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Care Office

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?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 12 March 2015 and was announced. We gave the registered provider notice of the inspection to make sure that they were available on the day of the inspection. This service was last inspected on 29 August 2014 and was compliant with the regulations we inspected.

Care Office is a small domiciliary care service, which provides care and support to people in their own homes. The service is offered to people who live in the area of Stamford Bridge and surrounding villages.

The registered provider is an individual and therefore there is no requirement for them to have 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.

Care staff had received training on safeguarding of vulnerable adults and displayed an understanding of the

Summary of findings

action they needed to take if they became aware of a safeguarding incident. The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA), but these needed some updating to ensure they covered the two local councils' expected working practices. We have made a recommendation about this in our report.

There were some inconsistencies in the recruitment practice of new members of staff and the registered provider did not have a policy and procedure for recruitment. We have made a recommendation about this in our report.

Staff received induction training and on-going training although no staff had completed training on the Mental Capacity Act 2005 (MCA). This meant there was insufficient evidence that people understood the principles of capacity and decision making. The registered provider did not have a policy and procedure on MCA. We have made a recommendation about this in our report.

There were sufficient staff employed to meet people's individual needs. We were told by people who used the service and staff, that if a care plan said two staff were needed for a task then two people always attended the call.

People told us that they had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions. There was a complaints procedure in place and people told us that they would not hesitate to contact the agency office if they had a concern.

People were happy with the assistance they received with the preparation of meals.

People told us that staff cared about them and supported them to be as independent as possible and said that staff respected their privacy and dignity.

We saw that the registered provider had an auditing system in place, but this did not include action plans to evidence how the registered provider acted on any issues raised through the auditing process. Without this documentation the registered provider may find it difficult to evidence how they monitor and assess the quality of the service effectively. We have made a recommendation about this in our report.

Staff and people who used the service told us they had confidence in the registered provider and their leadership. Individuals were able to give the registered provider feedback about the service through the use of face to face meetings, reviews and satisfaction questionnaires.

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 displayed a good understanding of the different types of abuse and were able to explain the action they would take if they observed an incident of abuse or became aware of an abusive situation. However, the safeguarding of vulnerable adults policy and procedure did not reflect the working practices expected by the two local councils who commissioned a service from the agency.

There were some inconsistencies in the recruitment practice of new members of staff and the registered provider did not have a policy and procedure for recruitment.

We found that there were sufficient numbers of staff employed to ensure that the needs of the people who used the service could be met.

People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions and medicine management practices were safely carried out.

Is the service effective?

Requires improvement

The service was not always effective.

Staff received induction training and on-going training although no staff had completed training on the Mental Capacity Act 2005 (MCA) and there was no policy and procedure on MCA.

Staff received supervision and annual appraisals, but the appraisal process was not always well recorded.

Staff were aware of people's health care needs and provided appropriate support to meet their individual needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity by the staff. Every person we met or spoke with, agreed that they received a personal service from staff that they knew and trusted.

People were pleased with the consistency of care they received and the fact they were treated as individuals.

People were satisfied that the staff were competent and skilled enough to use any equipment in their homes to aid with their moving and handling and daily care

Summary of findings

Is the service responsive?

Good

The home was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Requires improvement

Some aspects of the service were not well-led.

There were audits of the service available for our inspection. The registered provider told us that they monitored timesheets, complaints, staff work practices and care file documentation, but the audits did not contain action plans which would have identified the issues found during the audit process and evidenced how these were dealt with by the registered provider.

The registered provider made themselves available to people and staff. People who used the agency said they could chat to the registered provider and felt that the registered provider was understanding and knowledgeable.

Staff were supported by the registered provider. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered provider.

Care Office

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 March 2015 and was announced. The registered 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 inspection team consisted of one adult social care (ASC) inspector from the Care Quality Commission.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from both of the local authorities who commission a home care service and information from health and social care professionals. We did not ask the registered provider to submit a provider information return (PIR) prior to the inspection. This was because we brought forward the inspection due to information of concern that we had received. The PIR is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who receive a service.

On the day of the inspection we spoke with the registered provider and three staff. We visited four people in their own homes and spoke with three people who used the service and one relative. We spent time in the agency office looking at records, which included the care records for four people who used the service, records for three members of staff and records relating to the management of the service. Following the inspection, the inspector spoke with one member of staff on the telephone.

