Turkish Cypriot Community Association

Turkish Cypriot Community Association

Inspection report

628-630 Green Lanes
Haringey
London
N8 0SD

Tel: 02088261081
Website: www.tcca.org

Date of inspection visit:
11 May 2016
17 May 2016

Date of publication:
06 July 2016

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

Summary of findings

Overall summary

The inspection took place on 11 and 17 May 2016. This was an announced inspection. We gave the provider 48 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the registered manager was available in the office to meet us. We last inspected the provider on 01 November 2013. This was an announced inspection. At this inspection, we found the provider to be compliant.

Turkish Cypriot Community Association is a domiciliary care service run by Turkish Cypriot Homecare. The service provides personal care to over 120 people with learning disabilities, dementia, mental health, older people and younger adults in their own homes. Most of the people who use the service and the staff speak in Turkish language. On the day of inspection 120 people were receiving services.

The service had a registered manager who has been registered with the Care Quality Commission. 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.

People and relatives told us they found staff caring, compassionate and helpful. People and relatives told us that staff listened to them and their health and care needs were met. Staff were able to demonstrate their understanding of the needs and preferences of the people they cared for, for example we observed staff caring for people in a way that maintained their privacy and dignity.

Care plans and risk assessments did not support the safe handling and management of some people's medicines. We checked medicines administration records and found that clear and accurate records were not being kept of medicines administered by staff. There were incomplete care delivery records. Care plans were detailed and recorded individual needs, likes and dislikes. Risk assessments were comprehensive and individualised. However, not all care plans and risk assessments were regularly updated and reviewed.

There were safeguarding policies and procedures in place. Staff were able to demonstrate their role in raising concerns. Staff had a good understanding of the safeguarding procedure and the role of external agencies.

There were inconsistencies in staff receiving appropriate and necessary support and supervision; we evidenced some records of staff supervision. Staff told us they attended induction training and additional training. We evidenced staff training records.

Staff files had records of application forms, interview assessment notes, criminal record checks and reference checks.

The service lacked effective systems and process to assess, monitor and improve the quality and safety of

service provided although we saw some evidence of monitoring checks of the quality and safety of the service.

We found that the registered provider was not meeting legal requirements and there were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

People told us they felt safe.

Staff understood principles of safeguarding and knew the correct procedures to follow if they thought someone was being abused.

The service did not have sufficient numbers of trained care staff and office support staff to meet with people's individual care needs.

The service did not always keep accurate records of care delivery and medicines administered. Some staff lacked understanding of their role and responsibilities in safe administration of medicines. Risk assessments were not always updated as a result people were placed at risk of harm.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received suitable induction training and additional relevant training. Staff had not been receiving regular supervision.

The service did not maintain records on people's care plans on their mental capacity assessments.

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

People told us their health and care needs were met. People were referred to health and care professionals as required.

Is the service caring?

Good

The service was caring.

The service supported people with their religious, spiritual and cultural needs. The service offered people with staff who were

able to communicate in the same language.

People and relatives found staff caring and attentive towards their needs. They told us staff treated them with dignity and respect. People and relatives told us staff treated them as individuals and listened to them.

Staff were able identify the needs and preferences of the people they supported.

People told us they mostly had the same staff team, and were informed of any changes to the staff attending them or if the staff were running late.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were not person-centred and did not include people's personal histories, wishes and preferences.

Staff understood people's individual needs and abilities. Staff reported any concerns to management.

There was a complaints procedure in place and complaints logs were maintained. People and relatives felt they were asked for their feedback on a regular basis, when they had raised concerns or made complaints they were always responded to promptly.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were some records of audits and checks to monitor the quality of the service. However, the information that was gathered from the feedback was not analysed and there were no systems to learn from the feedback to improve the service.

The service lacked a robust system to monitor medicines administration and, safety and quality of the service.

People and their relatives told us they found the management friendly and approachable.

Staff felt well supported and there was a positive culture within the staff team.

Turkish Cypriot Community Association

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 11 and 17 May 2016. This was an announced inspection. We gave the provider 48 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the registered manager was available in the office to meet us.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. We looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of one adult social care inspector.

