Raeburn Group Limited

Raeburn Group Limited - Swindon

Inspection report

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Date of inspection visit:
27 September 2018

Date of publication:
19 October 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was Raeburn Group Limited Swindon's first inspection since registering in November 2017. This is the first time the service has been rated requires improvement. We carried out this announced visit on 27 September 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It currently provides a service to older adults. At the time of our inspection 13 people were receiving personal care in their home and their care was paid for through either the council or people were paying for their own care.

There were various audits and monitoring checks in place. There were some systems in place to ensure people safely received their medicines. However, due to recording errors and a lack of effective medicine administration record audits, we could not be confident that people always received their medicines correctly. Audits had not always been recorded and did not always effectively identify where improvements needed to be made.

This was a breach 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 the report.

There were two registered managers in post. 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 received mixed feedback on the service from people using the service and their relatives. Several people and their relatives told us there were issues with punctuality and changes all the time with the care workers.

We did receive positive feedback, with everyone telling us, the care workers were lovely, kind and caring.

Care workers also gave us varied feedback. The main issues were a lack of communication between the staff in the office and the care workers. They also commented on the changes frequently with the rota and a lack of support from the office staff and management.

However, two care workers highlighted more positive areas of the service, telling us the service was fair and helpful and that the hours suited them and they were happy working for the service.

The registered manager was aware of the improvements that needed to be made for people using the service and for the care workers and was trying to address the issues by regularly recruiting new care workers so that a consistent service could be offered to people. They also planned to offer more team meetings and supervisions to care workers so they had the chance to voice their concerns and issues.

People's needs and potential risks were assessed and the support people needed was recorded and reviewed. Improvements needed to be made to ensure all information in people's care records was accurate and up to date. People's health and nutritional needs were assessed and they were supported with these areas of their lives if this was required.

People and their relatives told us they did not feel their complaints were always acted on and addressed. There were systems in place to manage and respond to complaints but these needed to ensure they fully resolved the concerns people had raised to the provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The systems in the service supported this practice.

There were sufficient numbers of care workers employed to meet people's needs. Recruitment checks were in place to obtain information about new staff before they were allowed to support people. Improvements to the information obtained needed to be made.

The provider had arrangements to help protect people from the risk of the spread of infection as the care workers wore protective equipment, such as gloves and aprons, when providing care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always being managed safely due to issues with record keeping.

There were procedures in place designed to safeguard people from abuse.

The risks to people's safety and well-being had been assessed and planned for.

Recruitment checks were in place and there were sufficient numbers of staff to support people and meet their needs.

There were systems in place to protect people by the prevention and control of infection.

Systems were in place to reflect on what was working well and where improvements needed to be made.

Is the service effective?

Good

The service was effective.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service,

Consent to care and treatment was sought in line with legislation and guidance.

People were supported by care workers who were trained and supervised.

People's health and nutritional needs had been assessed and recorded

Is the service caring?

Good

The service was caring.

People told us they were treated with care and respect.

People and their relatives were involved in making decisions about their care and expressing their views.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care records were not always accurate and up to date.

People and their relatives knew how to make a complaint but had made several complaints which they felt were not always acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The systems in place to assess and monitor the quality of the service were not always been effective and had not identified the issues we found during the inspection.

Although the feedback from the people using the service and care workers was varied, the provider had shown a commitment to making improvements to the service.

Raeburn Group Limited - Swindon

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 September 2018 and was announced.

We gave the service 3 days notice of the inspection visit because it is small and the registered manager might not have been available to assist with the inspection.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with two people using the service, the next of kin for one person and four relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of caring for an older person.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR and notifications we had received. A notification is information about important events which the service is required to send us by law.

At this inspection we spoke with the registered manager and customer care supervisor. We looked at a range of records, including three people's care records, two staff employment records, training records and a sample of audits.

Prior to the inspection we emailed 16 care workers for their views on the service and five replied. We received feedback from the council's contracts team, a healthcare professional and from a commissioning

and brokerage manager.