Requires improvement

Is the service safe?

Our findings

People and relatives who we spoke with and people who we visited in their own homes told us that they felt safe whilst care workers were in their home. One person told us, "I have no worries about the staff, they let themselves in and are careful about my safety and security when they let themselves out."

Checks of the training plan and three staff files indicated that the care workers had completed the City of York Council (CYC) safeguarding of vulnerable adults (SOVA) training during their induction and again as refresher training. One member of staff had completed their train the trainer qualification in February 2015 for delivering SOVA training to the rest of the staff. Care staff who we spoke with were clear about the action they would take if they observed an incident of abuse or received an allegation of abuse. They told us that they would ring the office to speak to the registered provider, and they were aware of which agencies to report any concerns to if they felt they had not been listened to. Staff told us that they would have no hesitation in using the organisation's whistle blowing policy.

We checked the folder where safeguarding and complaints information was held. We found that the safeguarding policy and procedure for the service was extremely brief and did not offer sufficient guidance or support for staff to ensure that practices within the service were maintained at a high level. The registered provider was able to show us the safeguarding policy produced by the North Yorkshire Council but could not find the corresponding one from East Riding of Yorkshire Council.

We recommend that the service develop it's Safeguarding Policy and Procedure to ensure it covers both councils expected practices and provides staff with guidance on best practice.

Discussion with the two local council's safeguarding teams prior to our inspection indicated they had no concerns about the service. The information we hold about the service showed that CQC had not received any safeguarding notifications from the service in the last 12 months. Our checks of the accident file and safeguarding file in the agency office indicated that notifications had not been required.

Prior to our inspection we received information from a whistle blower who raised concerns about the safety of a particular person who used the service. Our checks of the safeguarding file at the office showed that one alert had been raised by a person who used the service directly with the local council. This had been investigated in January 2015 by the safeguarding team and the outcome was that no further action was needed.

Discussion with the registered provider indicated that learning from the above incident had taken place with the staff and a change to working practice had been implemented to ensure the person making the allegation and staff were kept safe. We saw that changes had been documented on the person's care file. We spoke with the relative of the person who used the service. They confirmed to us that the registered provider had been out to speak with them about an incident and that appropriate action had been taken to address the situation.

The registered provider told us the service would arrange an assessor to go out and visit new people in their own home. The assessor would usually be the registered provider or a senior carer. During the assessment they discussed the person's care needs including any support with medicines. Risk assessments were also carried out for the environment and the person who needed the care package. We saw copies of the assessments in people's care files held in their homes and people who spoke with us confirmed that they had been part of the initial assessment process.

We accompanied the registered provider on visits to the homes of four people who used the service (after obtaining their consent to this). We spoke with each person who received a care package or their relative and they all said they were very satisfied with their care. People told us they were involved in the decision process around the care package and could discuss any changes they needed at any time with the office; their telephone calls were then swiftly followed up by a visit to their home.

Through conversations with the registered provider, staff and people who used the service we found that staff did not directly handle any money for the people whose care they delivered. Staff might accompany someone to the shops but the person retained their own money to pay for any purchases. This reduced the risk of financial abuse within the service.

Requires improvement

Is the service safe?

We found that staff recorded accidents or incidents in the care files. The staff who spoke with us were confident about how to manage emergencies in people's homes. We saw that one accident had taken place in January 2015, and the registered provider had visited the person at home, spoken with the staff on duty and arranged an Occupational Therapist to visit and look at moving and handling issues. New equipment was supplied to the individual and the registered provider supported staff on three occasions to ensure that care and support was given in line with the person's care plan. This was seen to be documented in the person's care file when we visited them.

Discussion with the registered provider indicated that the agency did not have a recruitment policy and procedure. However, we were told that one was available at it's sister service and would be developed to reflect the agency practice.

We looked at the recruitment files of three care staff employed to work at the service. Two staff had started work in the last year and the third staff member was a long term employee. The registered provider told us that prior to staff commencing work for the agency, checks had been undertaken to ensure that they were suitable to work with vulnerable people, such as references, a Disclosure and Barring Service (DBS) check and identification documents.

