Clark James North Lincolnshire Limited

The Energy Centre

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We undertook this inspection over two days on 10 and 11 February 2015 and the inspection was unannounced, which meant the registered provider did not know we would be visiting the service.

This was the first inspection of the service since it was registered in June 2013.

The Energy Centre is a care agency owned and managed by Clark James North Lincolnshire Limited. The service provides personal care and support services to people living in North Lincolnshire. Services provided range from a few hours support several times a week, to 24 hour support every day. People who used the service included; older people, people with dementia, learning disabilities, autistic spectrum disorder, mental health needs, physical

Summary of findings

disabilities, sensory impairments, children 0-18 and people who misused drug and alcohol. At the time of our inspection the service was providing a service for up to eighty people of all ages.

The registered provider is required to have a registered manager in post and on the day of the inspection. There was a manager registered with the care Quality Commission (CQC); they had been registered since 10 January 2014. A registered manager is a person who has registered with the Care Quality Commission to manager the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider.

All but one of the people who used the service told us they had positive relationships with their carers and their care was delivered to a high standard.

While staff told us they knew the people they were supporting and people who used the service told us they provided a personalised service; there were differences in the training care staff had received. Staff told us they felt they needed more specialised training.

Some staff had been recruited with training from previous employers while others had accessed it at the service after their appointment. There was no evidence to demonstrate that staff with previous training skills had their competencies assessed in the workplace after they had been offered employment with the agency.

Training records showed that fifteen staff had received training in the principles of the Mental Capacity Act 2005. Staff told us the availability of this training needed to be extended. We observed staff took steps to obtain people's verbal consent prior to care and treatment being offered.

Few staff had received regular supervision or appraisal. In the records for staff who had received supervision that were in place, identified actions had not been carried out.

The problems we found breached Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the registered provider to take at the back of the full version of the report.

Staff had received training in safeguarding vulnerable adults from abuse. Staff knew how to protect people from abuse and they ensured the equipment they used in people's homes was regularly checked and maintained.

The registered provider had policies and systems in place to manage risks, safeguard vulnerable people from abuse, undertake safe recruitment of staff and for the safe handling of medicines.

Assessments had been undertaken to identify people's health and support needs. Care plans did not always record or identify how people wished to be supported or provide guidance for staff, in order to meet their needs in their preferred way.

Before our inspection visits we had been made aware of concerns that some people's care plans and risk assessments were not detailed and were not signed by the individual. Where people were unable to sign for themselves there was no record of this in place

Care plan records varied and we found some were detailed and informative while others contained inconsistent or limited information. Risk assessments were not in place for all of the people who used the service. Where these were in place they were not all signed or identified a date for review. This did not provide staff with all of the information they required in order to meet people's needs. The content of care records and risk assessments needed to be more detailed and personalised. We have made a recommendation about more person centred care planning for staff.

Records showed the registered manager had put in place a new updated care plan system and had implemented a structured approach to the review of care plans and risk assessments. Care plans were in the process of being audited by the registered manager, reviewed and updated to ensure the information required in order to support people was in place. All were planned to be completed within three months.

Medicines were not always handled safely. Most medicines were supplied in a monitored dosage system. This was used to support the safe administration of medicines in the home. However we found that information in care records did not always reflect the information on medication administration records (MARS).

People who used the service told us they knew how to complain. We saw information on how to make a complaint was contained in the 'Service User Guide' within people's homes.

Summary of findings

Staff told us the leadership and management of the service had improved and was good. There were systems in place to monitor the quality of the service and we found this had not been effective and had missed areas that required improvement. For example; there had been one survey of the people who used the service, but there were no action plans in place to address the areas identified as requiring improvement following this.

Staff told us there were enough staff to fulfil the rota, with staffing levels based on individual's dependency and this was monitored and adjusted depending on the needs of people.

The registered provider told us that people were at the heart of the service, and the service did their upmost to organise care and support to suit their individual needs.

For example people who used the service who required a high level of support from the agency, had a team of carers allocated to them in order to provide continuity. Some people who used the service had been involved in the staff selection process.

However, they recognised that the service had developed more quickly than they had originally planned for and in order to provide services to people some of the organisational systems in place had not been developed to the level they had wanted. This they felt had been a contributory factor in the areas identified as requiring improvement. They had as a management team, already identified the areas that required further action and had begun working to improve these areas.