Requires Improvement

Is the service safe?

Our findings

Prior to the inspection, one relative said there had been an issue with medicines and told us, "They [care workers] have missed giving medication. [Person using the service] is diabetic and I've had to leave a note not to leave them with biscuits. Some [care workers] take no notice." A second relative told us that the care workers were, "Not always competent. Morning medication is very important. [Person using the service] has a dosette box which I supervise. So easy to spot errors and they [care workers] have occasionally missed the medicines."

We looked at how medicines were recorded and monitored. There were six people receiving support to take their medicines. Where possible medicines were in dosette boxes. A dosette box is a sealed container for a person's medicines that have separate compartments labelled with the time and date for administration. For one person we saw that the medicine administration record (MARs) had been returned to the office for August 2018. This was audited in September 2018. The audit stated there were no issues, however, we saw there were several gaps in the MARs where staff should sign to evidence they had given the person their medicines. During the inspection the registered manager checked a sample of the daily records against the dates for the gaps on the MARs and told us that the care workers had recorded medicines had been given to people.

We looked at a second person's MARs for July and August 2018. This had yet to be audited. We saw there were three gaps across this period. Therefore, care workers were potentially not always giving people their medicines, or if they were, they were not always recording this on the MARs. The registered manager told us they would review the processes for when spot checks to people's home took place to make sure the MARs were sufficiently checked at these visits and that improvements were made to the audits carried out on the MARs returned to the office at the end of each month.

Furthermore, the registered manager confirmed there were two people who were prescribed 'as and when' required medicines (known as PRN). There were no protocols in place to state when and why care workers should be giving people their PRN medicines. They told us PRN protocols would be put in place as soon as possible.

The provider's medicines policies and procedures did not refer to these being written in line with current legislation and good practice guidance and there was reference to nurses rather than care workers. They gave a summary of how to support people but had not provided full details of the tasks care workers might need to know about when handling medicines. We brought this to the attention of the registered manager and following on from the inspection they confirmed the policies and procedures now included sufficient guidance and information on how to support a person with their medicines.

Due to the recording and auditing issues, we could not be reassured that people were always receiving their medicines as prescribed. The errors we found could have had an impact on people's welfare.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Care workers observed medicine tasks being carried out when they first start working in the service and we saw this assessment in one of the care worker's records. The registered manager confirmed that all care workers, on an annual basis, would be assessed to ensure care workers were confident and skilled to give people their medicines.

We received negative feedback from people using the service and their relatives on visits being late or sometimes missed. They also told us that care workers were not always the same and therefore, consistency and being familiar with people's needs was a problem. Comments included, "Lots of problems with continuity. Raeburn can't keep the staff," "Problem mainly around the turnover of staff," "Unusual for them to be on time" and "They [care workers] are supposed to come at 9.00am and 7pm They consistently miss both targets. The AM call can be 10.00 to10.30am." One relative said one visit had been three hours late which the registered manager said they were not aware of. One person using the service said they received a phone call if the visit was going to be late, but others said they didn't always get told.

Three care workers also gave us negative feedback on visit times and travel times for each visit. They told us, "For safety of the carers I believe at night time there should always be a double up team with a driver and a non- driver so that we are not putting ourselves at risk," "We were told that the office like our last call to be at 10pm. Most times I'm not getting home until gone midnight/1am." "Rotas are changed so often we are checking them on a daily basis" and "In one week I had five changes and just this weekend gone, my rota was changed at 6.30am, giving little under an hour notice. I was sent to an area I hadn't been to before with clients I hadn't met before." However, one care worker did say they were, "Always informed of changes to the rota. Normally a phone call first and then the rota is sent by email."

The registered manager acknowledged that this was an ongoing issue. Some people had requested a particular type of care worker and this had been difficult to always provide. We saw evidence of where for one relative, the staff at the office had spoken on several occasions about the times of the visits and where there were problems. The registered manager was aware that there had been occasions when they had not been able to provide two care workers to a visit. We saw there was contact with the relative and that they were trying to resolve this by reviewing where care workers worked to see if they could always make sure this was no longer a problem. They told us the person still received personal care support but that this was done from their bed if they could not be mobilised and they recognised that this was not ideal.

