

Revelation Social Care 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Revelation Social Care provides help and support to people enabling them to remain in their own homes for as long as they wish. The agency offers a variety of services in areas such as assistance with personal care, domestic tasks, help with medication and shopping. The service was providing support to seven people on the day of our inspection.

At the time of the inspection there was 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.

This was the first rated inspection for this service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Medicines were not always managed safely. Competency checks were not undertaken to ensure staff were competent to administer medicines. Body maps were not in place to show where creams were to be applied. There were gaps in the medicines records which meant we did not know if people had been given their medicines. Medicine audits did not match our findings on the day of the inspection.

Recruitment procedures were not sufficiently robust to ensure people who used the service were safe. Records did not clearly show when information and checks had been completed. Dates were not recorded of when staff commenced employment.

The registered manager did not complete a rota to show what staff were on duty and where they were. They told us they knew where people were due to the small size of the staff team. However, they informed us that the local authority had told them these needed to be completed.

The registered manager was unaware of their responsibility to notify us of any serious injuries that occurred to people who used the service.

Staff were unable to tell us their responsibilities in relation to the Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS). Staff would not be able to recognise if people were being deprived of their liberty.

Staff had not received appropriate training or supervision to ensure people who used the service received care and support from staff members who were competent and skilled.

Information and guidance about how to complain was not available or accessible to people who used the

service. The provider did not have an effective system in place to deal with complaints or show how these were being managed.

Care plans did not reflect the care and support being delivered or guide staff in their roles. Without clear and accurate information to guide staff, people are at risk of not receiving the care and support they need.

The service did not undertake quality assurance checks to assess and improve the service. Policies and procedures contained incorrect information and had not been reviewed.

Staff told us they had received safeguarding training and were able to describe the different types of abuse that they needed to be aware of. However, the staff we spoke with were unable to tell us what whistleblowing meant to them or how they would respond.

The service had communication books in place so that staff could communicate between themselves in relation to people who used the service. This should ensure information is shared between all staff members.

Staff members told us they always gave people choices and were able to give us examples of how they did this on a daily basis.

Staff were able to describe what equality and diversity meant and how they applied this in practice.

The staff we spoke with told us the registered manager was approachable and had a very visible presence in the service as they were included in the staffing numbers and worked as a carer six days per week.

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.

Medicines were not always managed safely. Competency checks were not undertaken, body maps were not in place to show where creams were to be applied and there were gaps in the medicines records which meant we did not know if people had been given their medicines.

Robust recruitment processes were not in place to ensure people who used the service were safe.

Staffing levels were sufficient to meet the current needs of people who used the service.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Systems and processes were not established or operated effectively to ensure staff understood their responsibilities in relation to the MCA or DoLS. Staff we spoke with could not tell us what MCA or DoLS meant to them.

Staff had not received appropriate training or supervision to ensure people who used the service received safe and effective care and support by skilled and competent staff members.

We saw care plans had been signed by the person to consent to the care and treatment. Staff told us they always gained consent prior to undertaking tasks.

Requires Improvement ●

Is the service caring?

The service was caring.

One person we spoke with told us they felt staff were caring, helpful and were like friends to them.

Staff members we spoke with were able to tell us how they maintained people's privacy and dignity when undertaking personal care.

Good ●

People were supported to remain independent by staff members. Staff were able to give us examples of how they promoted independence with the people they were supporting.

Is the service responsive?

The service was not always responsive.

The provider did not have effective and robust systems in place to manage complaints. Staff members told us they had not seen the complaints procedure and people who used the service were not given a copy of this.

Information in care plans did not reflect the support that was being provided. Care plans did not direct staff on the level of support to be provided or how this was to be delivered.

Staff were able to give us examples of how they gave people choices whilst providing support.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The service did not undertake any quality assurance checks in order to make improvements.

Policies and procedures that were in place were not up to date and did not reflect what the service was doing in practice. We found these were not being reviewed.

The registered manager and staff members told us that staff meetings were not held within the service.

Staff members felt the registered manager was approachable.

Inadequate ●

Revelation Social 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.