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 and required improvement in the way it managed risk. The registered provider had systems in place to manage risks and for the safe handling of medicines, but risk assessments were not always in place for each person who used the service.

People told us they felt safe and the service was good.

Staff had not all received training about safeguarding people from harm to ensure they knew how to recognise and report potential abuse and whistle blowing concerns about the service.

Staff were recruited safely and people told us there were sufficient numbers of staff available to meet people's assessed needs.

Is the service effective?

Requires improvement

The service was not always effective and required improvement in the way it supported staff through supervision and training. Staff were not all trained to ensure they could meet the assessed needs of people.

Some staff were not all aware of the requirements of the Mental Capacity Act 2005 to ensure people's human rights were promoted and upheld.

The majority of people who used the service and their relatives felt staff were professional and had the skills to meet their needs. Other people felt staff knowledge and skills needed to be developed further.

Is the service caring?

Good

The service was caring but required some improvement in the information provided in care plans.

All but one of the people and the relatives we spoke with told us they were happy with the care they received; that staff were respectful of their privacy and treated them with kindness, compassion and respect.

People told us they were consulted about their support and involved in making decisions about how this was provided.

Is the service responsive?

Requires improvement

The service was not always responsive. Not every person who used the service had an assessment and plan of care to guide staff in how to meet their needs, wishes and preferences.

The service had a complaints policy and procedure and people told us they felt able to complain to the registered manager or registered provider.

Summary of findings

Is the service well-led?

The service was mostly well led but required some improvement. The registered provider completed a series of checks and audits but these had not been fully effective in picking up shortfalls in records.

The system of surveys for people who used the service, required improvement to make sure the views of more people; for example relatives, professionals and staff ,were captured about the running of the service. Following this action plans needed to be developed to address areas identified for improvement.

The provider worked proactively in partnership with other professionals for the benefit of the people they supported.

Requires improvement

The Energy Centre

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.

The inspection took place on 10 and 11 of February 2015 and was unannounced. The inspection was undertaken by one adult social care inspector on the first day and two adult social care inspectors on the second day. Telephone interviews were carried out by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The local councils contracts team was contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us about the current concerns they had, specifically about the management of medicines, care plans, staff training and supervision.

Other professionals told us the service was responsive to people's needs and flexible in meeting the changing needs of individuals. They told us the service communicated well with other involved parties and where issues were identified, they were willing to talk through them and address them.

We spoke with 15 people who used the service and their relatives, six care staff, the owner of the service, the registered provided and the registered manager. We visited two people who used the service in their own homes after first gaining their permission.

We looked at care records in relation to five people's care and medication. Records relating to the management of the service which included: staff recruitment, supervision, appraisal, the staff rota, records of meetings, staff induction records, staff training records, quality assurance audits and a selection of policies and procedures.

Requires improvement

Is the service safe?

Our findings

People who used the service and their relatives told us they felt the service was safe. Comments included "I feel very safe." "Great, absolutely fantastic – I trust them 100%" and " We have six regular staff covering 24 hours with two staff working together at night time. The staff are never off together. With our previous carers we counted 65 different individuals coming through the door in one week."

However, three of people we spoke with said that although they had a rota, it was often someone else who arrived and very occasionally no – one turned up. One person gave an example of their relative having been left at home and without breakfast after their call was missed. They told us they were alerted after the day care provider contacted them to inform them their relative had not arrived. When we spoke to the registered provider and registered managers about this they told us, they had been made aware of a number of calls having been missed at the end of last year. They felt that this was totally unacceptable and did not want this experience for the people who used the service. As a result of this they purchased a new call system, which alerted the office if a call was not attended for any reason and alternative arrangements made quickly to ensure a carer attended the call.

Following medication audits and review by the local authority, a number of issues had been identified as requiring improvement. When we visited the service we found medication practices had been improved. This included the need for the medication policy to be updated to include a procedure for medication that had been prescribed to be taken 'as and when required' (PRN), the reporting of medication errors to the local safeguarding team and a procedure for handwriting medication administration records (MARs).

During the inspection we saw that action had been taken in respect of each of the areas identified. Protocols were in place for all PRN medicines; these described the situations the medicine was to be administered and to ensure that people's behaviour was not controlled by excessive use of medication. Staff had signed to show they had been made aware of the changes to the medication policy.

Staff spoken with were knowledgeable about the prescribed medicines used in the service and side effects they needed to be aware of. Information was available for staff about the medicines used within the service.