We found that one staff member's references were not dated and their Disclosure and Barring Service check (DBS) was from a previous employer where they had worked with children. The registered provider said that this was not usual practice and this was confirmed by looking at other files. Checks of the other two files showed that the registered provider had obtained DBS checks for these individuals to ensure that they were suitable to work with vulnerable adults and there were two references on each file dated and signed by the referee. In all three files the application forms were completed and included a work history section. The registered provider told us they would complete a DBS application for the member of staff immediately.

We recommend that the service develop a robust recruitment policy and procedure and ensure that appropriate employment checks are carried out for all new employees to ensure they are suitable to work with vulnerable adults.

The service was relatively small in that it supported less than 50 people. This meant there was a close knit group of staff working for the agency. People who spoke with us said, "The service is excellent" and "The care and support we receive from the agency staff is wonderful and we are more than satisfied with it." One member of staff told us, "This is a good team of caring people, but if anyone goes off sick or on leave it does mean the rest of us have to cover." We saw that the registered provider was covering some shifts at the time of our inspection, but everyone who used the service said they had received the care and support they needed, at the right time and in the way they had asked it to be delivered.

Discussion with the registered provider and staff indicated that rotas were planned in advance and staff got a copy of their individual 'runs' or places to visit each Tuesday in preparation for their work the following week. Any changes to the rotas were passed onto the staff through phone calls or face to face discussion.

Appropriate arrangements were in place in relation to the ordering, handling and administration of medicines. There was a medication policy and procedure in place that was brief, but had been updated following our last inspection.

The service used the 'DOMAR' medication system provided by the East Riding of Yorkshire Council (ERYC) for people that this authority funded. All other people were supplied with medication administration sheets by the local pharmacist.

We were told that medication management training was supplied by the local pharmacist and also by the North Yorkshire County Council. We were able to confirm this by looking at staff training records and the staff training plan which showed that staff were given regular updates and refresher sessions. The registered provider told us that the training staff received was sufficient to cover both local authority medicine systems and this was confirmed to us by the commissioners at ERYC.

We spoke with staff responsible for overseeing the ordering of medicines and the disposal of unwanted medicines. They told us they ordered the prescriptions for people, picked up the prescriptions from the GP and took them to the pharmacy. The dispensed medicines were then checked to see they corresponded with what was ordered before being taken out to people.

Requires improvement

Is the service safe?

Checks of three medication administration records showed that these were completed appropriately. On one home visit we saw that the person's GP had visited twice in the last fortnight. Changes to the medication regime had been made and the GP instructions were documented in the person's care plan. These had been followed by the staff appropriately. We saw that returned or unwanted medicines were documented on the DOMAR sheets by the staff and this was then date stamped by the pharmacy when they received custody of these medicines.

Discussion with people who used the service indicated they were satisfied with the way that staff handled and assisted them with their medicines. Some people or their relatives ordered their repeat medicines and picked them up from the chemist and others said they had arranged for the staff to do this. Everyone who spoke with us said the staff supported them with their medication on time and in accordance with their wishes or needs.

We saw that the registered provider completed an audit on the DOMAR charts and medicine records returned to the office each month. We checked a sample of those returned in January 2015. These audits were basic in detail and did not include any action plans to show what action the registered provider had taken when issues were identified. We discussed this with the registered provider on the day of the inspection.

Requires improvement

Is the service effective?

Our findings

During our inspection we looked at the induction, supervision and training records for three new members of staff. There was a three month probationary period for all new employees which included an induction process that covered a mix of theory and practical learning subjects. The registered provider told us that they would be introducing the new Skills for Care induction package from April 2015 (called the Care Certificate).

Training was provided during the induction process that took place both in the office and out in people's homes. Four members of staff told us that they had received an induction when starting work and that they continued to have ad hoc checks of their work by the registered provider or their line supervisor. A new member of staff told us that their induction had included going into the office for theory sessions on SOVA, confidentiality and health and safety. They had completed training in infection control and SOVA and were booked onto courses for First Aid and Moving / Handling training within the next six weeks.

We saw that induction paperwork was kept in each of the three staff files we looked at; this had been signed off by the registered provider when each task had been completed. The registered provider told us that they had accompanied one member of staff during their induction to support and supervise them. This person's supervision file held records that confirmed the registered provider had shown them how to use equipment in people's homes and how to promote people's privacy and dignity during care and how to keep people safe when using equipment. Discussion with the member of staff confirmed that the support and supervision had taken place and they spoke about their training and the shadowing of more experienced staff that they had undertaken for a month following their employment.