This inspection took place on the 15 September 2016 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We contacted the local authority and Healthwatch for their views about the home. Healthwatch had not received any concerns. We were not able to gain feedback from Rochdale local authority as they did not commission services with the provider. After our inspection we gained feedback from Bury local authority who commission services from Revelation Social Care. They told us they had recently undertaken a compliance visit on the 14 September 2016. It was necessary for an action plan to be put in place for the registered manager to make improvements to the management of the service and it was mutually agreed that no new referrals would be made 'until the capacity of the service was fully demonstrated.'

During the inspection we spoke with the registered manager and two members of staff. We talked to one person who used the service. We attempted to speak to more people but they did not answer our telephone calls.

We looked at care records for two people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures.

Is the service safe?

Our findings

We reviewed how medicines were managed. The registered manager told us that some people required minimal support with their medicines; some required staff to administer them and others were able to administer their own and required no support. We saw the service was using the local authority policy on medicines.

The registered manager told us and staff members confirmed that medication training was completed online. One staff member told us, "I did training here and at the other place I worked and felt competent to do them." Another staff member told us, "There is always someone with me with I am administering medicines and we watch each other."

We were told and records showed that two staff had completed training in medication administration. These were the only two staff members that could administer medicines to people who used the service. This was provided through e-learning training. We asked if competency checks were undertaken to ensure staff remained competent to administer medicines. The registered manager informed us they did undertake competency assessments but did not record these formally. This meant there was no evidence that competencies had been checked and staff remained competent and their practice was safe. The registered manager had also not undertaken recent medicine training and could not evidence their own competencies.

We looked at the medicines administration records (MARs) for one person. We were told staff only provided assistance with creams. However the MAR sheet for August 2016 showed tablet medicines as well as creams were administered. One item was to be applied twice daily, however had only been signed for on 21 occasions during that month. This meant we did not know if the person had received their medicines. The second item was a 'when required' item. There was no body map or guidance for staff to show where and when the creams were to be applied. The registered manager told us that following a review with the person and their social worker the tablet medication was no longer being administered by staff. There were no records to show when this decision was made.

The service completed a Medication Administration Record (MAR) audit on a monthly basis. This consisted of eleven areas to be looked at including if MAR's contained additional information such as 'take with or after food' and if they were clear and concise. However responses on the audit did not reflect our findings. For example the audit stated that guidance was available to staff in relation to 'when required' medication. This was not available. Systems in place were not sufficiently robust to ensure that people received their medicines safely.

These matters are a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not managed safely.

The staff team consisted of the registered manager and five support staff. We looked at the personnel files for three staff to check how the service recruited new staff. The files contained an application form, two

written references, copies of the person's identification and an interview record. We found that some information was not completed in full. For example, one application did not detail the dates of previous employment. Gaps in employment noted on a second application form had not been explored and a reference for this person was not dated. This meant people were not protected by robust recruitment practices to ensure only those suitable to work with vulnerable people were employed.

We also saw that Disclosure and Barring Service (DBS) checks had been carried out for each member of staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. However one member of staff told us they had commenced work prior to a DBS check being completed as they had a previous check in place, which had been completed some time ago. There was no information to show that the registered manager had considered the guidance set out by the DBS service, demonstrating they were satisfied the person was fit to commence work prior to a new check being completed.

We found records did not clearly show when information and checks had been completed, nor include the date new staff commenced employment. Therefore records did not clearly evidence that robust recruitment procedures were in place to keep people safe. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager if they had a contingency plan and business continuity plan in place to effectively deal with any unforeseen events such as floods, fires, disease outbreaks and loss of electricity or gas. The registered manager informed us that they did not have any such plans in place. This meant the registered manager had not considered all possible risks to the service and those who use it; the service would not be prepared in the event of an unforeseen incident. Contingency and business continuity plans are an important part of ensuring the service can continue in times of crises delivering a service to vulnerable people. We recommend the service takes action to develop and implement robust contingency and business continuity plans.

One person who used the service told us they never felt as though any of the visits were rushed and that staff members stayed as long as it took to carry out the tasks and felt "fully supported."

We asked staff members if they felt there were enough staff to meet the needs of people who used the service. Comments we received included, "I think there is right now because it is not big, so I think there is more than enough" and "Yes there are enough staff." The registered manager was included in the staffing levels and delivered "hands on" care. This allows the registered manager to maintain an understanding of the needs of people and the timeframe for such needs to be met.

We asked the registered manager if we could look at the rotas. They told us they did not complete rotas as the service is small and the registered manager knew where all the staff were and what they were doing. The policy and procedure in place within the service stated that the service would have a four week rota in place. This meant the service was not following its own policies.

