The Human Support Group Limited

Human Support Group Limited - York

Inspection report

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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?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected this service on the 9 September 2015. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

Human Support Group Limited - York is a domiciliary care agency based on the outskirts of York. The service provides care and support in people's homes. Human Support Group also provides a reablement service, commissioned by City of York Council. This service can be provided for up to six weeks and is intended to help people regain their independence when, for example, someone is discharged from hospital. At the time of our inspection the service supported a total of 159 people across the domiciliary and reablement service.

Summary of findings

The service was registered in August 2012 and at the last inspection, which took place in April 2013, the service was compliant with all of the regulations we assessed. This is the first rated inspection of this service.

The service did not have a registered manager when we inspected. 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. Although the service did not have a registered manager, management arrangements were in place. The service had appointed a relief manager and they were supported by the area manager. The area manager told us that they had recently appointed a new manager and they would be applying to become the services registered manager when they started in post.

The area manager and relief manager told us there had been historic problems with the service which they had been addressing. We could see from this inspection that significant changes had been made. For example, a training plan had been put in place to make sure all carers mandatory training would be up-to-date and a new electronic call monitoring system had been introduced to more effectively share information and ensure carers were in the right place at the right time. However, further improvements still needed to be made and progress sustained to evidence a higher rating.

The service kept people safe by assessing their needs and putting risk assessments in place to reduce the risk of avoidable harm. Staff had training on the types of abuse they might see and knew how to respond if they had concerns. However, medication records were not always well maintained and staff training on managing medication was not always up-to-date. This increased the risk of medication errors for people using the service.

The service had an effective recruitment and induction process to equip new staff with the skills needed for their roles. Staff we spoke with told us they felt supported in their roles and were able to seek advice and guidance if needed. Although we found that training was not always up-to-date, we saw that the area manager had introduced a plan to address this and people using the service felt that carers were skilled and competent in their roles.

Staff cared about the needs of the people they were supporting and people using the service had developed positive and meaningful caring relationships with their familiar carers. Whilst, rotas were not always organised so that people received care from familiar staff, this was being addressed by management.

The service was responsive to people's needs. Staff understood the importance of person centred care and had access to personalised information to support them to meet people's individual needs. The service had a system in place to listen and respond to feedback, comments and complaints.

People using the service and staff we spoke with felt the service was well-led, however, records were not always well-maintained and whilst the service were aware of historic problems these were still being addressed at the time of our inspection. Although more recent improvements had been made, we could not evidence that the service had been consistently well-led.

Summary of findings

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 always safe.

Staff knew how to respond to signs of abuse in order to keep people using the service safe.

There were enough staff to meet people's needs and the service had a system to make sure carers were in the right place at the right time.

However, Medication Administration Records were not always filled in correctly and training on managing medication was not always up to date. This could have placed people using the service at increased risk of medication errors.

Is the service effective?

Good

The service was effective.

The service had an induction programme that supported new staff to gain confidence and experience in their role.

People were supported to eat and drink enough and the services took peoples likes and dislikes into account when meeting their nutritional needs.

Although at the time of our inspection some staff needed to complete refresher training, we could see that management were addressing this and had introduced a training plan to make sure all staffs training was up-to-date.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and we could see that staff had developed positive caring relationships with people who used the service.

People we spoke with felt that their privacy and dignity was respected by carers.

Although some people told us they received support from a small group of carers, for others we found that rotas were not always well organised which meant that people did not always receive care from familiar staff. This was being addressed by management.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans contained information to support staff to provide person centred care.

Summary of findings

The service had a system in place to gather feedback and to respond to complaints, comments and concerns.

Is the service well-led?

Requires improvement

The service was not always well-led.

People using the service and staff we spoke with felt the service was well-led. However there was no registered manager in post when we carried out our visit.

Records were not always well maintained. We found gaps in information and saw that a significant number of care plans and risk assessments were due or overdue reviews.

There were systems in place to gather information to monitor the quality of the service although these had not resolved issues with gaps in recording.

Human Support Group Limited - York

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 9 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the location offices when we visited.