When we looked at the medication and MARs for the people we visited in their own homes, they told us the staff were knowledgeable about their medicines and supported them to take them as prescribed. The MARs kept in peoples' homes were seen to have been accurately maintained.

Safe systems were in place for assessing and recording people's medication needs before they began to use the service. This information was used to inform people's care plans to help ensure the correct level of support was provided where identified. One of the old type care records we looked at covered medication in two separate areas, and identified different people were responsible for the management of medicines for the individual. When we spoke to staff and the registered manager about this they were clear it was the responsibility of the service to provide support with medication. The decision had been made at a recent review and although it identified the service had responsibility for the medication for the individual, the older information had not had been updated to show the changes that had been made. This could have led to the person not being effectively supported with their medication. The MARs record was looked at and we saw from this, the medication had been administered to the individual as prescribed. Following this the registered manager updated the information immediately to ensure the information was current.

The registered manager showed us copies of recent medication audits that had been introduced to check medicines were administered by care workers correctly and the correct codes and recording systems followed when MARs records were completed.

There were systems in place to safeguard vulnerable people from the risk of harm and abuse. These included policies and procedures to guide staff and training to ensure they knew how to recognise abuse and who to contact should they have any concerns. In discussions staff, all but one was knowledgeable about the different types of abuse and the signs and symptoms that would alert them abuse may have occurred. They said, "I wouldn't hesitate to

Requires improvement

Is the service safe?

report anything I was concerned about to the manager or owners straight away." The registered manager was aware of the local safeguarding policy and procedure for alerting them to concerns about the abuse of vulnerable adults.

We reviewed policies and procedures in place for infection prevention and control (IPC). We saw staff were given guidance about the appropriate personal protective equipment (PPE) to wear, disposable aprons and gloves. For example, the members of staff we spoke with were able to describe when they would wear PPE and how to dispose of it safely in order to prevent cross infection between visits. They told us supplies were readily available to them.

We saw risk assessments had been completed to assist in keeping people safe from harm and these covered a range of issues such as behaviour that could be challenging to the service and others, skin integrity, nutrition, falls and moving and handling. We found the information in these varied and did not always give staff enough detailed information on how to support the person or reduce the risk. In other records the information was not current as the person's needs had changed, but the risk assessments did not reflect this. **We recommend that the service finds out more about training for staff, based on current best practice, and in relation to risk assessment and least restrictive practice.**

We spoke with the registered manager about these shortfalls and they agreed further action needed to be taken to ensure enough detailed information was in place to direct staff in how to support people with identified risk and to ensure that the information in people's records was current.

We checked the recruitment records for four staff. Application forms had been completed that recorded the applicant's employment history, the names of two employment referees and we saw a Disclosure and Barring Service (DBS) check had been obtained prior to people commencing work with the agency.

There were sufficient numbers of staff available to provide a flexible service and meet people's needs. Staffing levels were determined by the number of people who used the service and their assessed needs. Staffing could be adjusted according to the needs of people who used the service and we saw that the number of staff supporting a person could be increased if required.

Requires improvement

Is the service effective?

Our findings

People who used the service told us, “The staff listen to me and follow the list of things that need to be done.” and “There were teething problems but these got ironed out quickly.” Another told us, “Mum wrote her own care plan as the one in use by staff doesn’t make sense to her.” and “I’ve never looked back, they’ve brought sunshine into the house.”

People told us they felt overall they were supported by staff who had the knowledge and skills to meet their needs. One gave an example of their relative being supported by staff to complete their physiotherapy routine after having been taught by the physiotherapist to do so. Another felt that staff needed more training in supporting people with mental health needs.

We looked at training records and saw that staff had access to a range of training both essential and specific. Staff confirmed they completed essential training such as fire safety, moving and handling, infection control and health and safety. We saw from the records that some of the staff team had completed training when they were in the employment of other providers. We asked the registered manager if they had assessed the competency of these staff to ensure their skills were in keeping with the standards their service expected. They confirmed a competency assessment had not been undertaken.

We saw from records that nine of the forty four staff had received training in food hygiene, safeguarding, or the Mental Capacity Act 2005 (MCA). When we spoke to the registered manager about this training we were told MCA training had been booked for February and March 2015, for the remaining staff.

Training records showed that a limited number of staff had received more specialist training for example; eighteen staff had attended dementia awareness and nine had attended training in epilepsy. We asked the registered provider to consider the needs of the people they provided a service to and identify the additional training the staff may need in order to support them effectively, for example there was no evidence of training in autism or mental health needs.