The plan was for the service to have an electronic system in place which would easily show if visits were on time, how long the care worker was at the visit so that late and missed visits could be more easily monitored and addressed. In the meantime, the registered manager was trying to resolve this by recruiting more care workers and checking that visits had taken place within an acceptable time.

The provider had carried out checks on the staff suitability before they started work at the service. The provider obtained up to date Disclosure and Barring Checks, which detailed any criminal records. There was evidence that the provider had checked each staff member's identity. Care workers had completed application forms which detailed their employment history. On one care worker's application form we saw a gap in employment of four months with no evidence that this had been explored. On the second care worker's records we saw a gap in employment of six years which had not been picked up by the provider or explored at the interview. The registered manager requested and obtained this information during the inspection. The provider had sought and received two references from previous employers for each member of staff.

People and their relatives said they felt safe using the service. The provider had a safeguarding policy and procedure dated May 2018 which gave some information on action to take if a person was potentially at risk of harm and abuse. Post inspection, we highlighted to the registered manager that more information and contact details of who to notify could be included to ensure care workers and any other staff member's were clear on what to do and who to inform in the event of a possible safeguarding concern.

Care workers received safeguarding training and all knew to report concerns to the registered manager. Comments included, "Collect all information together, report to senior member of staff, follow correct procedures including informing social services" and "I would straight away report it to the office. I would be there for the client to talk to if they wanted to."

People had risk assessments in place which reflected their needs. They were designed to encourage people to maintain their independence and live as ordinary a life as possible. These assessments had been completed as part of the care assessment process and provided care workers with guidance on how to protect both the person and themselves from each identified risk. This included, risk of choking, mobility and the environment. Where a risk was identified, there was guidance on how to mitigate the risks to the person.

The registered manager confirmed some people had equipment in their homes that care workers checked to see if these were serviced. The registered manager told us people's records did not record details of who was responsible for ensuring the equipment was serviced. They said this would be recorded on people's records so that people and care workers could be confident the equipment was in good working order.

Care workers received training on infection control to ensure they were aware of best practice. The registered manager told us care workers have personal protective equipment, such as gloves and aprons available in the office.

The registered manager confirmed there had been no incidents since the service started operating. However, we saw they had developed an events and learning spreadsheet to record anything that had occurred which they felt needed reflecting on and for recording where improvements have been made.

Good

Is the service effective?

Our findings

People's needs were assessed prior to them using the service. People and their relatives said they were involved in the planning of their care. They told us, I have been involved in all decisions regarding [person using the service] support." The local authority, if funding the care package, carry out their own assessment and then the registered manager ensured the person needing the service was visited to check their needs could be met. Where it was possible, care workers were matched to people depending on their needs and requests from the person for a particular care worker. The registered manager informed us there was no separate assessment documents used and that the care plan and risk assessments were completed as part of the initial meetings with the person. They confirmed they would check with the provider to ensure if there was such a document in place then this would be used during the assessment process.

People were cared for by care workers who were trained and supervised. We saw that new care workers spent time shadowing experienced care workers to learn about the work and meet some of the people using the service. As part of the induction process, new care workers also received an induction which included information on various subjects, such as, confidentiality, record keeping and dementia awareness. They also received training that was in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The registered manager had introduced new forms which were only signed off by them once they had checked that the new care workers had completed sufficient shadowing opportunities and felt confident to work alone and at times unsupervised.

Care workers received a range of ongoing training including, fire safety, health and safety and equality and diversity, which the training records confirmed. We received mixed feedback from care workers about the training. One care worker told us, "I see new colleagues starting with very little shadowing, nervous and very much lacking in confidence which impacts on the quality of care given to clients." However, a second care worker said they had completed an induction and training "relevant to their work". One care worker told us, "I don't think the company offer enough training and feel we are thrown in at the deep end and are lacking in confidence." They also said, "I have had to learn as I have gone along. Asking questions and observing." A second care worker said, "I would like to see Raeburn offer better training and for a longer period of time." The registered manager told us they were looking at the range of training on offer and was seeking ways to offer a wider range of subjects so that care workers felt more skilled and equipped to meet the needs of the people using the service.