The inspection team was made up of two Adult Social Care (ASC) inspectors and an Expert by Experience (EXE). An EXE is someone who has personal experience of using or caring for someone who uses this type of care service. The EXE supported this inspection by carrying out telephone calls to people who used the service following our office visit.

Before our visit we looked at information we held about the service which included notifications sent to us since the last inspection. Notifications are when registered services send us information about certain changes, events or incidents that occur. We also sought relevant information from City of York Council's safeguarding and commissioning teams, who told us that they did not have any recent information regarding concerns about the service.

We did not ask this service to send us a provider information return (PIR) before this inspection. The PIR is a document that the registered provider can use to record key information about the service, what they do well and what improvements they plan to make.

As part of this inspection we spoke with eight people using the service by telephone and visited another four people at home. We also spoke with six relatives to ask them what they thought of the service. We visited the provider's office and we spoke with nine members of staff, the relief manager and the area manager. We looked at 11 people's care records, eight staff recruitment and training files and a selection of records used to monitor the quality of the service.

Requires improvement

Is the service safe?

Our findings

People using the service consistently told us that they felt safe. Comments included "I would trust them [carers] in my house any day" and "Oh yes I feel safe, if I didn't the carers wouldn't get in. I am not nervous around them, they are very reliable and nothing has ever happened." Other people told us "I have never felt unsafe with any of them" and "Yes I do feel safe, the carers are quite good to me."

We reviewed the care plans of 11 people who were receiving support from the domiciliary care or reablement service. We saw that people's needs were assessed and individual risk assessments put in place before the service started providing care and support. We found that risk assessments were detailed and contained information to manage risks both to people using the service and the care staff who were supporting them. The service completed individual environmental risk assessments, risk assessment for use of kitchen appliances and comprehensive moving and handling risk assessments. Risk assessments included information about how to minimise risks and showed us that the service considered the use of equipment to promote safe moving and handling practices. From this it was clear that the service had systems in place to identify and manage risks to keep people safe.

Staff we spoke with were knowledgeable about the types of abuse they might see and were able to tell us what action they would take if they had any concerns. Comments included "I would report it back, ring the social worker or talk to the office and share my concerns" and "I would report it straight away and get in touch with the care manager." Several of the carers we spoke with described specific incidents where they had identified concerns and raised these with their manager. We saw that safeguarding vulnerable adults training was part of the induction, whilst refresher training was required every two years. From speaking with staff it was clear that their training had equipped them with the skills and knowledge to identify possible signs of abuse and respond to keep people using the service safe. Staff told us that when they raised concerns they were listened to and the concerns acted upon. We saw that the service had appropriately referred safeguarding concerns to the Local Authority safeguarding team. This showed us that the service was protecting people from abuse and avoidable harm.

We could see that the service had a system for collecting and responding to accidents and incident reports. All accident and incident forms had to be analysed to find out what had happened and to document any actions needed to prevent further occurrences. For example, we saw one accident report which included a written report of what had happened and documented that no further action was needed to keep that person safe.

The service had an effective recruitment process. Staff completed an application form, were interviewed and the service obtained references before offers were made. These steps showed us that the service was taking appropriate precautions to ensure that new staff had the right skills and experience. New staff had Disclosure and Barring Service (DBS) checks completed and these were in place before they started any caring work. DBS checks return information about spent and unspent criminal convictions, cautions, reprimands and final warnings. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The area manager told us that the service was fully staffed at the time of our inspection. We saw that the service placed bids with the Local Authority stating that they had carers available at the times requested so could provide support to a new person. However, they could only do this when they had gaps available in their rotas. Meanwhile, we saw that the reablement service had a waiting list and new packages of care only started when staff were available. These measures meant the provider could ensure that they had enough staff to meet the needs of all the people using their service.

The service had a new electronic call monitoring system to create rotas and monitor carer's visits. All care staff had a smartphone and rota's were sent to these and updated remotely when needed. Staff told us the rotas informed them where they needed to go and basic information about the person including what support was needed. We saw that care plans in people's homes contained a smart card and carers used these to tag in and out of people's properties and this recorded the time they arrived, left and how long they stayed for. Staff in the office showed us how this enabled them to remotely monitor the time carers arrived at people's properties and how long they stayed for. This system also sent alerts if a visit was missed so that staff in the office could arrange for another carer to visit. Records showed us that there had been three

Requires improvement

Is the service safe?

missed visits in August. These were caused by a failure to transfer information to the new electronic call monitoring system. We saw that the service had investigated this and taken steps to ensure it did not happen again.