We spoke with the registered manager, the provider's chief executive, and seven care staff. Following our inspection, we visited three people in their homes with their prior consent, and spoke to five people and seven relatives.

We looked at six people's care files and three care files kept in people's homes (with their consent) and six staff files including their recruitment, training and supervision records.

We looked at the service's statement of purpose, annual report, service user handbook, policies and procedures, accidents / incidents and complaints records, staff team meeting minutes and improvement action plans.

We contacted commissioners and safeguarding teams.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us that they felt safe. One person told us, "I feel safe with staff." One relative told us, "I feel safe with staff and trust them." People and relatives told us they usually had the same staff team which they found reassuring as staff knew how to support them. One person told us they have had the same staff for over two years.

Staff told us they had received training in safeguarding. They were able to describe the types and signs of abuse. They told us they would report any concerns to the registered manager and if they were not available then to the care coordinator. Staff were able to demonstrate their role in identifying abuse and reporting it to the relevant parties including the registered manager and the family, and the role of external agencies. The service maintained effective operations to prevent abuse of people using the service.

We checked safeguarding records, they were clear and accurate. The registered manager explained how they had supported a person and a staff member on different safeguarding cases and participated in multi-disciplinary meetings. The registered manager was able to explain the measures they had implemented to prevent similar incidences.

People told us that if they did not feel safe they would contact the registered manager, they had their contact name and office number. We looked at the whistleblowing policy. Staff we spoke to told us they had received training in whistleblowing, they were able to explain the importance of whistleblowing. The registered manager told us staff were encouraged to raise concerns, contact details of various agencies were provided to staff should they wish to contact them. Staff told us if they were not satisfied with the management's response to their concerns, they would contact CQC. One staff told us they were not happy with another staff member's care practices and that they were going to report it to the registered manager. Following our inspection we checked with the registered manager and they confirmed that the staff had raised concerns.

People and relatives told us staff always attended care calls. They told us that staff would contact them if they were running late, and office staff would contact them if there were any changes to staff attending their care calls. One person told us, "The staff are very flexible, they would stay longer than the allocated time if I needed help. I sometimes call the office on the day to request changes to the time of the care calls and they are happy to adjust with the changes."

People and relatives told us they never had missed care calls. People told us staff always attended care calls.

The registered manager told us they had not missed any care calls. The registered manager told us they maintained a web-roster system that helped them identify whether care staff were booked on care calls or available and free. The system also helped identify which staff had visited people before, and was aware of people's specific needs and abilities. We saw staff's names against people receiving care, the time and duration of care calls on the web-roster system. No missed care calls were seen on the web-roster system.

The registered manager also recorded care calls that had not been completed, as people receiving the services were not available. These were also recorded on web-roster system.

We found detailed risk assessments in place that met people's individualised needs however, not all were updated. Risk assessments were for areas such as medication, security / emergency, falls and personal care. The registered manager told us that the risk assessments were reviewed every year and during the year if people's needs changed. However, three out of six risk assessments were out of date by two years. Two care files at people's home had no risk assessments. These people needed help with all transfers and one of them was supported by staff with medicines administration. This meant people's current level of needs and abilities were not taken into consideration thereby putting people at risk of harm. At the time of our inspection, the registered manager was in process of updating and reviewing people's risk assessments. Staff we spoke to demonstrated a good understanding of people's health and care needs.

We noted that the staff were not provided with information on people's risk assessments and care needs in an accessible manner, as the care plans and risk assessments were in English. However, not all staff could read English. We spoke to the registered manager; they told us that they were in process of translating care plans and risk assessments into Turkish language. The registered manager told us they briefed staff verbally on people's risk assessments and care needs before they attended care calls. Staff told us they were given information verbally by the registered manager on people's health and care needs before they attended care calls.