The registered provider ensured that staff received appropriate training on safe working practices. There was a training plan in place which indicated staff had completed training in medicine management, moving and handling, infection control, first aid and SOVA and certificates were seen in the staff files. We saw that staff were booked onto refresher courses in 2015 where needed. The registered provider told us that until new members of staff had completed their training they were accompanied by the registered provider or care co-ordinator on visits where medicines needed to be administered.

Discussion with four members of staff indicated that they felt they had the skills and knowledge to carry out their roles and that they could discuss with the registered provider if they felt there were any gaps in their training. We saw evidence that this would then be actioned by the registered provider. An example of this was catheter care training, which was booked for May 2015; the registered provider told us that they had recognised that some staff lacked knowledge about how to care for supra pubic catheters and so appropriate training had been sought.

Most people who received a service from the agency had the capacity to make their own decisions. Those people who lacked capacity to make decisions lived with a relative / carer. Care plans recorded whether people had capacity to make decisions and to consent to care. People who we spoke with told us that their care workers only carried out tasks or assistance with personal care when they had obtained consent or 'implied' consent, and that they were encouraged by staff to make decisions about their care.

We noted that care workers had not undertaken any training on the Mental Capacity Act 2005 (MCA), but the registered provider and two of the three staff were able to talk to us about what MCA was and how it influenced the care being given. We also found the registered provider did not have a policy and procedure for MCA or Deprivation of Liberty Safeguards (DoLS). The registered provider told us they would book the training and develop the policy and procedure for MCA and DoLS. We received written confirmation following our inspection that the registered provider and the care coordinator had been booked on the local council's training for June 2015 and they would cascade this training down to other staff.

We recommend that the service develop a robust MCA and DoLS policy and procedure and ensure all staff receive training on these subjects. This would give care staff a greater understanding about capacity and decision making so that they had the knowledge to support people who did not have the capacity to make their own decisions.

We saw that staff supervision / work place spot checks were in place and carried out on a regular basis.

Requires improvement

Is the service effective?

Management team members followed a competency based plan that highlighted key areas of quality control and compliance. The checks were random and un-announced and followed a direct observation of working practice format. There were seven key elements being assessed including knowledge, medicine management, time management, health and safety, physical and hygiene care, dignity and privacy and infection control.

We looked at two of the completed supervisions and saw that the supervisor had checked the core competencies and summarised their findings on the work sheet. This was then fed back to the member of staff at the conclusion of the visit. For one member of staff we saw that their supervisor had discussed the need for them to take more care when reading the care notes and another member of staff was given practical instruction and support when the supervisor observed some issues with their care practice. We saw that both the supervisor and the employee had signed the sheet and any highlighted issues that required action were discussed, dated and signed off when completed. One member of staff told us, "We can go into the office for a private chat if we need to. I am confident that any issues discussed are kept confidential."

The registered had an annual appraisal system for all staff. We looked at a selection of completed appraisal forms and found some inconsistency in the recording of the appraisal process. One staff appraisal form was extremely brief and consisted of a single paragraph, whilst another was much more detailed and covered the member of staff's work history, skills and achievements. Discussion with the registered provider indicated that the appraisal process was still fairly new and they realised that there was still work to do to make it a robust system.

Some of the people who used the service required assistance with meal preparation, snacks and drinks. People told us that they were always asked what they would like to eat and the member of staff would then go about preparing it. We saw that care plans detailed each person's wishes with regard to eating and drinking. For example, one care plan documented that "I like fresh cooked meals and I have potatoes and frozen vegetables to go with my choice of meat." One person told us, "The staff are great. The meals they make are delicious and I am much healthier now as I am eating better than I was before the service started." Staff told us that they would inform families and the agency office if they felt there were any issues about a person not eating or drinking sufficient quantities.

We checked a sample of care plans at the agency office. We saw that they included details of the person's health problems, any allergies, the name of their GP and their current prescribed medication. There was an assessment and risk assessment for moving and handling, including any history of falls and details of any equipment used. This ensured that staff were aware of people's health care needs so that they could provide appropriate support.