Carers we spoke with explained that they received additional visits via their smartphones to cover sicknesses and absences. The area manager told us that they asked carers to declare additional availability each week so they knew who to call and who would be available if shifts needed to be covered. This showed us that there was a system in place to make sure gaps in the service could be covered and that people's needs would continue to be met.

People using the service told us "The vast majority of time, they [the carers] are on time and stay the correct amount of time for the visit. They will ring me if they are running late and always turn up" and "They arrive on time and stay the allotted time for the visit." We reviewed records held by the service, which showed carers were on time to approximately three quarters of all visits they had completed in the five weeks before our inspection. Staff we spoke with told us they were given a minimum of five minutes travel time between visits, but often the gap between visits was longer. One member of staff told us "The rota's I work are nicely spaced out" although others said it could be difficult to get to people on time "As traffic is so busy."

People told us the service was generally good at ringing to let them know if the carer was running late with comments including "The carers they are wonderful, they ring me if there is a problem" and "They will ring me if they are running late." However one person told us "The carers ask have they [the office] been in touch with you because I'm late? But of course they never do ring. It's just a bit frustrating; providing they are not too late I don't mind it's hard with the traffic."

We saw that carers assisted some of the people using the service to take their medication. People told us "Carer's do my medication, they have never given me the wrong medication" and "They help with my medication, because I get a bit muddled and this is done safely." We saw files contained 'Medication Needs Assessments', which detailed the level of assistance needed. People using the service required different levels of support to take their medication depending on their individual needs. Whilst some people only needed prompting, other people needed care workers to give them all their medication or help to apply topical creams. Where carers assisted with medication the service had implemented a 'Medication Risk Assessment' which was signed by the individual or by a representative on their behalf. We saw these signed risk assessments were also in place where people were self-medicating.

We reviewed Medication Administration Records (MAR) charts, which were used by carers to record medications given to people using the service. Some medication is prescribed to be taken when needed. We found that carers did not always document on the MAR chart that they had offered this medication or that it had not been needed. We also noted several incidents where medication had been given and staff had documented this in daily notes, but had not signed the MAR chart. If MAR charts are not accurate and kept up to date medication errors could occur, placing people at risk of harm.

We reviewed training records and found that at the time of our inspection 19 carers needed to complete refresher training on medication management. We also saw that the service had completed audits of six MAR charts between June and August 2015. However, we felt that this system was ineffective as it had not addressed the issues in recording in the sample of records we looked at.

We recommend that the service ensures MAR charts are kept up to date with accurate information to prevent gaps in recording.

Good

Is the service effective?

Our findings

People using the service told us "On the whole staff have the right skills and experience, they're very good" and "I have 2 wonderful carers who are skilled at their job; they listen to me and do as I ask." Other comments included "The carers are very pleasant and nice and have the right skills to deliver the care required" and "They know what they are doing."

We saw that the service had a robust induction process. New staff completed training before starting work on topics that included health and safety, first aid, safeguarding vulnerable adults and medication management. Staff told us there was a test at the end of each day of the induction to show that they had understood what was being taught. The service also provided practical lessons for carers to learn how to hoist people on and off a bed and use other equipment safely.

New carers told us they had to complete a minimum of eighteen hours shadowing before working by themselves. One worker said that they had asked to do more shadowing, as they had no previous care experience, and had been allowed to shadow another worker for three weeks before working by themselves. New staff told us they felt supported in their role. One carer told us "I shadowed the round I would be taking over, it gave me confidence." Other comments included "Yes I feel supported if I ever need assistance I just call" and "There's always someone there." This showed us that service was supporting new staff to gain confidence and develop their skills to enable them to carry out their roles effectively.

We saw that staff had to complete refresher training to maintain their knowledge. This included training that needed to be updated yearly such as moving and handling and other training that had to be updated every three years, for example, food safety and dementia awareness. We reviewed the service's training matrix, which recorded training available and when this was due/overdue. Although we identified that there were gaps in carers training, we were shown that clear plans were in place to address this. We reviewed a three month training plan the service had implemented to ensure that all training was up to date by the end of year. We saw that where there were gaps in training, courses had been booked and carers scheduled to attend.