We asked people who used the service if they felt safe. One person we spoke with told us, "Initially I was frightened about having carers but they have been marvellous."

We asked staff what safeguarding meant to them. Comments we received included, "I had my mandatory training. Protecting yourself and the clients from harm like objects or challenging behaviour or not washing them properly could be neglect" and "I have done mandatory training here on social care TV (training provider) and in my previous workplace as well."

Staff had policies and procedures to report safeguarding issue. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe.

The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith.

Care records we reviewed included information about the risks people who used the service might experience and the support strategies staff should use to help manage these risks. Risk assessments in place included manual handling, paths, ramps, estranged family members and risks inside and outside of the house. These showed how the person might be harmed and how the risk was controlled.

Staff members we spoke with were aware that people had risk assessments in place. One staff member told us, "I have not actually been through them and read them" and another told us, "One person had stuff everywhere so the risk assessment could be moving the stuff out of the way to prevent them being harmed."

The registered manager and staff members we spoke with told us that as part of the support they gave to one person it was necessary to use a hoist. We saw that this was included in a risk assessment so that staff members knew the type of sling to use and how to use this safely. This person told us they felt very safe when being assisted with moving and handling. They also told us, "Staff advised me of techniques which has made movement easier for me."

Staff members we spoke with told us, "We get training to use the hoist. Normally there is a sticker on to say when it is due to be checked. If it is out of date we do not use the hoist" and "We have to make sure the client does not bump into objects and safely moves from the bed to the commode. We have to check that it is working alright before we use it. There is a sticker at the back when it is due maintenance. Last time it was due we told a relative and they sorted it out. We also make sure the battery is charged all the time."

We asked staff members how they would respond if a person had an accident or an incident occurred whilst they were supporting them. One staff member told us, "I would report it to the manager and also note it in the daily evaluation record." Another staff member told us, "I would note it down in the evaluation sheet and get an incident report form and note down what happened and who was harmed." Records we looked at showed that no accidents or incidents had occurred.

People who used the service lived in their homes independently or with family support and were responsible for any infection control issues. However, part of the staff's mandatory training package included infection prevention and control. The service also had an infection control policy and procedure in place which covered areas such as the prevention of cross infection, spread of infections, blood borne viruses and control measures.

Is the service effective?

Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People in their own homes are not usually subject to DoLS. The service had a policy in place in relation to DoLS which described areas such as how a DoLS can be authorised, best interests and restraint. There was also a detailed MCA policy in place.

We asked staff members if they had been trained in MCA and DoLS. One staff member told us they had received training in MCA but could not recall what it was about and could not tell us what it related to. They also told us they had never heard of DoLS. Another staff member had never heard of MCA and had "Just heard about DoLS" but did not know anything about it.

This meant that systems and processes were not established or operated effectively to ensure staff understood their responsibilities in relation to the MCA or DoLS. These matters are a breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person we spoke with felt that staff had the necessary skills and knowledge to undertake their role.

Staff we spoke with told us they completed an induction when commencing employment at Revelation Social Care. They told us, "I was shadowing and went to training in Manchester. Looking at policies and procedures was not part of the induction" and "Yes I had an induction. I went to see the client and introduced myself to see how they are looked after. I did shadowing to see how I would be doing it when I started. Every time we get a new client the registered manager normally goes to them and we shadow her. It depends how many visits they have each day as to how many times we shadow."

The service had an induction policy in place that had been written in June 2012 and had not been reviewed or updated. We found this contained out of date information; this stated that new staff members were to complete the Skills for Care Common Induction standards within the first 12 weeks of employment. The registered manager told us they were not using this or the care certificate (the care certificate is considered best practice for people new to the care industry) as part of an induction process.

We saw an induction checklist, which was completed over one day and explored the role and responsibilities of support staff. We were told by the registered manager and staff we spoke with, that shadowing opportunities were also provided to enable staff to learn about the support people received. The induction programme did not follow a recognised programme of training for new staff, particularly those staff new to care work.

We asked staff members what training they had received since they commenced employment. One staff member told us, "I have not had any other training than mandatory." Another staff member could not tell us what, if any, training they had received that was not part of the mandatory training. One staff member we spoke with did not know what whistleblowing meant and another told us, "It means raising any alarms when you see risks." This meant that staff members may not know how to recognise their responsibilities to whistle blow on poor practice or the protection they should receive if they did.