Meetings for care workers were held and we saw the minutes from one meeting where care workers were reminded about timekeeping and recording on medicine administration records (MARs). Where care workers have done exceptional work, this was recognised by the provider with them being named as 'employee of the month'. Care workers were offered one to one supervision. We saw that where there were issues with a care worker's behaviour this was recorded in the supervision records so the registered manager could ensure care workers were supported to carry out their roles professionally.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who use the service and who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The registered manager confirmed that no-one using the service was being restricted and the people using the service had the mental capacity to make decisions about their care.

We saw on one person's care records that due to the nature of the condition it had been noted that they could not communicate. However, when we spoke with the registered manager about this statement, they confirmed the person had some ways in communicating what they wanted. They told us this would be amended to reflect that although limited, there were various ways the person could express themselves and therefore make decisions about their lives.

Care workers received MCA training and were reminded of the main principles of the MCA as this was noted on their identification badges. One care worker told us, "You never assume someone doesn't have capacity. Giving the clients time to make their own choices is important. For example, giving them a choice of what they eat, what they wear and what they want to do." A second care worker said, "The MCA is there to make sure everybody is treated equally and so that people are able to make their own choices and decisions in order to live a happy life."

People's health needs were recorded, with relatives or friends supporting people to access healthcare professionals. Some people had a call bell system to use if they needed help. Some people wore a bracelet or pendant whichever felt comfortable for them. Care workers said if people's needs changed they would, "Report to the office and have a reassessment done."

The registered manager informed us that there was no-one currently at risk of dehydration or malnutrition. Comments from people and their relatives included, "They have to cut up the food. I have left a diagram of how to cut it up. I ask them to look at the diagram" and "Have had various discussions where they just taken something out without any regard to sell by dates, leading to lots of waste with no thought." People did confirm they were left with drinks at the end of the visit. We asked care workers what they would do if someone needed support with their drinks and meals and they told us, "If required we will use a nutrition and fluid chart" and "Everything is logged down in the record sheets. The client is asked at every call if they will like something to eat or drink. Some clients have food and fluid record sheets so we can see what's been eaten/drank. If a client is unable to ask, food is left at every call and drinks are left with everyone, within reach."

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the care workers. They told us care workers treated them with kindness and respect. Their comments included, "There have been a couple [of care workers] who have gone the extra mile," "Can't fault them. They will have a laugh with them [person using the service], care workers are very friendly," "Couldn't wish for better, 1st class" and "They [care workers] are doing their best."

People and their relatives confirmed they were involved in the decisions about their care and encouraged to be as independent as they could be. A relative told us, "They [care workers] ask before doing anything. They treat us very well." One person said, "Have only met two care workers, both have been very good and very respectful."

Care workers told us, "I respect my clients and the decisions they make," "When washing people I keep them covered up as much as possible" and "I shut the blinds before I start personal care, so any people passing by cant see in."

We received feedback from a healthcare professional and they told us, "I found that I have had no issues with the care agency. They was helpful, professional and showed care and compassion to the client when I met with them at the client's home."

People's preferences were taken into account and if people preferred same gender personal care support then this was provided to them. The care workers who worked regularly with people had developed caring relationships and knew people's likes and dislikes. One person told us, "They [care workers] will ask what needs doing and if there is anything else we need." Although there was a lot of feedback which talked of every changing care workers and one relative said, "They [person using the service] don't get a chance to get to know their clients. No consistency."

The registered manager explained they had found an organisation that would produce documents, that the service used, in different formats, including easy to read and different languages. They confirmed that the rota, which outlined the planned visits a person would receive, were sent out to people on an accessible document, as this was then easier for them to understand. The registered manager also told us that a person who recently used the service had a hearing impairment and so communication had been through relaying messages between the person and the care workers by writing everything down.