We saw that staff working in the reablement team had to complete an extra days training to equip them with the skills and confidence to work in this area. Staff we spoke to showed a good understanding of the principles of reablement and explained how they worked to maximise people's independence. The reablement team employed an occupational therapist to assess new people and set goals to help them regain their independence. An occupational therapist is someone who has been trained to assess people's needs and provide support to develop or maintain daily living skills. This meant people received an effective reablement service from staff that had the skills and knowledge to carry out their roles.

We reviewed the services 'Staff Supervision and Appraisal Policy'. We saw that care staff were required to have a minimum of four supervisions per year. This had to be made up of at least one appraisal, one one-to-one meeting and one spot check. Carers we spoke with told us that regular spot checks were completed and they had one-to-one meetings where they discussed training needs, any team issues and any concerns or problems in their work. Although we could see from records used to monitor supervisions that seven staff were overdue supervisions, we spoke to the area manager and were shown how the service had been increasing the number of supervisions they completed to address this. Meanwhile, the records of one-to-one meetings, appraisals and spot checks that had been completed were detailed and staff told us they felt supported in their role. This showed that the service was using supervisions effectively to support staff to develop.

People we spoke with told us they had choice and control over the support they receive. One person said "The carers are a credit to the company…they listen and follow instructions and ask for consent before carrying out personal tasks for me." Other comments included "They listen to me and ask what needs doing" and "They always ask consent."

We saw that 27 staff had received training on the Mental Capacity Act 2005 (MCA). Staff we spoke with showed a basic understanding of the principles of the MCA and how it applied to their work. One carer told us "You never assume people have not got capacity." Other staff we spoke with explained how they had to support people to make

Good

Is the service effective?

decisions "You have to give people choices." Staff described how decisions were made on people's behalf in consultation with friends, family and other professionals when someone lacked capacity.

Care plans contained information about when a Power of Attorney (POA) was in place. A POA is someone who is nominated to make decisions on a person's behalf. It is important for carers to be aware when a POA is in place, so that decisions are made by the right person in line with previous wishes. We saw that, where able, people had been asked to sign consent to assistance with medication and that the care plans had been signed by the person or their representative. This showed us that the service was obtaining consent before providing care and support.

Carers supported some people using the service with preparing meals and drinks. Where carers provided this assistance care plans documented the level of support needed. One person using the service told us "The carers help me with my meals, they put it in the microwave and then onto a plate for me." Other comments included "They ask me what I want to eat; on the whole it is properly cooked." We saw that care plans contained information about people's likes, dislikes and any allergies. Where people were at risk of malnutrition we saw that this was also documented. One person using the service told us that they had a small appetite. "They help me with my meals. They are concerned if I don't eat…they always want me to eat a bit more." One person's care plan documented that carers needed to prepare a thermos flask of tea for the person to drink during the day. We saw that this had been done so that the person could have hot drinks when the carers were not there.

We found that care plans contained information about people's health needs. Care plans documented people's medical and surgical history and contained contact information of other organisations and health care professionals currently involved in supporting the person.

Good

Is the service caring?

Our findings

People using the service told us "They always ask how you are" and "My core carer's care about me, they talk to me and show interest in my daily life." Another person said "The carers are friendly, I have chats with them. When you live alone they break the day up, I enjoy the company." It was clear from these and other comments made that people valued the positive caring relationships developed with familiar carers and benefited from their meaningful interactions.

Staff we spoke with understood the importance of getting to know the people they were supporting. We saw that care plans contained information about people's 'life history', 'what I like' and 'dislikes'. Staff told us they read clients files to find out about people's likes, dislikes and personal preferences or rang the office if they needed more information. One member of staff told us "I read through the care plans and notes and speak to the client", whilst other comments included "I like to sit down and ask people to tell me something about you, to build a rapport" and "They space out clients so you can spend quality time with people." Staff we spoke with wanted to get to know people using the service and we could see that there were systems in place to support them to do this.