The registered manager told us that all staff had completed a one day mandatory training day. This was facilitated by an external training provided and included a range of topics, such as; health and safety courses (infection control, fire safety, food hygiene and basic life support), moving and handling and safeguarding adults and children. However, two staff members we spoke with were unable to tell us what whistleblowing was or meant to them.

We looked at what areas of training were provided to meet the specific needs of people. The registered manager told us that staff provided support to people who had suffered a stroke, were immobile and required the use of specialist equipment, required catheter care as well as personal care and support with medicines. There was no evidence to show that staff members had received training in any of these areas.

The registered manager told us that two staff members were registered to commence their National Vocational Qualification (NVQ) level two but were waiting for another staff member to register before they commenced. The registered manager could not tell us where the staff member was up to with their registration. The last recorded discussion about this was in a supervision meeting in May 2016 and had not been followed through by the registered manager.

Records showed that only two of the five staff had also completed e-learning training in the administration of medicines. The registered manager acknowledged they had not completed up to date medicines training and that competency assessments of staff had not been completed.

We also looked at the systems and processes for supervising and appraising staff members to support them in their roles. One staff member who had worked in the service since May 2016 told us, "I had one supervision in the beginning but I am not scared to say anything if I need to see her I will tell her (meaning the registered manager)." Another staff member told us they thought they had received supervision once.

The registered manager told us that they carried out staff supervision. They said they met with staff every 3 months. An examination of staff files showed that information recorded was vague and did not evidence a review of staff performance.

The service had an appraisal and supervision policy in place. These stated that staff members were to have a minimum of four supervisions each year. One person's records we looked at showed they had worked for the service for eight months and had received one supervision during this time. There was no supervision plan in place within the service to show when staff members would next receive supervision. We spoke with the registered manager regarding this who told us "I know in my head when people are due supervisions and training." However the registered manager was not aware one staff member had only received one

supervision in eight months or when they had a discussion with another staff member about their NVQ. Without the correct documentation in place staff members would not know when they were next due their supervision or be able to fully prepare for this.

These matters are a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as appropriate training and supervisions were not carried out to ensure people received safe and effective care and support by skilled and competent staff members.

We asked staff members how they ensured they gained consent from people. Comments we received included, "We always ask for consent. We say this is what we are going to do, is that ok and wait for them to respond. If they say no, we won't do it" and "There is a form that they sign that we give them every time we start a new client. We did one for medication where they signed to agree to it."

We saw that people who used the service had signed care records to evidence their consent and agreement to the care and support provided. People we spoke with said staff asked their permission before providing care and support. We were told the service would liaise with relevant social care professionals if changes in people's care needed to be discussed. However this information was not recorded.

We asked the registered manager how staff members communicated any changes in a person's care or support. They told us, "We have communication books and evaluation sheets. If they live with family you ask them. We always read the communication book before we do anything." We asked staff members the same question and were told, "We text each other or phone each other to say this is what's going on. We also have a communication book and evaluation notes to read as well" and "With each client we have a book where we write notes or what's happened for the next person. One person their daughter comes and we write notes for her too."

Although staff were not responsible for arranging visits to doctors or specialists staff told us they would call the doctor or other professionals if required and give any support a person needed to keep them well.

People lived in their own homes or with family and could eat what they wanted. However one person we spoke with received support with making their meals. They told us, "They always ask me what I want for my meals."

Is the service caring?

Our findings

One person we spoke with stated, "The team is great. Very helpful and like friends. They talk to me all the time and check that I am okay. I only have to ask if there is anything I need and they will help me." They told us they felt fully involved and everything was discussed with them.

We spoke to staff members to ask them if they understood what was meant by equality and diversity. One staff member told us, "Yes. It is about treating everyone fairly and in a fair manner." Another staff member said, "Yes. Treating everyone equally and the diversity bit it is about not stereotyping people and being equal I guess."

One person we spoke with told us the staff members had excellent standards when assisting them with personal care.

Staff members told us how they ensured they maintained people's privacy and dignity whilst supporting them with personal care. They told us, "Normally if someone is sat there we say 'can you give us five minutes', then close the blinds or windows and make sure they feel comfortable" and "We close the door and the windows. Making sure they are always covered up with a towel when they are having a wash." This showed staff were considerate to the privacy and dignity of those people they were supporting.

