Flexi Care and Support Limited

Flexi Care & Support

Inspection report

Barnsley Business And Innovation Centre
Snydale Road, Cudworth
Barnsley
South Yorkshire
S72 8RP

Tel: 01226710588

Date of inspection visit:
01 November 2017

Date of publication:
01 January 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection of Flexi Care and Support took place on 1 November 2017, with follow up telephone calls being made to people who used the service, their relatives and staff on 2 and 3 November 2017. The inspection was announced. The service had been registered with the Care Quality Commission since December 2016 and this was the first inspection of the service.

Flexi Care and Support is a domiciliary care provider, providing personal care and support to people living in their own homes, with a focus on supporting and promoting independence and re-ablement. Services are provided to people with a wide range of needs such as adults with learning difficulties, adults whose behaviour is deemed challenging, people with mental health issues, people living with dementia, people with physical disabilities or with multiple diagnosis. There were 12 people using the service at the time of our inspection.

The service did not have a registered manager in post at the time of our inspection, although the substantive manager, in day to day control, had applied to register and their application was being considered by the Care Quality Commission. Since the inspection took place, the manager has 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 their family members told us they felt safe. Staff had received safeguarding training in order to keep people safe and staff demonstrated a good understanding of what to do if they were concerned anyone was at risk of abuse or harm. Safe recruitment practices were in place, which meant staff had been recruited safely. Risks had been assessed and reduced where possible.

The registered provider had a system in place to record accidents and incidents. Where an incident had been recorded, appropriate actions had been taken. There was an effective out of hours' telephone service, which people and staff could use, in case of emergencies.

Staff were trained to manage and administer medicines to people and their competency was regularly assessed. There were some gaps in medication administration records and these required more robust auditing. We have made a recommendation about the management of medicines.

People received effective care and support to meet their needs. People and their relatives felt staff had the necessary skills and training to provide effective care and support. Staff told us they felt supported and we saw staff had received an induction as well as ongoing training, development and supervision.

People were supported to have choice and control of their lives and staff supported people in the least restrictive ways. However, care and support was not always provided in line with the principles of the Mental

Capacity Act 2005 and records showed assessments of mental capacity, as required by the Act, were lacking. We have made a recommendation about complying with the requirements of the Mental Capacity Act.

People told us consent was sought prior to care and support being provided and this was evident from the care records we reviewed. However, formal written agreements which the registered provider had devised had not been consistently completed.

People we spoke with told us staff were caring. The staff we spoke with were enthusiastic and were motivated to provide good quality care. People told us staff respected their privacy and dignity. People were encouraged to maintain their independence.

Care and support plans were detailed and personalised, taking into account people's choices, preferences and diverse needs. People told us they could make their own choices and the service was responsive and flexible to their needs.

Regular audits and quality assurance checks required further development in order for the service to improve. Staff told us they felt supported and people felt able to contact the office in the knowledge they would be listened to. Complaints were managed and responded to effectively.

We found a breach of regulation in relation to good governance. 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.

The recording of the administration of people's medicines was not safe and effective.

People told us they felt safe and staff understood signs of potential abuse and could explain what action they would take if they had any concerns.

Risks to people were considered and measures were in place to reduce risks.

Is the service effective?

Requires Improvement

The service was not always effective.

Care and support was not always provided in line with the principles of the Mental Capacity Act 2005.

The values and ethos of the registered provider meant the needs of people with protected characteristics were met.

Staff had received relevant induction, support and ongoing training.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were caring and they had positive relationships with staff.

People's diverse needs were understood by staff.

Staff were motivated to provide good quality care.

People's privacy and dignity were respected and people were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People told us the service was flexible to meet their needs.

Care plans were personalised, enabling people to receive support that was appropriate for their individual needs and preferences.

People felt able to raise any concerns with the confidence they would be dealt with. The registered provider had a clear complaints policy.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Staff and people told us they felt the service was well-led.

Further development of quality assurance systems and audits were required in order to continue to develop and improve the service.