Although people using the service were consistently positive about the caring relationships they had with their "regular carers", we saw that the rotas were not always organised so that people were supported by a small number of familiar staff. We reviewed electronic records which showed that 24 people had been supported by more than 20 different carers in the six week period before our visit. One person we spoke with said "I know some people who are regular on the other hand I get some carers I've never met before…some just come and do my meals. I don't know them and they don't know me." However, of the 11 people using the service and six relatives that we spoke with only two people raised concerns about the number of different carers that visited and they did not feel it significantly impacted on the support they received, commenting that they preferred to know. Meanwhile positive comments we received included "I have had the same carers for a long time" and "It's not very often I see strange faces."

We discussed these comments with the provider who explained that the holiday period had affected the number of different carers sent to people using the service. Meanwhile, a high proportion of carers working in the reablement service were part-time, with only one out of 35 carers working more than 30 hours per week. We were told this made continuity of care a challenge. Despite this, we were shown the work done to try and maintain the continuity of care staff. This involved reorganising routes and altering shift patterns to maintain consistency. From this it was clear that the provider recognised the importance of people receiving support from carers they knew and to address this, they were taking proactive steps to improve the continuity of care.

People using the service told us that staff talked to them about their care and support and consistently reported that they felt "listened to". One person described how the carers "Ask me what I want to wear and ask me what I want to eat." Whilst another person told us "They talk slowly so I'm included." Staff we spoke with gave us examples of how they offered choices and supported people so that they were actively involved in making decisions about their care. Another carer told us "I ask first, would you like to wash your face? What would you like to wear?" This showed that people made choices about the care and support they received and that staff routinely listened to the views of people using the service.

People using the service consistently told us they felt their privacy and dignity was respected. People we spoke with told us how carers "Close the curtains when I get dressed and undressed" and "They don't gossip about other clients." One person told us "They talk to me and treat me with dignity and respect when bathing me, where they respect my privacy."

Staff we spoke with clearly understood the importance of maintaining people's privacy and dignity. "If I am assisting someone to wash I never leave them naked, I give people privacy if they are using their commode – its common sense really."

Good

Is the service responsive?

Our findings

People we spoke with told us "They're very good [the carers] they know what to do" and "The carer's are helpful if anything needs doing I just ask them."

Each person using the service had a written care plan. We saw that a copy of this was kept in the service's office and a copy in the person's home. We reviewed 11 people's care records and saw that their needs were assessed and care plans put in place before the service stared providing support. Care plans were personalised to the individual receiving care. They contained detailed information about people's circumstances including what level of support they needed and how people wanted to receive their care. We saw records documented what activities the person did for themselves, what support relatives or friends provided and what tasks the carers were required to assist with. Care plans also contained information about that person's likes, dislikes and personal preferences. We saw one care plan recorded that the person "Enjoys listening to music on the radio" and documented "Staff to remind me to turn it on." We concluded that care plans supported carers to get to know people using the service and contained information to enable them to provide personalised and person centre care.

The service had a system in place to ensure staff had up-to-date information. Staff explained that they received basic information about the person including what support was needed via their smartphones. Staff told us that they read the files in people's homes, talked to the person or rang the office if they needed more information. We could see carers documented the support provided at each visit and staff we spoke with told us they read this to find out if there had been any problems. People using the service told us "They record each visit and the notes are read by the next carer" and "Most of them sit down and have a read of the folder." Staff told us that they also receive important information via 'updates' sent to their smartphone. This could be used to handover information from one carer to the next and to inform the office if changes were needed to the care plan. These systems meant that staff had access to up-to-date information to enable them to provide personalised care responsive to people needs.

Staff told us the care plans were reviewed annually with people using the service or more frequently if changes were needed. These reviews were to ensure the care plans were kept up-to-date and care staff had access to relevant information. We saw evidence that care plans were reviewed and updated as people's needs changed. People we spoke with gave a mixed response about their involvement in care planning. Some people told us "I have a care plan and was involved in it" and "I have a care plan and was involved with its completion." Whilst other people we spoke with were unsure about their care plans or reviews.

The provider completed an annual 'Customer Satisfaction Survey' and had sent out a total of 213 questionnaires to people who used the domiciliary and reablement services. We saw that 83 responses were received and that feedback was positive. Where responses required further action, we saw that the service had contacted people to discuss and address individual concerns or comments.