We noted all care files and other documents were stored securely to help keep all information confidential and only staff who had need to had access to them. Staff were taught about confidentiality and had a policy to remind them to keep people's information safe. Staff we spoke with told us, "Notes are stored in a certain place where visitors cannot access them and nobody speaks about clients outside of their home" and "We don't talk about clients to other people and keep things private; like now I am not saying their names."

Staff members we spoke with told us they supported people to remain as independent as possible. They told us, "If one person has had a stroke in one hand and the other works fine; I would say 'would you like to use this side to wash', so that it gives them the independence to do it for themselves" and "Letting them do as many things as possible, for example washing themselves."

The registered manager told us the service was not providing support to anyone at the end of their life. They told us, "We are not looking in this area as we want to focus on enabling and improving people's lives rather than when they are at the end of their life."

Is the service responsive?

Our findings

Staff members we spoke with had not seen the complaints procedure. They told us, "No I have not seen it. I would report complaints to the registered manager and if it was not going anywhere I would report it to a higher person (although there was no one higher than the registered manager in the service)" and "No I have not seen it. I would just tell the person who is above me about the complaint. I would follow it through and ensure it had been dealt with."

The service had a complaints policy and procedure in place and this was mentioned in the service user guide, which stated that the policy was attached to it when given to people. However, the registered manager informed us they did not give people the complaints procedure and the service user guide did not provide sufficient information to provide people with the means to complain. We spoke with the registered manager regarding this who was aware that the policy should be given to people but they had not done so.

The registered manager informed us that someone had complained about the package they were receiving but this was not linked with Revelation Social Care but with the local authority in relation to the contents of the package. The registered manager told us they had dealt with this by passing it on to the local authority. However there was no documented evidence to show how this had been dealt with or what the provider had done.

One person we spoke with told us they had raised a concern with the registered manager regarding the personal care they were receiving from one member of staff. They told us they had raised the issue with the registered manager and this was dealt with straight away. This was not documented. This meant that although the registered manager responded to the person's concerns there was no documentary evidence to back this up or strategies to prevent further occurrences of this type. The person said it had been dealt with.

This meant information and guidance about how to complain was not available or accessible to everyone who used the service. The provider did not have an effective system in place to deal with complaints or show how these were being managed. These matters are a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about the assessment process and planning of people's care. The registered manager said once they had accepted a referral they visited the person to introduce themselves. A further visit was arranged to discuss the care and support needed. We were told and saw information to show that an assessment of the person's needs had been provided by the local authority. One person we spoke with said they had been visited by the registered manager whilst they were in hospital, to introduce themselves. They said this was 'lovely' as they were initially 'frightened' about having carers.

The service currently supported seven people. We looked at the care records for two people to see how people's needs and wishes were planned. The registered manager said they had recently changed the documentation so that a more comprehensive plan was in place.

We found that information did not provided sufficient detail about the current needs and wishes and preferences of people. On one person's plan information stated staff assisted with medication each morning, however we were told this was no longer provided. This person required the use of specialist equipment when transferring from their bed. There was no guidance for staff about how this should be done. Furthermore there was no information to guide staff in catheter care and skin care due to potential risks. On the second care plan we found information did not reflect the support provided. The person required support with meals and continence care however there was no information on their plan about how staff were to support them.

Previous care records provided more detailed information about the people preferences and guidance required by staff to support people in a way they would wish. Without clear and accurate information to guide staff, people are at risk of not receiving the care and support they need. This was a breach of Regulation 9 (1) and (3)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff members how they ensured they gave people choices about the care and support they received. Comments we received included, "It is always about talking to them and communicating with them and then they can have a choice without us taking control" and "Simply just by asking and making sure they do not feel scared to ask to do something by themselves so they know they are free."

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we found the registered manager lacked an understanding of the Regulations and their responsibility to meet these. We found there was a lack of systems and processes in place to ensure the registered manager knew where all the relevant paperwork was located (the registered manager struggled to find paperwork we had requested to look at on a number of occasions) to evidence they were meeting the Regulations.