We viewed medicines administration record (MAR) sheets, there were gaps in them. The MAR sheets were incomplete, not clear and difficult to understand. For example, one person's MAR had records missing for two days. Another person's MAR had records of different doses of medicines administered over a period of one month. We asked the registered manager, they told us the changes were requested by the person's doctor. However, we could not find any records that clarified reasons for the changes in their care plan, care delivery logs or MAR.

Staff were able to explain how they administered medicines. Some staff told us they administered medicines even though they knew they should not as the person's care plan did not require them to administer medicines. They felt they had to as the people they were supporting did not have any family support. Staff they did not report this to the registered manager. Some staff told us they administered prescribed pain relief gel / cream when people complained about pain. However, they did not record this in MAR sheet or daily care records. This meant staff were not always administering medicines including PRN in a safe manner.

The registered manager told us that at times staff collected medicines from the pharmacy but records were not maintained for medicines collection. We looked at the medicines policy and found that the section on recording of medicines collection was ambiguous. We discussed it with the registered manager; they told us they would review the medicines policy.

The above evidence is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and the chief executive told us they were in the process of restructuring the team. There were plans to recruit another care coordinator to support the registered manager in supervising care staff team and quality monitoring. The registered manager told us they were planning to recruit more care staff to meet the increased number of care calls. The registered manager told us they maintained a pool of bank staff who they would contact if staff were absent. The registered manager told us they did not use

agency staff. The registered manager told us they had a good staff team, but were aware they needed more staff.

The registered manager told us they recognised that staff in the office were feeling overworked. They told us they knew there was a need to recruit office support staff. Some staff agreed that there was a need for more office support.

We looked at six staff files; all had records of the application form, interview assessment evidence, copies of identity documents to confirm people's right to work, Disclosure and Barring Service (DBS) criminal checks and reference checks. References were not always verified by company stamp or headed paper. We looked at recruitment policy and it stated, 'a minimum of two referees will be contacted, one of whom must be the applicant's current, or most recent, employer.' However, not all referees met this criterion.

We spoke to the registered manager; they told us it was not always possible to get references from the applicant's current, or most recent, employer as some of the applicants had not been working due to caring responsibilities.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us they were happy with the care provided by staff. They felt staff knew their health and care needs and were able to provide the right support. People told us "the staff are good and they help me with my health and care needs" and a relative said, "staff are brilliant they support my family member very well."

People and relatives told us staff gave them choices and asked permission before supporting them. People and relatives told us they found staff skilled and experienced in delivering care. One person told us, "The staff know me very well, they know from my facial expressions if I am in pain or not happy about something. They always ask me what and how much I want, my needs are fully met."

One relative told us, the staff speak the same language as my family member and that is extremely important for my family member.

Staff told us they felt well supported by management. Staff told us if they needed help they would either call the office or visit the manager.

Supervisions and appraisals are important tools to ensure staff have structured opportunities to discuss their training and development needs with their manager. We looked at six staff files; all of them had annual appraisal records. However, staff had not been receiving regular supervision. Some staff told us they did not remember the last time they had received supervision. Some staff told us it was last year.

We checked the provider's staff supervision policy; it stated staff should receive formal supervision at 3-month intervals. We looked at six staff supervision records. We found some staff files had no supervision records for the last year and some had a gap of six months between supervision sessions. This meant the provider was not following their policy and staff were receiving insufficient support to enable them to carry out their responsibilities. The registered manager told us they were behind with supervision due to care coordinator's long-term staff sickness absence.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received relevant training. They gave examples of the training they had completed. They said the training was very helpful and delivered at the right pace. Staff said they were able to understand training content better as some of the sessions were delivered in their preferred language.

The registered manager told us the service was Council for Awards in Care, Health and Education (CACHE) accredited which allowed them to deliver training in-house. This meant they had flexibility in how and when they delivered training sessions. They had a dedicated training manager who was responsible for planning and delivering training. We looked at the staff training matrix that clearly detailed staff names, training courses staff were booked on and staff training gaps.

Staff attended Care Certificate induction course that they commenced as soon as they were selected for the role and before they started work. The induction included training around communication, safeguarding, moving and handling, health and safety and first aid. Staff also received additional training in medicines administration, dementia, nutrition and hydration and person-centred care. We saw the staff induction training programme and completed records. We saw training certificates.