The care staff told us that they usually visited people on a regular basis so got to know them well. They said that if they noticed people were unwell, they would contact their family or the agency office. One member of staff said that they would not hesitate to contact the person's GP or ring 999 if this was needed. We noted that on one home visit during our inspection the registered provider spoke with the person who used the service and discussed organising an occupational health visit to assess the person for mobility aids to help them move more freely around their home. The registered provider said they would follow this up when they got back to the agency office.

We saw that visiting health professionals left notes for the agency staff in the care records. We looked at one entry from a GP and our checks of the care records and discussion with the person involved indicated that the GP's instructions had been followed appropriately.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us, “Most of the staff are excellent. On the whole we are very happy with the service” and “Very pleased with the service, the care is wonderful and we have no complaints.” One relative told us, “The service is fantastic, a life-saver. I don’t know how I would cope without them.”

Staff who spoke with us said they felt there was a good team of staff working for the registered provider. They told us that there was, “Good communication with the families and health / social care professionals. This was confirmed by the people who used the service. We were told, “All the girls are excellent, very friendly and nothing is too much trouble for them to do for us.”

One person who we visited at home was unable to communicate with us, but their partner told us about their care. We were told, “The care is superb. The staff are always on time. [Partner] is well looked after, their skin is okay and they do not have any sore areas.” We observed staff using an overhead hoist to move the person from their chair to a wheelchair. Appropriate moving and handling techniques were used and the staff spoke with the person throughout the procedure to ensure they were happy with what was happening to them and so they knew what was going on and what to expect.

We found there was a communication folder in every home containing the person's care plan, communication sheets and assessments. The care plans we looked at included up to date risk assessments for daily tasks such as moving and handling or medication giving, as well as hazards within the home environment. The staff completed daily notes to show what care and tasks had been carried out and there was a section for families or people who used the service to record any comments or queries in. The care files we looked at showed that the care plans were reviewed every three months or more often if people’s needs changed.

People and relatives that we spoke with said, “We see the registered provider or the care co-ordinator from the agency every couple of months or so. We can discuss our care with them or with the girls who look after us.” Two people told us, “We usually get the same staff coming to see us each time, occasionally it is someone different but they are all a good bunch of lasses.”

People were treated with respect and dignity by the staff. Every person we met or spoke with agreed that they received a very personal service from staff that they knew and trusted. One person told us, “The girls are lovely, they ensure the bathroom door is shut when giving me personal care and they talk to me throughout any procedures, putting me at ease – I have every confidence in them.”

Care staff told us that they were told about people’s care needs before they visited them for the first time and were also given updated information if a person’s care needs changed. Whenever possible, care staff were introduced to people by an existing care staff or the registered provider. This meant that people had usually met care workers who would be supporting them before they visited their home for the first time. One person who used the service told us, “Any new staff are accompanied by one of the other girls until they find their feet. Some care staff are inexperienced when dealing with certain aspects of care but they soon sort it out.”

Discussion with the registered provider and staff indicated that rotas were planned in advance and staff got a copy of their individual 'runs' or places to visit each Tuesday in preparation for their work the following week. Any changes to the rotas were passed onto the staff through phone calls or face to face discussion. Staff told us, “If we have any concerns we can easily get hold of the registered provider and they will explain things in more detail.”

Good

Is the service responsive?

Our findings

The registered provider told us they or the care coordinator would arrange to go out and visit new people in their own home. During the assessment they discussed the person's care needs including any support with medicines. Risk assessments were also carried out for the environment and the person who needed the care package. We saw copies of the assessments in people's care files held in their homes and people who spoke with us confirmed that they had been part of the initial assessment process. Discussion with the registered provider indicated that they visited people every three months to review their care and support. This was confirmed by the people who we spoke with during our inspection.

One person who spoke with us said that staff helped them with personal care, domestic tasks and gardening. Staff also took them out for a walk into the local village. Another person said they went out shopping with the care staff to buy groceries and pay their bills. This meant the service enabled these individuals to retain their links with their local community and the support from the staff meant people maintained a level of independence.

Everyone who used the service told us that the care was, “Marvellous” and “I do not know what I would do without them.” From talking to individuals who used the service it was clear that each person received a care package that was specifically tailored to meet their individual needs. The care people received took account of their different lifestyles, wishes and choices. One person said, “The care the agency staff give me has made such a difference to my life. I am much healthier and look forward to their visits. They support me with personal care, housework and take me out and about in the community. I am able to maintain a level of independence with their help and that makes me feel good.”

