they should be left with one. Staff were also reminded to check with the person if they wanted a snack left for between calls. Staff told us they supported people to eat and drink where required. People's records included an assessment of whether they were at risk of choking when eating or drinking and the actions staff should take to ensure their safety. The risks to people associated with eating and drinking had been assessed and managed.

A relative told us "They inform me of anything and advise if the GP should be called." Another said "They involve professionals such as the CPN (community psychiatric nurse)."

Staff told us they reported any concerns with peoples' health to the office. Staff gave an example of when they had identified an issue with a person about their health. They had then reported this to the office to enable them to follow up upon it for the person. Records showed staff had contacted people's social workers where required, GP's, district nurses, the continence service and hospital staff. People were supported to maintain good health.

Is the service caring?

Our findings

People provided very positive feedback about the quality of the relationships they experienced with staff. Their comments included "Staff are kind and caring," "Carers have a chat with me" and "We get on like a house on fire." A relative told us "Mum is completely happy and at home with them. They recruit good staff who have sympathy for older people, they recruit warm staff." Another said "They re-assure him if he is anxious and tell him what they are doing."

Staff confirmed that they ensured they spoke with people whilst they provided their care about what they were doing and why. They told us you must "Be patient with people" and "It is crucial you listen to people." Staff also told us "We have to ensure that people trust us. We get to know people and build a rapport with them." People's care was provided by staff who understood the need to communicate with and to build a relationship with the person to whom they were providing care.

People's care plans noted if they had any communication needs such as impaired hearing and how this was managed, for example, with the use of a hearing aid. Staff had access to relevant information to enable them to address any communication needs for the person.

People told us staff supported them to express their views and to make decisions. One person told us "They listen to me. We discuss everything." A relative told us "They ask him if he wants to sit up. If he doesn't they respect his wishes." Another told us "They seek mum's opinion on her care."

Staff were able to tell us how they supported people to make decisions about their care, for example, by providing them with simple, clear information. Staff told us they constantly asked people about what they wanted and how. One staff member told us "We ask people what they want and their preferences at every stage." People were cared for by staff who listened and involved them in decisions about their care.

People's care plans provided staff with written guidance about people's care needs and preferences. One person's care plan said staff were to assist them to pick out clean clothes daily, which staff confirmed. There was also guidance for staff about how they liked their bedroom to be left in the morning. Another care plan detailed what the person liked for their breakfast but still instructed staff to check with the person what they wanted on the day. Staff were provided with written information about people's preferences and choices about how they wanted their care to be provided.

People told us "They respect your privacy and dignity," "They make sure I am covered (during personal care)" and "They (staff) are aware they are a guest in your home." A relative also confirmed "They treat her with the utmost respect."

People's care plans provided staff with guidance about how to maintain the person's privacy and dignity whilst providing their care. Staff were able to describe the measures they took to uphold people's privacy, for example, by shutting the door. They also told us they discussed with people what they were doing, whilst keeping them covered during the provision of personal care. One staff member told us they ensured the

person to whom they were providing personal care "Feels safe, secure and warm." Staff understood how to uphold people's privacy and dignity and ensured they did so for people.

Is the service responsive?

Our findings

People and their relatives were very positive about the responsiveness of the service. One person told us "The care plan is exactly what I want." Another person told us that their care had been increased to enable them to get out into the community weekly. They said "It is amazing; we have been out for coffee and cakes." Relatives' feedback included "They are flexible depending on what we need" and "We want extra care and they are sorting it, it has been organised straight away."

People's records demonstrated that their care needs had been assessed with them, prior to them commencing the service and that where relevant; copies of their Social Services needs assessments had been obtained. A person told us "I was involved in my care planning." Another person said "They change the care in response to what I ask, there is flexibility." People's care needs were assessed with them and drew upon relevant information in order to identify peoples' care needs.

People's care plans documented their preferences around their daily routine, for example, one person liked to have a wash and then have their breakfast. There were details about people's bathing preferences. People's care plans outlined what they could do for themselves to maintain their independence. Where people needed to complete physical exercises there was guidance for staff about how to support them. People's care plans provided staff with guidance about what care people required to achieve their care objectives.