We saw from training records that confirmed nineteen members of staff had completed health and social care qualifications at levels two and three.

Fifteen members of staff had attended percutaneous endoscopic gastrostomy tube (PEG) feeding training. The registered manager confirmed that only staff who had received training in this specialist area would be allocated to work with people who required this support. We confirmed with staff and relatives that only staff who had been trained in this were involved in providing this support to people. The registered provider acknowledged that additional areas of training had been identified as the service had developed.

A plan of supervision was seen which started in January of 2015, we saw records of meetings having taken place for three staff members. There was one record in place of a spot check done of staff in the workplace, to assess their conduct and competencies. In this record it stated that a further check should be completed in three weeks’ time, in order to establish if any improvement had been made, there were no records of this having been completed. Although the registered provider was taking action to assess their training schedule and staff supervision, further improvements needed to be made to ensure staff had the knowledge and skills to meet people’s needs. The problems we found breached Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In our discussions with the registered providers, they accepted the shortfalls we identified in supporting staff and have assured us a more improved system will be implemented.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager told us they would work closely with the local authority safeguarding team to identify any potential deprivation of people’s liberty. We found staff demonstrated a limited understanding about the principles of the Mental Capacity Act (MCA) 2005 and DoLS and how this was put into practice.

Eighteen of the forty four staff (less than half of the team) had received training in the Mental Capacity Act 2005 and followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions with staff the majority were clear about how they gained consent prior to delivering care and treatment.

Requires improvement

Is the service effective?

Staff said, “We always ask people.” We received a mixed response from people who used the service, some felt staff consulted and involved them in making decisions about their support and that staff took their time and engaged with them well to ensure their personal wishes and feelings were met. Other people told us they felt less consulted about decisions made. We observed staff practices during visits to people who used the service in their own homes (with their consent). During these visits we observed staff obtain consent before any care or support was delivered and offer choices to the people who used the service.

Care plans indicated people were able to make day to day decisions. We saw two people had a ‘do not attempt cardiopulmonary resuscitation’ (DNACPR) form in their care file. These had support from their families in making this decision.

In discussions, staff told us how they gained consent from people on a day to day basis prior to carrying out care and support tasks. They said they encouraged people to make their own decisions. Staff said, “We ask people; most people can do things for themselves,” “We don’t do anything the service users don’t want us to do” and “Everyone can give consent for day to day decisions; we would discuss issues with family.” Staff were able to give examples of when advocacy services had been used to support people.

We observed that there were two types of care plans in place. A new updated care plan we saw contained signed consent to care plan agreements that had been developed from their individual assessments of need, to enable their personal choices and independence to be promoted and encouraged. There was evidence in people’s care files of information about their health and nutritional status, together with guidance for staff about action to take to ensure people’s needs and preferences were appropriately maintained. Nutritional assessments contained information about their appetites and preferences, for example. We saw that the service worked with external healthcare professionals from the Speech and Language Therapy (SALT) team and dieticians where there was an identified need and we saw records of fluid and food intake was recorded. In other care records we saw that further information was needed to be included about people’s preferences and capacity assessments and they needed to be signed by the individual or their relative to inform consent.

When we spoke to the registered manager about this they told us these differences had already been identified and work was being done to address this. All care plans were in the process of being reviewed and updated in order to bring them all up to the required standard. This was confirmed with senior staff during our discussion.

All care plans seen showed that people who used the service were supported to access healthcare professionals such as dentists, opticians and chiropodists. People told us they were supported by their care workers to arrange appointments and organise transport for them.

Good

Is the service caring?

Our findings

People who used the service told us about their involvement in compiling support plans, life story work and meetings to ensure their needs hadn't changed. Everyone was happy with the care provided with the exception of one person. People told us, "I've been feeling a bit down, the carers make suggestions to cheer me up." and "I can relax now knowing they are looked after properly. I have my life back, they are fantastic, I couldn't ask for more." Another person told us, "They always ask if I am okay and when they are finished they always ask if there is anything else they can do for me." and "They are very kind." People told us staff had good relationships with them and knew their needs well. They said they treated them kindly and with compassion. One person told us they had written their own relative's care plan as they had not agreed with the one they had been given as they felt it lacked detail. This had been written in conjunction with the service after discussion with them.

