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Office

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection visit took place at the agency's domiciliary care office on 29 June 2017 and was announced.

Your Choice agency provides care and support services to people with a learning disability living in their own homes. The agency had moved location and is now based at the manager's home.

There was no registered manager in post. This was because the agency was registered to one person who is the provider and therefore the agency does not require a registered manager. The provider was the registered person. 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. The registered provider had overall responsibility for the agency. The provider was at the agency office every day and there was a manager in post who gave support with the day to day running of the agency. The registered provider and manager also provided care and support to people.

The majority of the people who used the agency lived with their relatives. The agency provided 13 self-employed P.As (personal assistants) to support people with their personal care and their social activities. (Because the people who worked at the agency were self-employed they were referred to as personal assistants and not staff). The agency also provided support and respite for relatives throughout the week. The support hours varied from 24 hours a day to an hour or more.

Since the last inspection the agency had moved the location of their office and this was now based at the manager's home. The provider had failed to notify the Care Quality Commission (CQC) of the change of the agencies office address. The provider is required by law to notify us when they move location or if there is any changes to your contact details. Therefore the agency was carrying out a regulated activity from an unregistered location which it is an offence under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider has since notified the CQC of the changes. As the breach of regulations was retrospective and the offence was no longer being committed we decided to take no action.

People received support in line with their assessed personal care needs. Systems were in place to manage risks to people. In some cases further detail was needed in the risk assessments so that P.As had full written guidance of how to keep risks to a minimum. P.As were able to explain what action they would take if an incident did occur.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The agency was supporting people to make decisions about their health and wellbeing. Staff had knowledge about the MCA and how to implement it on a daily basis. However, mental capacity assessments had not been formally completed to demonstrate when people could make decisions for themselves and

when they may need support.

The registered manager regularly carried out checks to identify any shortfalls and ensure consistent, high quality, personalised care. However, checks had not been recorded. People and their relatives had been surveyed to ask their opinions on the service, but staff and other stakeholders such as people's G.Ps had not been asked.

Some people required two P.As at each visit. For some people the routine was that the P.As would go into their homes in the morning to assist and support them with their personal care and get them ready for the day. P.As would them take them out to participate in activities in the community. On other days relatives/parents gave all the support. Each package of care was tailored to meet the personal needs of each person. The agency worked to give people the care and support they wanted and needed to remain at home and to be as independent as possible

Safeguarding procedures were in place to keep people safe from harm. People felt safe using the service; and if they had any concerns, they were confident these would be addressed quickly by the provider. The P.As had been trained to understand their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures.

Relatives told us that they were very happy with the service the agency provided. PAs knew people's individual needs and how to meet them. People and their relatives were fully involved in the assessment and planning of their care. The details in the care plans contained the information needed to support people in the way they preferred and suited them best.

People's care plans had been reviewed by senior P.As and any relevant changes were made when required. P.As said the communication between them and the office made sure that they were up to date with people's changing needs.

People received their medicines safely and when they needed them. They were monitored for any side effects. The agency made appropriate referrals and worked jointly with health care professionals, such as community nurses, doctors and specialist services to ensure that people received the support they needed.

P.As supported people to prepare meals to make sure they had a range of nutritious food and drink.

There were sufficient numbers of P.As available to make sure people's needs were met. They had permanent regular schedules of calls so that people received care from a consistent team who knew people's routines well.

People were protected by robust recruitment procedures and new PAs had induction training which included shadowing experienced P.As, until they were competent to work on their own. P.As received an induction, core training and specialist training, so they had the skills and knowledge to meet people's needs. They fully understood their roles and responsibilities as well as the values of the agency.

P.As were caring and treated people with dignity and respect. They were kind, compassionate and polite. Relatives told us that the P.As arrived on time and stayed for the duration of their call. P,As often took people out during the day to attend various activities in the local community. The activities varied depending on what the person liked and enjoyed.

People and P.As were supported by an out of hours on call system. They told us that the provider and

manager were always responsive and any queries raised were sorted out promptly.

People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the agency informally and formally. The feedback received had been positive.

The culture within the agency was transparent, personalised and open. People said they felt comfortable talking to the provider about their concerns and ideas for improvements. The agency looked at new ways of working to continuously improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Overall the service was safe.