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.

Staff understood people's right to make choices about their care. However, not all staff were able to explain how they implemented this in their role. Staff told us they had not received training in MCA and DoLS. The registered manager confirmed a formal training on MCA was not being offered to staff. This meant that staff were not always aware of people's legal rights.

We found care records made no reference to people's capacity. There were no records in the care plans for staff to know when to support people to make decisions. People's care plans did not state who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care. This meant staff did not always know who to contact when necessary.

Domiciliary care agencies must make Deprivation of Liberty Safeguards (DoLS) applications to the Court of Protection where appropriate. This is undertaken by making a DoLS request to the local authority as the Statutory Body.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed the daily care records, there were gaps in them. The daily care records were incomplete, not clear and difficult to understand. Daily care records content was repetitive and did not give detailed information on how people were being supported. We were particularly concerned that some daily care records were completed by staff in English but some staff who were on the later shift could not read English. We spoke to the registered manager; they told us daily care records were a challenge due to language issues. They told us they were planning to enrol staff in ESOL classes to improve their written and spoken English skills.

We found some staff supported other staff that were not able to write in English by completing daily care records for them. We were concerned about this, as staff completed daily care records for other staff before they had even started their shifts. This meant daily care records did not always give true details on how the person was supported including nutrition and hydration intake.

The registered manager told us they were behind on paperwork due to care coordinator's long-term sickness absence. They told us with the new plans of recruiting more office support staff they would be able to catch up with the paperwork.

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

People and relatives told us their nutrition and hydration needs were met. One person told us, "I am not

able to take processed fruit juice because of my health condition; the staff prepares fresh fruit juices for me every day". A relative told us, their family member liked specific food for breakfast from a specific bakery. Every morning staff asked their family member what they would like to eat; staff would then go to the bakery to buy the requested food items. Another person told us, "I am vegan and staff makes sure to give me food that meets my dietary preferences."

People and relatives told us staff and management contacted health and care professionals as and when required. One person told us, at their request staff would arrange doctor's appointments and support them at the appointments. We evidenced records of correspondence and referrals to various health and care professionals.

Good

Is the service caring?

Our findings

People and relatives told us they found staff very caring and friendly. People told us, "staff are friendly and nice", and "I trust staff, they are caring and friendly". Relatives' comments included, "staff are friendly, trustworthy, caring and kind" and, "staff are very cooperative, friendly and supportive."

At our visits, we observed staff interacting positively with people and their relatives. Staff had time to chat with people and there was good eye contact. Staff and people were seen having relaxed conversations. Staff showed a caring attitude towards people. Staff listened to people's requests attentively. We observed one staff member encouraging and supporting a person to engage in some chair exercises. We saw people reacted positively to staff's presence.

Staff we spoke with were able to describe the needs, wishes and preferences of people they cared for. Staff spoke passionately about their job and the relationship they had established with people they cared for. One member of staff told us. "I enjoy working as a care worker and I like what I do" and another staff told us, "I like helping other people, I try my best to help others."

Staff we spoke to have had a history of working in the care sector and in a caring role for over five years. Staff told us they connected with people as they were able to communicate in their language and understood their cultural and religious needs. Some staff even attended people's funerals.

People told us staff called them if they were running late, and office staff would call them if there were any changes to the staff attending them.

People felt they were involved in planning and making decisions about their care. The registered manager told us; at the time of the initial referral they engaged with people and their relatives to identify people's needs, wishes and preferences. The registered manager told us the same process was followed once a year whilst reviewing people's care plans.

One person said, "The staff listens to me and helps me". Another person said, "The staff are perfect, they are very good, they treat me like a family member. They take my feelings into consideration and respect my privacy."

One relative said, "I am glad staff can speak in our language, they are caring and friendly, very happy with the service." Another relative said, "the staff are able to communicate really well with my family member, they speak the same language, they listen and are patient."