During our visits to people in their own homes (with their consent), we observed staff respected people's privacy, always knocking on doors and waiting to be given permission to enter before going in. Staff were seen to speak to people in a kind and respectful manner. They were observed getting down to the level of the person they were supporting, gaining eye contact, greeting them in a friendly manner and gently reminding them of the reason they were visiting. They were seen explaining what was going to happen and ensuring they were happy with the arrangements, before proceeding. Staff told us they had received training in dementia and this had helped them understand people's needs better.

We observed one person ask their carer on several occasions the same question; the carer responded patiently and respectfully and on no occasion informed them they had already answered the question previously. People were given time to respond to questions and no one was seen to be rushed by their carer.

Information was made available to people about the use of advocates, although at the time of the inspection no one was using the services of an advocate.

We reviewed the policy for equality and diversity which included information for staff about different faiths and cultures and the potential implication s for care. Staff we spoke with confirmed they were aware of the policy and were able to give examples of how different faiths and culture could have implications for care for example dietary needs. Training records showed that four staff had received training in equality and diversity. Staff told us that other staff members had covered this topic as part of their health and social care qualification.

Relatives and people who used the service told us they were encouraged to express their views about the quality of service provision. They told us they were visited regularly to ensure both the care plan and the care provided was to their satisfaction and met their needs. If changes were needed to be made this was accommodated whenever possible.

Requires improvement

Is the service responsive?

Our findings

People who used the service told us that if they didn't like a particular care worker, the company would not send them again. One person expressed disappointment that their relative's medication had not always been re ordered, something the service had been asked to take responsibility for. The majority of people expressed satisfaction and relief of the provision of good care following bad experiences elsewhere. People who used the service told us that overall if there were changes to the rota, or someone was delayed they would be informed.

Following a recent visit by the local authority performance team, the registered provider had reviewed and updated their complaints policy. People who used the service told us they knew how to complain. They told us they would not hesitate to contact the manager or any of the staff team with any concerns as the whole team was very approachable and responsive. We saw that the service's complaints process was included in the information pack given to people when they started receiving care.

We reviewed the complaints log and found five complaints had been made. Two of these were in relation to missed calls and as a result of this the service purchased a new call monitoring system that would alert them to any late or missed call so action could be taken promptly. The other three complaints were seen to have been investigated and appropriate action taken to resolve these, in line with the services policy and procedure for complaints.

A family member told us they had been involved in the recruitment of care staff for their relative after they had experienced dissatisfaction with a previous care provider. They told us they were very happy with the care they received and felt their relative was much more settled and well, following them being provided with their own care team.

Individual assessments were carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. However, the content of these varied considerably and more detailed information was required in some care plans.

We saw assessment tools had been used to identify the person's level of risk. These included those for pressure care, tissue viability and nutrition. Where risks had been identified, risk assessments had been completed. However, we saw not all risk assessments provided enough detail, for example, one did not detail how many staff were required to support a person to shower. When we spoke to staff about the person's care need they were clear that two staff were required for this task. More detailed information about how risks could be reduced and the action staff should take to manage the risk effectively was needed. We saw that risk assessments had been reviewed on a regular basis. When we identified the difference in the detail of the information in the risk assessment records we discussed this with the registered manager. They confirmed that the risk assessments would be reviewed and updated in line with the work being carried out to improve care plans.

People we spoke with told us that the service was responsive and responded to their needs. The majority of people who used the service told us staff involved them in making decisions about their support and engaged them in a friendly and meaningful way, providing them with choices about their support to ensure their wishes and preferences were considered.

There was a mixed response from staff about their knowledge and understanding of the needs of people who used the service. Some staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service. Other staff we spoke with told us as they did not know all the people who used the service, and they felt sometimes more information could be provided in the care plans about them, as individuals.

The new style care plans we reviewed provided staff with good information about how people who used the service wished to be supported and the level of support they required; for example verbal or physical prompts.

The old style of care plans did not always contain sufficient information in this area or enough detail in risk assessments. The registered manager told us that all new people being referred to the service would automatically have a new style care plan. People who used the service and had an older style care plan would have this reviewed and updated as their care review came up or within three months, whichever was sooner. The differences in the care plans had been identified and staff had requested more information for some of the people who had older style

Requires improvement

Is the service responsive?

care plans in place. **We recommend that the service finds out more about training for staff, based on current best practice, and in relation to person centred care and involving people in decisions about their care and support.**

The registered manager told us they had also been working alongside senior staff to ensure all of the older style care plans would be re written and contain a good level of information. They had promoted the required standard of the care plans and the level of detail in the content, to ensure everyone who used the service would have a personalised care plan. Senior staff spoken with and the registered provider confirmed this work was being carried out.