Risks to people were assessed but written guidance was not always available to make sure all P.As knew what action to take to reduce risks to people. P.As were able tell us action they would take.

P.As knew how to protect and keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. There were sufficient P.As on duty to meet people's needs.

There was support from the provider and manager outside of office hours and systems were in place to respond to emergencies.

Is the service effective?

Good

Overall the service was effective.

People were asked about their preferences and choices and were supported to remain as independent as possible. The manager and staff understood their responsibilities under the Mental Capacity Act 2005. Restrictions had placed in people's best interest to keep them safe but mental capacity assessments had not been completed.

People received care from P.As that were trained to meet their individual needs. P.As arrived on time and spent the allocated time caring for and supporting people.

Staff supported or prepared meals for people to make sure they had a range of nutritious food and drink.

People were supported to access appropriate health, social and medical support as soon as it was needed.

Is the service caring?

Good

The service was caring.

P.As were helpful and caring and people's dignity was maintained.

Staff knew people well and knew how they preferred to be supported. People's independence was promoted.

P.As involved people in making decisions about their care and support.

P.As communicated with people in a respectful and compassionate way and people were able discuss any concerns.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and this information formed part of the care plan. The care plans were reviewed and updated regularly.

People were supported to make decisions about their care and support as far as possible.

There was a complaints procedure in place, and people were encouraged to provide feedback and were supported to make complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had failed to notify the CQC of changes that had occurred at the agency.

People and their relative's views were formally asked for so that improvements could be made to the agency. Feedback was considered and acted on. However, staff and other stakeholders had not been given the opportunity give their feedback.

The provider completed a number of checks to ensure they were providing a good quality service. They had not kept records of these checks. The P.As had a clear understanding of their roles and what their responsibilities were.

The provider reviewed policies and practices and monitored the support provided to people that used the agency.

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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 29 June and 4 July 2017 and was announced. We visited the agencies office on 29 June 2017 and on 4 July 2017 we spoke with peoples relatives and staff on the telephone. The provider was given notice because the location is a domiciliary care agency and we needed to be sure that someone would be at the office. One inspector completed the inspection. This was because the agency only provided personal care to a small number of people. The provider and manager assisted with the inspection. They worked as a team to make sure we had the information we requested.

The agency had not completed a Provider Information Return (PIR) as we had not yet asked them for one. The PIR is a form that asks the provider to give some key information about the service, what the agency does well and improvements they plan to make. We reviewed information we received since the last inspection, including notifications. A notification is information about important events, which the provider is required to tell us about by law.

People lived in their own homes in the community. At the time of the inspection the agency provided personal care for three people. They also provided support for other people with their shopping and activities but this type of support is not regulated by the Care Quality Commission (CQC).

We looked at three care plans, two P.As files, audits and other records. On the 4 July 2017 we contacted three relatives and two P.As by telephone.

At the previous inspection on the 24 April 2015 there were no breaches in the regulations

Good

Is the service safe?

Our findings

Relatives said, "I am totally confident in the all the staff. (My relative) is very safe with all the carers. They know them so well". "There is nothing the staff can't handle" and "(My relative) is a 100% safe with the carers. I have been able to take a step back and look after myself a bit".

Risks to people had been identified and assessed. Most of the risk assessments contained detailed guidance on how to make sure people were as safe as possible. There was detailed guidance in place for when people went out or away on holiday, when they exhibited behaviours that might be challenging, and what to do if people had epileptic seizures. Some people were identified as being at risk from choking or when using specialist equipment like handling belts. There was guidance in place to minimise the risks but not what to do if the risks did occur. This was an area for improvement. We asked the P.As what they would do. The P.As knew people well and they were clear and knowledgeable about what to do if a person did start to choke and how to keep people safe when moving them with special equipment. P.As supported people to take risks. No one was restricted from trying out new activities even if there were risks involved

PAs were aware of the reporting process for any accidents or incidents that occurred. The provider had policies and procedures to investigate and carry out any required actions to help ensure people remained safe and to reduce the risk of further occurrences.

Equipment used by people was serviced regularly and maintained. People were supported to use the equipment safely as P.As were trained to use it properly and safely. The equipment that people used in their homes like hoists, special mattresses and wheelchairs were regularly checked by outside companies to make sure they were safe. The provider told us that P.As did visual checks on equipment but had not recorded that these checks had been undertaken when they should be. This is an area for improvement.