The registered manager confirmed that people and their relatives were given information on community organisations such as advocacy services. These were available for people if they required objective and independent support.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives said the care workers carried out the tasks that had been agreed. Although as referred to previously, two relatives told us that medicines had not always been given to people. One person told us, "They [care workers] do everything needed," and a relative said, "They seem to know everything and know what they are doing."

There was a care plan for each person which included personalised information about their needs. However, on one person's care plan it outlined a task for care workers to complete, which the registered manager told us the relative usually carried this out. They confirmed the records would be amended to reflect what care workers needed to do to ensure the person was supported appropriately.

The registered manager explained that there had been times when they had not been able to provide two care workers for a person using the service. On these occasions the registered manager told us that care workers knew not to mobilise the person alone or with the relative. The relative also confirmed there had been occasions when only one care worker had been available to carry out the visit. The role of the care worker in relation to not moving the person if only one care worker was present was not made clear in the care plan. The registered manager confirmed the care plan would be updated to reflect clearer information.

People's needs were reviewed on an ongoing basis and from the records we viewed we saw there had been review meetings with the person to ensure they were happy with the service and their needs had not changed.

Some of the information was task focused, but there were some details that were person-centred and reflected the person's preferences. For example, reminding care workers to encourage the person to choose the clothes they wanted to wear and noting, 'Talk with me throughout my call as I enjoy interacting with my carers.' Other details on people's care records, included the name they preferred to be called and their routines were recorded to inform the care workers on how to effectively support the person.

The care workers recorded how they had cared for each person during the visit. Some information lacked detail which was picked up when the records were audited. Some comments were, '[Person using the service] was fine' and 'All okay.' During staff meetings care workers were reminded on keeping good detailed records when they visited people.

People and their relatives knew who to contact if they had a complaint. Comments included, "Have made frequent complaints. They are reactive and not proactive," "About the door being left open. The one who does the rotas, apologised and sent out a reminder to everyone to lock the doors" and "Have made several complaints. They listen but don't do anything about it." Although some people felt their complaints were not acted on, two people told us, "No complaints to make" and "Only one time I had a complaint was when they missed a tea time visit."

We saw the registered manager had logged eight complaints along with action taken. As referred to in this

report, they were aware that the main issues were different care workers working with people and late visits. They told us, with the office staff stabilising and more care workers recruited, they hoped to eliminate these problems.

There was no-one receiving end of life care or had life limiting conditions. End of life care wishes were discussed with people and their relatives where people were happy to discuss this. The registered manager had plans to arrange for care workers to complete end of life training to provide them with information and support in this area of work that they might be a part of in the future.

Requires Improvement

Is the service well-led?

Our findings

The provider's systems for auditing and monitoring the service provision were not robust and therefore shortfalls had not always been identified and addressed. For example, we identified missing information during the recruitment some care workers. The timeliness of staff training had not been picked up by the provider. The care worker had completed the mandatory training but not all the training that the provider expected them to complete.

The monitoring systems had not found the issues with the medicine administration records (MARs) and had not identified that a medicine audit had not been effective in finding the recording errors.

The sample of policies and procedures that we requested did not refer to the relevant legislation and guidance available to the provider and the two looked at did not contain all the information relevant to the work care workers carried out.

There were ongoing issues with late calls and with the absence of an electronic system to easily check this and demonstrate the action taken to resolve this we could not be sure on how many late calls there were and how late the visits were. Therefore, potentially placing people at risk of harm.

The issues found at the inspection highlighted that monitoring systems needed to be more effective and completed more regularly to ensure people were being safely and appropriately supported.

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

There were some checks in place and this included, obtaining feedback on the service through telephone monitoring calls and spot checks on the care workers' performance. The registered manager had introduced a document to start recording late and missed visits so they could see if there were any patterns and trends and look at ways to improve people's experience of the service.