Staff confirmed they read care plans and information was passed onto them in a number of different ways. A communication book was available in each person's home for staff to share further information. Changes made to care plans were brought to the attention of staff and they were expected to sign these when they had read them.-

Records seen showed staff were able to identify changes in people's behaviour and wellbeing quickly that indicated they were not well. Staff were aware that people needed different levels of support on different days or at different times of the day, due to their fluctuating health needs.

Relatives told us the registered manager and the whole team, were very obliging and responsive in changing the times of people's calls and accommodating last minute additional appointments when needed. One example given was to support a younger person with their preferred activities, which could be different each week. They told us staff were always made available to support their relative with these activities.

Requires improvement

Is the service well-led?

Our findings

We received a mixed response from people who used the service when we asked them about their views on the management of the service. The majority of people expressed satisfaction and told us, "We just ring them up if something needs to be changed and it will be done." and "If we need to discuss something they will come out and see us, they are very good." Another person expressed that they considered some of the care co-ordinators to be more responsive than others, they told us, "If xxxx answers the phone, everything will be done straight away however, if it is xxxx, then I can wait a long time for my rota to be provided."

There was a quality monitoring system in place but this had not been wholly effective in highlighting shortfalls and areas for improvement.

The registered provider acknowledged there had been some difficulties initially when the service was first registered; in that the service had expanded more quickly than they had initially anticipated. They had recognised that this success had compromised other aspects of the service, for example staff supervision and quality monitoring, which had not been provided to the level they had wanted to achieve.

As the service had grown the registered provider recognised the need for further senior staff to be recruited and be allocated roles and responsibilities within the team. A registered manager and senior staff team had been appointed to manage the day to day running of the service, leaving the registered provider to concentrate on the development of the service. As the service continued to expand they found that some of the senior staff needed more support and training in the role required of them.

Having achieved this they were then in a better position to review the service provision and reflect if any changes needed to be made. They had re-evaluated their position and prepared an action plan of identified areas for further development. As a result of this care plans and risk assessments were in the process of being evaluated and updated onto a new format, this was more detailed and person centred. Training and supervision plans had been developed to support staff and the use of 'spot check' visits introduced to assess staff competency and performance in the workplace. This had been introduced in January 2015 and we could see that some of the supervisions planned had been completed. Senior staff spoken with confirmed they had been designated responsibility for staff supervision.

Work had begun on the review and update of policies and procedures and further policies had been introduced including a policy on consent.

Although a quality assurance system was in place further work was required to demonstrate what action had been taken from the results and feedback of surveys used to obtain people's views and experiences of the service.

We saw monthly audits were completed for medicines management and work had begun on care plan and risk assessment audits. We saw assessment tools had been used to identify the person's level of risk. These included those for pressure care, tissue viability and nutrition. Where risks had been identified, risk assessments had been completed. The risk assessments did not always provide enough detail and some required more detailed information about how risks could be reduced and the action staff should take to manage the risk effectively. We saw that risk assessments had been reviewed on a regular basis.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. However, we were unable to find an analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents.

The lack of an effective quality monitoring programme meant there was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the registered provider to take can be found at the back of this report.

In our discussions with the registered providers, they accepted the shortfalls we identified in quality monitoring and have assured us a more improved system will be implemented.

We saw that the registered provider had taken appropriate action following people who used the service had received late or missed calls. A new electronic system had been purchased which alerted the office to any late or unattended calls within fifteen minutes, so that action

Requires improvement

Is the service well-led?

could be taken immediately to ensure care was provided. They were then able to investigate the reason for the late or missed call and take remedial action, to prevent this from happening again.

Staff told us staff meetings did not take place and at times they did not feel supported enough by management, but that this was improving.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: People who use the service were not protected against the risks of inappropriate or unsafe care. This was because staff employed by the service, were not receiving appropriate training, professional development, supervision and appraisal to enable them to deliver care and treatment to service users safely and to an appropriate standard. Regulation 23(1) (a).

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: People who use the service were not protected against the risks of inappropriate or unsafe care. This was because there was no effective system designed to assess and monitor the quality of the service and identify and manage risks relating to the welfare and safety of people who use the service. Regulation 10(1) (a) (b).