Staff were able to describe the importance of preserving people's dignity when providing care to people. Staff told us they ensured the doors and curtains were closed when supporting people with personal care to maintain their privacy. One relative told us, "staff maintain my family member's dignity, listens to them, shares jokes with them and respects their privacy." One person told us, "They brush my hair the way I like and are very gentle in their approach."

The registered manager told us there was a service user guide / handbook that detailed all the information people receiving care needed to have. They told us that before they gave the service user guide / handbook to the person and their family they asked them what language they would prefer it in. However, we found copies of service user guide / handbook at only two people's homes and those copies were in English, not in the languages that some of the relatives preferred and understood. The registered manager told us they would ask people and relatives, again, to make sure they had copies of service user guide / handbook in their preferred language.

Staff told us they supported people to remain as independent as they could. One relative told us, staff encouraged and supported their family member to feed themselves. One person told us, "I am not able to do a lot of things by myself due to my health condition, but staff always encourages me to do things no matter how small they are."

We saw people's personal information was stored securely which meant that their information was kept confidentially. Staff were able to describe how they maintained people's confidentiality; they did not discuss people's sensitive information with other people and staff members.

Requires Improvement

Is the service responsive?

Our findings

People and relatives said that staff were responsive to people's health and care needs. Staff understood importance of person-centred care. One relative told us, "the staff are very helpful.", and "my family member loves the staff that support them, they give them massages and support them at their pace". One person said, "The staff are very supportive and knows me well." And another person said, "The staff know me very well, they cook what I ask them to cook, they encourage me to go out and are flexible with time."

People told us they mostly had the same staff team, with mainly one staff member as the lead, and other staff as support. One person told us they have had the same staff team support them for nearly eight years. People told us they were informed of any changes to the staff attending them. One relative told us, "The staff were usually on time, and they always called if they were running late. Office staff would call us if there were any changes to the staff attending the care visit." One person said, "The staff always calls me even if they are running late by five minutes."

The registered manager told us, people were being supported with their culturally specific needs, for example, people were assisted with religious prayer arrangements, supported to visit religious centres, assisted in preparation for festivals' arrangements and preparing meals that meet people's culturally specific diet needs. Staff told us they wore protective shoe cover at a person's home in order to meet their religious specific needs and wishes. At a home visit, we evidenced staff wearing a protective shoe cover.

People and relatives told us staff supported them with their culturally specific needs. For example, one person told us their culturally specific dietary needs were met, staff cooked food according to the required specifications.

The registered manager told us, they recruited staff that were from similar cultural backgrounds so that they had a good understanding of people's cultural needs. The registered manager told us staff were allocated to support people who were able to speak the same language. People and their relatives told us, they were glad to have staff who could speak in their language.

One relative said, "The staff and my family member have a special bonding which is only possible as they speak the same language. In the past, we have had had staff from other agency who did not speak the same language and my family member was withdrawn. But now they share jokes, gossip and discuss Turkish television soaps. My family member sees staff as a companion."

We viewed people's care plans and found not all had sufficient information to help staff provide individualised care. Some care plans did not include people's personal histories, information about their background, religion and spiritual needs, and wishes and preferences such as favourite food or television programmes.

The registered manager told us they were aware that the care plans needed to be person-centred including personal histories. The registered manager informed us they were updating care plans and were receiving

support from one local authority.

We looked at six care files. We found only two people's care files had updated care plans. The rest of the four care files had out of date care plans. One person's care file in their home, had an out of date care plan, and we could not find care plan at another person's home. This meant staff were not always informed about people's health and care needs.

The registered manager told us, one person's care plan was reviewed but was not filed in the care file. The registered manager told us, they were understaffed as the care coordinator was on long-term sickness absence. This meant they were behind updating and reviewing care plans.

We found people's care plans were in English however, not all staff could read in English. Staff we spoke to told us, the registered manager briefed them on people's care plan before their care visits. We asked the registered manager about the care plans being in the language that not all staff understood, they told us there were plans to translate care plans in Turkish language.