We looked at the policy and procedure for complaints and incidents and found this required the registered provider’s contact details adding to it, although we noted that their contact details were included in the brochure given out to all people and in the care files seen in people’s homes. We noted that there was a folder in the agency office to record any complaints that had been received by the agency. In the last 12 months there had been no complaints made about the agency. People who used the service told us they knew how to make a complaint. One person told us, “We can always ring [the registered provider] if we had a problem, but we have never had to do this.” We saw that people who used the service had been given the office number to ring during the day and an out of office number for assistance when the office was closed.

We looked a the satisfaction questionnaires completed by people who used the service and spoke to people who used the service. The questionnaires were sent out in February 2015. In these surveys people were asked if they felt the service was meeting their needs, did they have sufficient contact with the registered provider / office, were staff on time, were their opinions and wishes listened to, did their care plan meet their needs and were people satisfied with their care. All of the responses recorded were positive and rated the service as good, very good or excellent.

The information gathered from the surveys showed that people were able to raise any issues about their care and the registered provider took action to resolve them. For example, one person had not been happy with the staff’s knowledge around their specific care needs. The records at the agency showed the registered person had been out to visit the person and given staff the support they needed to be confident in their work practice. Additional training had also been booked to ensure all staff had the skills and knowledge needed to meet this person’s needs.

Requires improvement

Is the service well-led?

Our findings

This was a small service and the registered provider was an integral part of the staff team. Staff who spoke with us said, “We are a small group of people who work well together.” We spoke with people who used the service and their relatives. Their response to our questions about the quality of the care they received was extremely positive. They told us they felt they received a good level of care from friendly and helpful staff. People who used the service told us, "I can get hold of someone in the office every time I ring up. They are always polite and sort things out quickly" and "I have no concerns about the service. They turn up on time, give me my care and support in a way that I like and need and are responsive if I ask for any changes."

From our observations of the service we found that the registered provider focused on giving people who used the service a high quality of care, but some records and documentation needed further development. We found during our inspection that staff recruitment and annual appraisals records could be better and that policies and procedures for safeguarding, staff recruitment, MCA / DoLS and complaints needed putting in place or reviewing. Risk assessments were in place and these were reviewed every three months to ensure staff and people were protected from the risk of harm.

There were audits of the service available for our inspection. The registered provider told us that they monitored timesheets, complaints, staff work practices and care file documentation. We found that these were carried out monthly, but the audits lacked formal action plans to show what issues had been found and what action had been taken and by whom to improve things. The registered provider told us they were aware of the need to improve the audit process and this was on-going. We could see that the registered provider had taken action to improve practices as the care plan audit carried out in January 2015 had identified some issues with recording practices. These were discussed at the next staff meeting along with other agenda items such as care and working practices. Staff also received updates from actions taken from the previous staff meetings.

We recommend that the service review the quality of its records and policies /procedures using its quality assurance system to ensure all documentation and guidance for staff is up to date, reflects current best practice and guidance and is completed to a high standard.

Staff told us, “We have regular meetings when we get together to discuss any problems or issues we might be having. We are told any news about the agency and we can plan training during these meetings.” One member of staff said, “The meetings are really useful, it is nice to interact and get the viewpoint of other people in the team.” The meeting minutes were made available to us for inspection.

Staff told us they felt supported by the registered provider. They said there was an open door policy so that if they had any problems they could speak to the registered provider at any time. All the staff who spoke with us said the registered provider was approachable and that the whole focus of the agency was on making sure people got the best possible care. We did not find any information about values and visions in regard to the agency.

We saw that the registered provider had sent out satisfaction questionnaires to people who used the service in February 2015 and had taken action when issues had been raised. This demonstrated that people were able to raise their views and opinions of the service and these were listened to.

We saw evidence that the registered provider monitored and reviewed any complaints, incidents or accidents within the service. We were given written records to review that showed learning from events took place and we spoke to the relative of one person who used the service who had been involved in one recent incident. The relative told us the registered provider had listened to their concerns and taken action to make sure working practices were safe and appropriate equipment was in place.