Where people needed assistance with activities unrelated to their care such as feeding pets then this was noted in their care plan. Staff understood what was important to people in their lives and sought to provide the assistance they required.

People's records contained sufficient background information about them for staff to understand their needs and to be able to build relationships with them. Staff told us they received background information about new people and read their care plans before they provided their care. A staff member told us "Yes, we read people's care plans and get information from the agency." However, two staff told us they had raised with the service that they would like to see an increased level of background information about some people. The registered manager told us that a process of reviewing the level of detail in people's care plans was underway using an audit tool they had recently obtained to enable them to identify if peoples' care plans could be further enhanced by adding additional information. There was no target date for the completion of this work, but the process of reviewing the content of people's care plans had commenced.

Records demonstrated people had regular reviews of their care either face to face or by telephone. A person told us "We are always looking at the care." And another commented "Yes, the care is reviewed." A family whose loved ones care needs had increased told us the service was arranging with Social Services to have the person's care needs re-assessed. People's care was reviewed regularly with them to ensure it met their needs.

The Finance and Systems Director told us that if people experienced epilepsy or diabetes then they had

specific first aid guidance relating to their health condition, located in their care records in their home, detailing what actions staff should take in the event of an emergency. We reviewed the guidance and saw that it provided staff with the necessary information to enable them to be responsive to changes in the person's health. They also told us they were in the process of identifying people with asthma and cardiopulmonary disease to enable them to place similar guidance in their care plans for staff. A person told us that in the first week of using the service they had experienced a seizure during their care call and that staff had taken the required action. Action had been taken to ensure staff were provided with information to enable them to understand what they needed to do in an emergency for the person.

The registered manager told us they had recently introduced a key working system. The role of the key worker was to ensure that the person's paperwork in their home was up to date, to contribute to the person's care plan review, to ensure any supplies related to the person's care were available and to support the person to raise any issues or complaints. Records demonstrated that staff had been allocated people to key work. This provided people with a named contact from the staff who provided their care with whom they could raise any issues with.

People and their relatives told us they had not had cause to make any written complaints but they felt confident any concerns would be listened to and responded to. A person told us they had made a verbal complaint about an issue and received an apology. A relative told us they had made a verbal complaint and felt this was dealt with.

The registered manager told us no written complaints had been received. People were asked as part of their review whether their care needs had changed, whether they were happy with the care they received and whether there was anything that could be improved. People were also asked as part of their review to provide their feedback on the individual staff providing their care. A person's record of the review of their care showed an issue had been raised about the length of time between the care calls. This was addressed for the person and rosters demonstrated the calls were now more evenly spaced. Staff told us they would report any verbal complaints made to them to the office for the person. Processes were in place to enable people to make complaints and where issues had been raised action had been taken in response.

Is the service well-led?

Our findings

At our inspection of 29 February and 1 March 2016 we found the provider had failed to operate effective systems in order to regularly assess and improve the quality of the care provided, mitigate risks to people, to securely maintain accurate records or to use information from the monitoring of the service to improve. These were breaches of Regulation 17 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan detailing how they would meet the regulatory requirements by the date required within the warning notice of 30 June 2016. At this inspection we found the requirements of this regulation had been met.

Since the last inspection the registered manager had reviewed the robustness of the service's systems. The Finance and Systems Director told us that now new staff were not rostered for calls until they had completed their induction training, which records confirmed. Changes had been made to the method for rostering staff to ensure only suitably qualified staff could be rostered for peoples' care.

The Finance and Systems Director told us that they now had an electronic process whereby they could identify on a weekly basis which training staff needed to undertake or refresh. Staff confirmed they were sent a weekly electronic reminder and link to the training to ensure they were aware of what training was due. Copies of staff training certificates were now all stored electronically to provide written evidence of the training staff had undertaken. A record was maintained of what supervisions and competency assessments each staff member had completed. Processes were now in place to monitor staff training and supervision to ensure staff were appropriately trained and supported to deliver people's care.