Despite of the lack of information in people's care plans, staff were well aware of people' histories, background and wishes and preferences. This was because staff took time to ask people about their likes and dislikes. They listened to people and their wishes. One person told us, "The staff listens to me and are patient with me. They take my feelings and wishes into consideration."

We saw the complaints and compliments policy. We also looked at the complaints log and there were clear records of complaints that were made and actions taken. People and their relatives told us their concerns and wishes were always listened to and acted on promptly. One relative said, "Initially, communication between staff and my family member was not great. The staff spoke in their languages in front of my family member. I complained about this to the registered manager and the staff were disciplined. Since then staff have never spoken in their languages when they are supporting my family member."

The registered manager told us they gave information on how to make a complaint to all the people who use the service and their relatives. The registered manager told us, they encouraged people and their relatives to raise complaints by reassuring them of the process, and ensuring confidentiality wherever possible.

People and relatives told us office staff contacted them every two weeks to ask if everything was okay. They told us they were asked to complete a feedback questionnaire once a year.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post. People and relatives told us they were happy with the staff. One person said, "staff are brilliant" and one relative said, "The staff are excellent, could not have asked for anyone better". People and relatives told us they were able to speak to the registered manager, and their messages and calls were always returned. Relatives told us if the registered manager was not there they could speak to the care coordinator or the administrator. One relative said, "The registered manager was nice and I feel comfortable calling them if I wasn't happy".

Staff told us they felt well supported by the registered manager and they felt comfortable in visiting the office unannounced. They told us the registered manager always made time for them. The registered manager told us they had staff meetings every month. The staff meetings were for office staff. We looked at staff team meeting minutes.

Staff told us they were listened to and their suggestions were taken on board. For example, one staff told us they observed changes in the person's abilities that they were supporting, the staff asked the registered manager to visit the person. The registered manager reviewed person's risk assessments and an additional member of staff was allocated. They felt they were consulted by management on matters related to people they were supporting. The service had an open and positive culture that encouraged people to raise concerns and make suggestions. Most of the staff we spoke to had been working with the provider for over five years.

The registered manager was not able to find records and documents easily. The registered manager told us they recognised the need to review the filing system.

There were records of audits and spot checks to monitor the quality of the service. However, spot checks were not carried out on a quarterly basis as mentioned by the registered manager. We did not see a policy on quality audits to confirm the duration of spot checks. We were not able to see all the records of spot checks. We could not evidence any analysis of the audits. The only feedback that was gathered was from the people and their relatives. There were no systems in place to seek feedback from staff and professionals.

There was no system of learning from the feedback to improve the services. The registered manager told us due to work demands they were unable to evaluate the feedback forms and learn from them.

The registered manager told us they were planning to introduce an electronic monitoring system specifically to enable quality monitoring. The registered manager told us they would introduce care delivery records and medicines auditing processes that would interlink with the quality audits.

The chief executive of the service told us they were updating the company website to make it user friendly and interactive. The website would consist of training resources including training videos to enable staff to access them remotely. They told us, policies and procedures will be available online under secured members' access. We were able to view the work in progress model of the website. The chief executive told

us the new website would be launched very soon.

However, the provider did not have robust data management systems and processes in place to assess, monitor and improve the quality and safety of service provided in the carrying on of the regulated activity including the quality of the experience of service users in receiving those services.

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

People and relatives told us they were asked for informal feedback on a regular basis and formal feedback via questionnaires once a year. The registered manager sought feedback in a formal manner once a year. We saw completed questionnaires for the year 2015. The overall feedback was positive.

We checked the service's action plans with one local authority. The registered manager was working closely with one local authority to improve various aspects of the service.

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 11 HSCA RA Regulations 2014 Need for consent The provider had not made sure that care and treatment was provided with the consent of the people. Regulation 11 (1) (2) (3) (4)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not made sure that care and treatment was provided in a safe way to people receiving care and support. Regulation 12 (1) (2) (a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and process in place to assess, monitor and improve the quality and safety of service provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Regulation 17 (2) (a) (c)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate and necessary support, training, professional development, supervision and appraisal to enable them to

carry out their role effectively. Regulation 18 (2) (a)