The provider, manager and P.As were familiar with the process to follow if any abuse was suspected. They were knowledgeable in recognising signs of potential abuse and how to report abuse within the agency and to outside organisations. They had received training in safeguarding people. The refresher training for safeguarding was overdue. The manager took immediate action to address this shortfall and contacted the trainer and arranged updated training. P.As were aware of the whistle blowing policy and said they would not hesitate to report any concerns to the management or other agencies. There were systems in place to investigate and respond if any issues were raised and if any staff practice was questioned.

People were protected from the risk of financial abuse. There were clear systems in place to safeguard people's money and these were regularly audited and checked.

As P.As were self-employed and all had their own public liability insurance. This was renewed yearly and checked by the provider and manager to make sure P.As were legally covered in the event of any untoward incidences.

A relative said, "Even if they are short of staff, usually during the holiday periods, they always find someone

to cover. We have never been let down".

People were receiving care from adequate numbers of competent and skilled P.As. The number of P.As required for each visit was determined by the level of care and support each person needed. This varied at different times of the day and night. Some people required two PAs during the day but only one at night. No one had experienced any missed calls and people told us the PAs were rarely late and if they were going to be they always telephoned. The provider confirmed that no visits had been missed. The agency had sufficient numbers of P.As to meet people's needs and cover holidays and sickness absences. P. As told us if there was an unexpected absence due to sickness or an emergency then the provider or manager covered the shortfall. There was an on-call system covered by the provider and the manager. Relatives and P.As said when they had contacted the agency out of hours they had received a prompt reply.

No new staff had been employed since the last inspection. P.As were recruited safely. All of the relevant checks had been completed before P.As started work. This included an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

P. As had received training in medicine administration and their practice was observed during spot checks carried out by senior P.As. P.As were able to talk through the procedure they followed when administering people's medicines, which followed safe practice. There were detailed personal medicine guidelines available for each person to make sure people received their medicines safely and in a way that suited them best. The provider and manager said that they checked that medicines were given safely and when they needed to be given but they had not made a record of the checks. This is an area for improvement.

Relatives and P.As told us the checks were regularly undertaken. They said that the provider and manager often worked with people as part of the team and they checked that everything was in order during these times.

There were policies and procedures in place to make sure that people received their medicines safely. People's medicines were stored safely in their homes. People's medicines were handled safely. Relatives and P.As said people received their medicines when they needed them. PAs signed medicines records to show that people had been given their medicines. This included creams that were applied to people's skin to keep it healthy. P.As were trained to give special medicines for conditions like epilepsy. There were guidelines in place for when these medicines needed to be administered.

Good

Is the service effective?

Our findings

A relative said, "We are very satisfied and happy with the care. The staff are always on time. They know what they are doing. " and "The staff team are consistent they know (my relative) so well there is nothing they can't handle. The staff anticipate any problems and are able to avoid them".

Relatives told us that their loved one was always asked for consent before care was given. PAs said that they always listened to what people wanted and explained what they were going to first to make sure people were in agreement. P.As had completed training and had a good understanding of their responsibilities under the Mental Capacity Act (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care staff were aware that people's capacity to make certain decisions could vary from time to time and always checked how people were, to make sure people's human and legal rights were protected. The manager was able to explain in detail how they had acted in a person's best interest when they needed medical intervention. They had worked with the person, professionals and next of kin to use the least restrictive way to undertake the necessary intervention. However, mental capacity assessments had not been formally completed to demonstrate when people could make decisions for themselves and when they may need support. People were missing a capacity assessment for restrictions whilst using their wheelchair with a lap belt or when they were in bed and had bed rails.

We recommend that the provider seek advice from a reputable source about completing mental capacity assessments.

P.As told us that they regularly met with the provider and manager. They said that they could contact and speak to the provider or manager at any time to discuss any concerns or issues. However, regular meetings were not formally planned and not recorded so the management did not have a record to show how they dealt with issues effectively and how they monitored development and competencies of P.As. This is an area for improvement.

P.As and the provider told us that any issues were dealt with immediately. P.A's received an annual appraisal. These processes gave them an opportunity to discuss their performance and identify any further training or development they required. There were regular group meetings when P.As could discuss any issues, suggest different ways of doing things and raised ideas about how they could improve things for people.