The registered manager was keen to make adjustments where this was needed and to formalise the checks so it was more evident what they audited. After the inspection the registered manager took action on the one care worker who needed to complete further training and confirmed to us that they would not be given any further work until they had checked this had all been completed. Also after the inspection the registered manager told us all the policies and procedures had been reviewed.

The registered manager explained they were in the process of sending surveys to people using the service for their feedback on the service and arranging for care workers to be sent surveys so they could anonymously provide their views. The registered manager confirmed they were considering other ways of gaining comments from people using the service so that they were given different opportunities to give their feedback and enable the registered manager to evaluate the service.

Feedback on the running of the service varied. People using the service and relatives spoke positively about the care workers. However, they were not always happy with the management of the service and we received many comments about late visits and that complaints were not dealt with. A sample of the feedback included, "I believe they have taken on too much," "Think there is still room for improvement," "If I could find someone else I would," "Carers are not happy and talk to their clients about the problems they have" and "There is a staff retention issue. Management doesn't make sense. There is no leadership."

Having received negative feedback, two people did speak well of the service and said, "I'm happy," "It's got better" and "Previous company was not good. More than happy now."

Care workers gave us their opinions on the service. Two care workers said they were supported and could talk with the staff based in the office. However, three care workers gave us several examples of where they were not happy with how the service operated. Two care workers also said they could not speak up at team meetings and were not listened to if they did share their views to management. Comments included, "A lot of staff leave this company because they do not get paid travel time. A lot of care workers are employed even though they can't do the job or don't care about the job," "There is a lot of breakdown of communication within the company" and "I don't feel supported by the company or managerial staff and to be completely honest I'm often anxious taking a call from them." The theme from many care workers was about how they were made to feel if they couldn't take on extra work, that the communication was poor and they did not feel they could challenge how they were being treated. However, we did receive some positive feedback from two care workers. They told us, "They [registered manager] help me if needed and are fair" and "I can talk to all the office staff if I need to or if I don't' feel comfortable about anything."

The registered manager was aware that with changes to the office staff there had been problems with communication, changes to the staff rota and supporting some care workers effectively. They now ensured communication was via email so there was an audit trail of contact with care workers. They also sent staff newsletters to keep care workers informed of what was going on in the service. The aim for the future was to have this also for people using the service.

There had previously been a delay in reporting to the Care Quality Commission (CQC) three safeguarding concerns that had taken place a few months prior to the inspection. We had spoken with the registered manager prior to the inspection regarding ensuring they reviewed the registration regulations which refer to the events that need to be reported. The registered manager explained as soon as they found out through CQC that they should have notified us of these events, they did so without delay.

There were two registered managers in post, with one planning to move back to their role as healthcare director. The registered manager we saw at the inspection was studying for their leadership and management qualification level five in social care and had previous management experience. They kept up to date with current good practice through updates from Skills for Care, which is an organisation who provide support and guidance for providers and care staff. They attended meetings and workshops run by Skills for Care and the local authority so that they could share ideas and hear updates about working in social care. They confirmed they had support from the provider where there were senior weekly meetings. They said, "if I have a concern, I can go to them [line manager]."

The service occasionally worked with professionals, although people using the service had family members or friends to help them with appointments and health needs. The registered manager explained they were going to be part of a pilot scheme run via the local authority whereby the support would be outcome-based and would not involve specific visit times to people. The aim was for the registered manager to have a budget and would allocate the support people need based on an assessment. People would then receive

support which could vary at each visit. The registered manager informed us the issues with people wanting and needing a specific visit time and organising care worker's rotas had not yet been fully resolved. However, they wanted to be a part of a potential new way of working and contribute to the scheme on what worked well and where there were issues.

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 17 HSCA RA Regulations 2014 Good governance The registered person did not always establish and operate effective systems to assess, monitor and improve the quality and safety of the services provided. The registered person did not always maintain an accurate and complete record in respect of each service user. Regulation 17 (1)(2)(a)(c)