People we spoke with told us they felt able to complain and said they would ring the office if they had any concerns. A member of staff told us "I write down complaints in the communications, I send an observation and ring the office. I tell them [the person using the service] what I have done and document it." We saw that 'Service User Guides' were kept in the care files in people's homes. We saw that Service User Guides contained contact details and instruction about how to make comments or complaints.

We reviewed records of compliments and complaints made about the service. The service had received four compliments from relatives of people using the service and one complaint. We saw that the complaint had been investigated and upheld, the service had apologised and addressed the issues through supervision and with staff in the next team meeting. This showed the service was listening to people's comments and concerns and taking action to address them.

Requires improvement

Is the service well-led?

Our findings

The service did not have a registered manager in place during our inspection. Despite this, we could see that there were systems in place to manage the service with a relief manager who was also supported by an area manager. The area manager told us that they had recently appointed a new manager who would be applying to the Care Quality Commission to become the services registered manager when they started in post.

People we spoke with felt the service was well-led. Comments included "It is a well-run service, I have no complaints", "It is an excellent service and well managed", and "The management of the service is very good." People we spoke with felt they were able to call the office if they had any problems and told us they had contact details, including out of hours numbers, to do this.

We asked people working at Human Support Group if they thought the service was well-led. One worker told us "I think so. If I have got a problem I can ring them up and speak to them. It's all you can ask for really." Other comments included "I've never had a problem. Other staff are approachable and it's well organised." Staff we spoke with consistently told us that there was support available and that they could ring the office for advice and guidance if they had any concerns or problems.

We spoke with the area manager and relief manager who told us they had been addressing historic problems with the service. We could see that significant changes and improvements had been made and this was reflected in the comments we received from people using the service. "They were all over the place, but it seems a lot better now" and "Something has happened recently they [carers] seem to have a bit more time to sit and talk to me, I think a new manager has reorganised something." Staff we spoke with were also positive about the changes that had been made and we observed that there was a positive atmosphere within the service. Staff told us "I love it, I wouldn't change it" and "I do really like my job, every day is different."

We found that the service had a system to monitor the quality of the care and support provided to people using the service. We spoke with a Quality Monitoring Officer who told us that they were responsible for completing spot checks of staffs practice as part of the supervision policy. In addition to routine spot checks, the Quality Monitoring Officer told us that spot checks were also used to address specific concerns about carers practice, for example where problems had been identified by another carer or a person using the service. Staff we spoke with told us that there had been spot checks of their practice and they received feedback afterwards. We saw records of spot checks that had been completed and they contained follow-up actions to show that the service had addressed any issues or problems they found. From this we could see that the service had a system in place to monitor the quality of care provided to people using the service and also to drive improvements in carers practice.

Staff responsible for completing and updating care plans and risk assessments had specific training to enable them to produce thorough and accurate records. We saw that the service completed audits of a sample of Communication Books and MAR charts and that records of audits contained comments and any actions required. However, despite this system we found that records were not always well maintained and we could see that improvements still needed to be made. We found gaps in care plans which included sections on outcomes, likes, dislikes and hobbies which had not been filled in. One of the care plans we looked at had been filled in by pencil the day before our visit and would have otherwise contained significant gaps. These gaps in records had not been identified and addressed through audits completed by the service.

The service had a system in place to monitor when care plans needed to be reviewed and when risk assessments needed updating. However, this record showed that 48 care plans and 18 risk assessments were due or overdue reviews. The area manager told us that the service had recently trained three new members of staff in care planning and risk assessments so that they could more effectively review and update care plans in future. Care plans and risk assessments that are not up to date may put people using the service at risk as carers may not have access to up-to-date and relevant information.

We recommend that care plans are kept up to date and are regularly checked to ensure they contain relevant information.

We saw that the service produced management reports which collected information about the number of safeguarding alerts and missed calls as well as other key information about the service. The area manager told us that this information was reviewed and discussed at board

Requires improvement

Is the service well-led?

meetings to address wider patterns or areas of concern. This showed us that the service was using the information it gathered to try and improve the quality of the care and support provided.