There was a stable and consistent team of P.As who knew people well and knew how they liked to receive their care and support. They had knowledge of people's medical, physical and social needs. P.As were able to tell us about how they cared for each person to ensure they received effective personal care and support. No new P.As had been employed since the last inspection but if new P.As did start working at the agency they completed an induction training programme which included shadowing senior P.As. They completed a

probationary period before becoming a permanent P.A.

The P.As were reliable and turned up on time. If for any reason they were going to be late they let the person know. Relatives said this happened rarely. P.As always gave the care and support people needed for the amount of time that was agreed. People's visits were allocated permanently to P.As so that people received consistent care from P.As who knew them well. Each person had a small team who provided them with all the care and support that they needed.

The provider and manager made sure that people's needs were met consistently by P.As who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. Relatives told us they were confident that the P.As were well trained and competent. People had regular P.As and they were matched with P.As who had the right skills to meet the person's individual care needs. When P.As were allocated to a person the provider checked to make sure everything was going well by visiting the person and their relatives. If for any reason the person or the relative thought the P.A and person were not well matched and were not building up a positive relationship then the P.A was changed. Relatives told us that this had happened.

A range of training was provided to make sure P.As were competent and confident in their roles. Training was driven by what the P.As needed to support people receiving care. P.As told us that the training was good and discussed recent training attended and how it had informed their role. There was a mixture of essential training to keep people safe including safeguarding, moving and handling and first aid. Alongside this, care staff attended training specific to people's needs, like supporting people to eat through a special tube and had completed training in behaviours which may challenge, epilepsy and giving special drugs.

The provider and manager assessed the competencies of the P.As by observing their skills in people's homes. Spot checks were undertaken on an unannounced basis whilst they were caring for and supporting people. They observed areas like moving and handling, supporting people to eat and giving medicines. They also checked P.As competencies when taking people out in the community. One P.A said, "The manager did a spot check last week when I had taken someone out shopping".

When people needed support to make sure they ate and drank sufficiently this was included in their care plan and the P.As followed the guidance. When people needed special support with their dietary intake there was guidance from professionals and this was included in people's plans. People were supported and encouraged to eat a healthy and nutritious diet. P.As had received training on how to safely care and support people who had percutaneous endoscopic gastrostomy (PEG). PEG feeding was used when people could not maintain adequate nutrition with oral intake and a tube was inserted directly into their stomach. People received the amount of nutrition that they needed and they were monitored to ensure this continued. If people were able, they were supported to prepare their own meals. Most people's evening meals were prepared by their families. P.As took people out for lunch to local pubs and café's.

Relatives said, 'The staff take (my relative) for all their medical appointments. They are always on the ball. Nothing is ever missed".

P.As supported people with their health care needs. P.As were attentive and knew when people were unwell or may need a doctor's appointment. They supported people to attend medical appointments at their doctors or at clinics and hospital. Each person had communication book called 'All about me' which provided key information which would be of use to another agency, such as a hospital or clinic, and would help to make sure that the person received the right communication support. People were supported by P.As that knew them well and who could advocate to help health care professionals understand people's

needs.

Good

Is the service caring?

Our findings

Relatives said, "The staff are absolutely wonderful. (My relative) is the best they have ever been"."They treat (my relative) like they are one of their own family. I could not ask for more" and "The care is superb. (My relative) gets so excited and happy to see them every time they walk in the door".

The agency had a caring and respectful ethos which was demonstrated through the way PAs cared for and supported people.The management team and P.As were passionate about the people they worked with. They wanted people to live fulfilling and exciting lives and reach their full potential.

P.As were motivated and inspired to offer care that was kind and compassionate and found creative ways to overcome obstacles.The agency continually reviewed and reflected on the care given so that this approach was sustained.

The P.As, the provider and manager had a good knowledge and understanding of the people they were caring for. People received care and support from staff who knew and understood their preferences and needs. Management and P.As took the time to get to know people and listened to what care people wanted and their preferences in how this was carried out. People who were unable to speak for themselves were supported with the help of their relatives and with whatever communication support enabled them to be cared for in the way they wanted.