We asked to look at the quality assurance systems in place within the service. The registered manager informed us that they only audited medicines and that no other form of quality assurance was undertaken. This meant the service was not assessed or monitored to improve the quality and safety for people who used the service and is a breach of Regulation 17 (1) and (2)(a) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a number of policies and procedures in place which had been purchased from an external company. These had been developed in conjunction with the registered manager to ensure they were relevant to the service. However we noted a number of these had not been reviewed and did not reflect what the service was doing in practice. For example, one policy stated that the service would have a four week rota in place; the service did not have any rotas. Another stated that staff would complete a specific induction; staff were not completing the said induction.

We asked staff members if they had seen and read the policies and procedures and if these were accessible to them. One staff member told us, "I have not seen any policies and procedures." Another staff member told us, "Yes I have seen some in the folders of the clients but I cannot remember which ones they were." They were unable to mention any policy or procedure.

These matters are a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as policies and procedures that were in place were not easily accessible to staff members and did not contain up to date and accurate information to guide them in their roles.

The registered manager told us and staff members confirmed that they had not had any staff meetings since the service had commenced in January 2016. One staff member told us, "If there is a problem we just talk about it." Staff meetings give staff members the opportunity to discuss their roles and suggest improvements. They also allow the registered manager to address any issues and concerns and take on board suggested improvements for the service.

This matter is a breach of Regulation 17 (1) and (2)(e) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014 as the registered manager did not seek feedback from staff members in order to continually improve the service.

Records we looked at showed that two people who used the service had been involved in a meeting with their family member, the registered manager and carers to discuss and review their care. A discussion took place with one person around the amount of hour's support they received and that the family member did not feel this was enough. We asked the registered manager what action they had taken as this was not documented. We were shown an email confirming the hours had been increased. However, action taken to address issues had not been documented as evidence. A discussion with another person showed that staff were concerned that they were not completing their exercises and carers were concerned about their mobility decreasing as a result of this. There was no evidence to show what action was being taken to address these concerns.

These matters are a breach of Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was no evidence to show that risks to people's health and welfare were being monitored or what action was being taken.

We asked the registered manager if they sent surveys out to people who used the service, their relatives or friends. We found one survey had been sent out to a relative which had been completed and returned in February 2016. This showed the person was very satisfied with the punctuality, reliability and politeness of staff members and were very satisfied with the overall level of service. They did state on the survey that they did not always get a response from staff members when asking about their family member and some suggestions for improvement were made such as, informing their relative if the district nurse is being called out to see her. We asked the registered manager how they had dealt with and responded to the survey. We were shown a letter which the registered manager had written to the relative detailing how they would deal with the concerns and action any suggestions. No other surveys had been sent out to other people who used the service to gain their views. We recommend the service considers how they plan to regularly gain feedback from people who use the service and puts systems in place to make improvements.

The registered manager told us they had recently had an inspection from the local authority who had told them they needed to ensure rotas were put into place. We had to ask the registered manager three times when she was going to ensure they were completed by; she told us she would do them on the day of the inspection. These were not completed.

We asked staff members if they would be happy for one of their loved ones to use the service. One staff member told us, "Yes I would be happy for a relative of mine to use the service." When asked about what they liked about their role and if they would change anything to make it better. One staff member told us, "I like meeting new people and seeing different behaviours as I want to be a paediatrician it is helping me with my social skills. If I had to improve anything it would probably be the communication between staff; it could be better."

We asked staff members if they felt the registered manager was approachable. They told us, "Yes I do because I have approached her and she did listen to me and acts on things. I feel supported" and "Yes she keeps things strictly professional." The registered manager was included in the staffing levels and told us they worked six days a week as a carer within the service. They told us this enabled them to also work closely with the staff members.

There was a statement of purpose in place. This described the types of service offered, activities, assessments of need, service delivery, the registered provider, health and safety, the registered manager and

other management arrangements. We noted this was the same as the records on our system.

The service had a procedure in place for the reporting of incidents, accidents and dangerous occurrences. However we noted that this did not make reference to accidents and incidents that needed to be reported to the Commission. We discussed this with the registered manager who did not know they had to report such incidents to us. No incidents had occurred that needed to be reported.

We asked one person who used the service if they felt any improvements could be made to the service. They told us, "I don't think they could improve on anything. I am happy with everything."

We asked the registered manager what their visions were for the future of the service. They told us, "I want to focus on bringing a change to the clients and enable them a more independent life and to focus on their strengths to enable them to bring a change in their lives."