The registered manager told us they were now able to use the data generated from the electronic staff log-in system to produce reports for people's call duration where required. Therefore if any concerns were raised about the timing or duration of a person's calls these could be checked electronically; in addition to checking the written record in the person's daily notes. The registered manager was not routinely producing these reports for each person; only when needed. However, they told us they planned to use this information more pro-actively as part of peoples' future reviews of their care. Processes were now in place to enable the registered manager to be able to review people's call data where required.

Staff were required to return people's medicine administration record (MAR) sheets which included their topical creams to the office monthly for them to be checked by office staff for any gaps. Records demonstrated any gaps were addressed both with individual staff and at staff meetings. Staff told us "They chase us up for any unsigned MARs." Improvements had been made to the quality of record keeping in relation to people's medicines and the monitoring system in order to identify and address any issues for people.

The registered manager told us staff submitted incident forms to the office as soon as they were completed. They then reviewed the incident forms as they arrived to identify if any action was required or if the person's care plan needed to be updated. This ensured they were aware of incidents and could take any required action on behalf of people.

The registered manager also reviewed people's daily record books when staff returned them to the office to check staff had completed them fully to ensure there was a complete record of the care people had received.

The registered manager was in the process of reviewing and updating all of the service policies. Staff were then required to review the new policies when they attended staff meetings.

People told us "Yes, I have been asked to do surveys." A relative told us "They seek your views on the care."

There was written evidence that people were sent a quality assurance survey in May 2016. The results had been collated and demonstrated that overall there was a high level of satisfaction with the service. Although there was no resulting action plan; where people had identified areas for improvement the registered manager was able to tell us about the actions they had taken in response. For example, one person's care package had been increased to allow additional time for their care. Another person was being provided with copies of the staff rosters to ensure they were aware of which staff were due to visit them. People's feedback had been used to improve their experience of the care provided; however, the registered manager needed to document the actions they had taken.

A person told us "They phone me and say what is happening." A relative confirmed the service kept them updated about their loved ones care. Another relative told us that the registered manager was very clear about what support staff could provide and what they were not permitted to provide. "There is good communication. They tell me everything." People's records demonstrated the service communicated with people and their relatives regularly.

One staff member commented "I wouldn't think twice about reporting anything." Staff told us "There is good communication between management and staff." Staff said there were monthly staff meetings where they would raise any issues. The registered manager held two staff meetings to enable staff from different geographical areas of the service to attend. Records showed staff meetings were now minuted to ensure there was a record of the issues discussed. Staff said they felt their concerns were listened to. A staff member told us how they had raised an issue with the office about a person's care. In response all staff were informed of what they should do and the issue was addressed in the staff meeting. Staff felt able to speak out about any issues that could impact upon people's care.

Staff told us they learnt about the providers' aims and objectives during their induction to their role. The service values were 'To ensure all of our service users are safe and their needs are met in a responsive manner that is individual to them.' Feedback from people and staff demonstrated these values were applied by staff in their day to day work with people.

People told us the service was well-led. Their feedback included "The manager comes to check on the service, she is accessible." "It is well managed they are always there if you want anything." Relatives told us "It runs very smoothly" and "They are growing but they are managing this well."

Staff confirmed that the service was well managed. Their comments included "Management is absolutely brilliant. Anything however small is not an issue and you can get hold of them at any time." Staff told us the Team leaders dealt with any issues and were "Very approachable."

The registered manager told us that since the last inspection they had increased the number of office coordinators by one and replaced the senior carer role with three team leaders. They had also introduced the role of keyworkers to care staff. They told us that with these changes and some re-distribution of

responsibilities they now had more time to focus on the leadership and management of the service for people.

The registered manager had a good understanding of the challenges facing the service as it moved forward, in relation to further refining their systems, keeping up to date with the paperwork and embedding all of the changes they had made since the last inspection.

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 The provider's failure to ensure there was evidence that all of the required information was available in relation to each staff member employed was a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.