People received care and support from P.As who knew and understood their history, likes, dislikes preferences, needs, hopes and goals. There was information in people's care plans, like, 'I don't like my wheelchair squeaking, wind and rain, fireworks and dirty hands.' P.As were able to talk in detail about people. They knew how people preferred to be supported and what worked well for them and what did not. The relationships between P.As and people receiving support demonstrated dignity and respect at all times. P.As listened to what people said and responded to them in a way they could understand. They made sure that they pre-empted people's needs. When people were out and about P.As made sure people had access to public facilities that met their needs.

People received consistent care and were able to form good relationships with the P.As. P.As worked in teams and people received their support from the same P.As. Relatives said that they usually had advance notice of who was coming. Rotas were given to people and their relatives.

People received consistently good support from the agency. A relative told us that their loved one's privacy was always respected. They said 'They always shut the door and curtains, talk to (my relative). They talk to them all the time saying what they are going to do and what they are doing. They always listen to what (my relative) wants".

P.As were enthusiastic and supported people to be as independent as possible. A P.A explained how they supported people to maintain and maximise people's independence. P.As encouraged people to do things for themselves so that their independence was maintained as much as it could be. P.A's and relatives told

us that some people had 'come a long way' in developing their independence. One relative said, "(My relative now helps prepare meals and drinks, sorts out the washing and hangs it out. Makes their own bed. They can now tell you when they want something and you don't have to guess anymore".

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidentially.

Good

Is the service responsive?

Our findings

Relatives said, "The staff that care for my relative are very intuitive. They know if something is wrong before I do sometimes" and "They are always able to gauge (my relatives) mood and they respond in different ways depending on the situation. They know (my relative) so well".

When people first started to use the agency they were visited in their own home by the provider or manager. An assessment of the person's wishes and needs was completed with the person and a support plan was put in place. People were given a copy of their support plan before their care started. This ensured that people and their relatives were fully involved in the assessment and support process and had the opportunity to address any changes. From this information an individual care plan was developed to give P.As the guidance and information they needed to look after the person in the way that suited them best. P.As had to have full knowledge and understanding of the person and how to care for them before they were allowed to support people on their own. The provider or manager met with P.As to discuss all aspects of the care and support and how the person and their relatives wanted it to be carried out.

The care and support people received was developed and built around the person. People were at the centre and everything else revolved around them making sure they had everything that they needed. The care plans were personal and gave a full picture of the person. There was step by step detail on how people preferred to be supported with their personal care, communications, behaviours, money, medicines, meals and activities. They contained all the information needed to make sure that people received everything they needed in the way they preferred. One plan stated, 'If (person) not ready to get up, then give them a book, open the curtains and put on the radio' another stated 'Likes food to be served at room temperature. Does not like food hot or cold. Use plastic cutlery. Put food on spoon and hand to (person). Do not place wheel chair directly in front of table, but to the side so (person) won't bang head if has a seizure'.

P.As were given specific training and guidelines for people when they had conditions like epilepsy. Guidelines gave information on how epilepsy might affect the person's mood and general health. There was detailed guidance about the different types of epilepsy and what action P.As needed to take depending on the type of seizure the person was experiencing. It gave them instructions on what action they had to take to meet the person's specific needs,

Behaviour support and communication plans had been developed to meet people's individual needs. Behaviour support plans gave details on the reason why a person might show a behaviour, like boredom or being told what to do. They stated how the person might present and then gave techniques on how to avoid a behaviour that might challenge, like singing loudly or doing something silly. People were developing skills and independence. All aspects of individual people's lives were considered and planned according to what they wanted, what they could do to promote their independence and self-esteem. A relative told us how they met up every six weeks with the manager, specialist nurse and the lead P.A to review their relative's care. They told us how everyone involved with their relative had received specialist support and training to help deal with their complex needs.

People's family members were consulted with regards to care given and important relationships were nurtured, facilitated and encouraged. People's care and support was reviewed monthly in case any changes to the care and support were needed.

There was a range of activities that were made available in response to people's needs and wishes. People, relatives and P.As worked together to find out what people enjoyed doing and arrangements were made for them to participate in activities in the community. People enjoyed going out and about. The agency responded to people's requests and took people to places they wanted to go. People had been on trips to the zoo, cinema and some people went swimming and horse-riding on a regular basis. They attended local centres to meet other people and do arts and crafts and enjoyed sing-alongs. People were part of the local community. They went to the local town on a regular basis to get things they wanted from the shops or to the pub for lunch. People were supported to go on holidays with their P.As

Relatives told us that if they had any problems then the provider or manager and P.As responded straight away. One relative told us that they had not received the staff rota for the coming month. They contacted the provider and this was addressed immediately. They were very complimentary about the services provided by the agency.

A policy and procedure had been implemented to manage complaints. The procedure explained how complaints were recorded, investigated and resolved. Relatives said that they would feel comfortable raising concerns or making suggestions about the agency and were confident that they would be listened to and their feedback acted on. Everyone had information on how to complain and it was written in a format that made it easier for people to understand. The agency had not received any formal complaints in the last 12 months prior to the inspection.

Requires Improvement

Is the service well-led?

Our findings

Relatives and P.As told us that the agency was well led and everybody we spoke with was complimentary of the care they received. A person's relative commented, "You could not get better. They are all so dedicated" and 'The provider and manager come often. They help out when it's necessary. They know exactly what is needed".

Records were not always available and completed when they needed to be. The provider did not keep records of meetings with P.As, checks on equipment and checks on medicines. Documentation had not been completed for people when they needed to have their mental capacity assessed. There was a risk that issues and shortfalls might be over looked and not dealt with and followed up to make sure the appropriate action had been taken.

The systems in place to quality assure the care being provided were not fully effective. Regular meetings where held with P.As and the management to discuss any issues, concerns and any new ideas that might enhance people's lives. This information was not recorded to evidence what improvements had been made as a result.

The provider telephoned or visited people and their relatives in their homes. Satisfaction surveys were sent to people each year so they could comment on the quality of the service the agency offered and they received. The provider analysed these and if any areas for improvement were identified these were addressed immediately. The provider was not requesting the feedback from other stakeholders like specialists or doctors.

All systems within the service were not being checked by the provider and records were not completed to demonstrate that when shortfalls had been identified action had been taken to make improvements.

The provider had not ensured that the systems and processes were in operation to assess, monitor and improve the quality and safety of the service were consistently applied. This was a breach of regulation 17(1).

The provider knew that they had to notify the Care Quality Commission (CQC) of certain events, like serious injuries, death or safeguarding concerns. Providers are required by law to notify us when they move location or if there is any changes in their contact details. However, the provider had not notified the CQC when they had moved location and they had not completed the necessary documentation to re-register the location from where they were carrying out the regulated activity. For nearly 18 months they carried out a regulated activity from an unregistered location. We found this out when we started planning the inspection. The provider has since completed the necessary documentation and the agency is now in the process of being registered correctly.

The agency had been started by the present provider and manager about eight years ago. Their vision was to develop an agency which provided a tailored service to make a difference to people's lives. The provider

told us, "We want to build proper relationships with the people we support. We offer a bespoke service for people that is tailored to meet their individual needs and the needs of their families. We go out of way to make sure this happens".

The agency's focus was providing personal care and support for younger people with physical and learning disabilities. They said they wanted to make a difference by giving people choices, promoting independence and self-esteem and giving people the support and care to do this. Their values were for people to live the way they wanted to. People's relatives and P.As agreed that these values were adhered to and they were always looking for different ways to develop and support people to live their lives as they wanted to and support them to reach their full potential.

Our discussions with relatives and P.As showed that there was an open and positive culture between people, P.As and management. People, their relatives and P.As felt confident to discuss any issues with the provider or the manager. New ideas were welcomed and issues or concerns were taken seriously and sorted out.

People and their relatives thought the service was well led. They knew the provider and said they had the opportunity to speak to them whenever they wanted to. They said the provider listened to what they said. If there were any issues these were dealt with quickly and efficiently.

PAs said that they felt supported and valued by the provider and said that the whole staff team worked well together. The provider and the manager demonstrated a good knowledge of the people who used the agency.

People and their relatives were satisfied with the agency. They told us that communication with the office was very good. They said that the office telephoned when P.As were running late or if they had to change the PA who was supposed to be visiting. Relatives and P.As said that communication was good and that was one of the main reasons, they thought, the agency ran smoothly.

The agency had good links with the community including the local library, resource centres and the local heritage centre. People were able to access the local learning disability team and the resources they had when they needed to. People were able to have sessions at the sensory room and were supported by specialist community nurses, district nurses and occupational therapists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that the systems and processes were in operation to assess, monitor and improve the quality and safety of the service were consistently applied. This was a breach of regulation 17(1).