There was an open culture and the vision and values of the service, of promoting independence and re-ablement, were understood and put into practice.

Flexi Care & Support

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 1 November 2017, with follow up telephone calls being made to people, relatives and staff on 2 and 3 November 2017. The registered provider was given 24 hours' notice because the location provides a personal care service and we needed to be sure someone would be in the office. The inspection was carried out by an adult social care inspector. Prior to our inspection, we looked at the information we held about the service. We reviewed information we had received from third parties and other agencies, including the safeguarding and commissioning teams of the local authority. The local authority confirmed, at the time of this inspection, they did not have a contract with the registered provider.

The registered provider completed a Provider Information Return (PIR). 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. We used this information to help form our judgements.

As part of our inspection we looked at four care files and associated records such as daily notes, and medication administration records. We inspected four staff files, including recruitment and training records, records relating to quality assurance and audits and policies and procedures. We spoke with three people who used the service, four relatives of people who used the service, a director, the manager, three care and support workers and a health care professional.

Requires Improvement

Is the service safe?

Our findings

We asked people and relatives whether they felt safe with the care and support they received from Flexi Care and Support. Everyone we spoke with confirmed this. One person told us they felt safe because, "Staff are well trained," and, "They [staff] come on time." A relative told us, "Yes, I feel [name] is safe, definitely. [Name]'s very happy. I'd know if not."

Staff told us they felt safe working for the registered provider. One staff member told us, "Yes I feel safe. There's always a risk with this sort of work. I read the challenging behaviour plans. They're really good."

People received support at a time that had been agreed. Staff confirmed to us they were paid for travel time and this meant they did not feel rushed between calls. A relative told us, "They're always punctual." A further relative told us, "They're always on time."

The registered provider had a safeguarding and whistle-blowing policy in place. A whistle-blower is someone directly employed by the registered provider, or someone providing a service for the registered provider, who reports concerns where there is harm, or the risk of harm, to people. All of the care and support staff we spoke with demonstrated they understood different types of abuse and were aware of signs that may indicate someone may be at risk. This meant people who used the service were protected from the risk of abuse, because the registered provider had a policy in relation to safeguarding and staff understood this.

Some people received support to take their prescribed medicines. Staff had received specific training regarding managing medicines. Following their training, staff competency was assessed to ensure they were safe to administer medicines. The relatives and people we spoke with, who were supported to take medicines, told us they were confident staff had the necessary skills and experience to do this effectively. Staff we spoke with told us they felt their training was sufficient and they felt confident administering medicines.

We looked at a sample of medication administration records (MARs), which had been returned to the office. We found some gaps in recording, such as missing signatures on some records. Furthermore, the records for one person, who had been prescribed 'as required' medicines, to be taken as and when necessary, did not state the dose staff should administer when this was needed.

The registered provider's medication policy stated, 'Supporters [staff] MUST seek agreement with a manager before giving any 'as and when' required medicines, including paracetamol.' We saw from the MARs we reviewed some people had been administered, 'as and when' medicines. However, there was no indication or record the staff member had sought agreement with a manager, as outlined in the registered provider's policy. We raised this with the director who advised for certain medicines staff were not required to seek agreement. However, this was not in line with the registered provider's policy and we therefore advised this be reviewed.

We recommended the registered provider review national guidelines relating to managing medicines for adults receiving social care in the community.

We found a lack of auditing of MARs and therefore these recording errors had not been brought to the attention of the manager or director until we identified the issues during our inspection. The manager and director told us they reviewed people's MARs regularly, but no records were kept of this. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because effective systems and processes, such as regular audits, were not in place to monitor and improve the quality and safety of the service and records were not accurate and complete.

Care records were written with due regard for specific risks relating to people, such as those associated with moving and handling or behaviour management. It was clear some risks had been considered as part of the care planning process and plans contained details and instructions for staff to follow in order to reduce risks to people. Where staff assisted people in their own homes, environmental risk assessments had been completed in relation to people's properties. However, some individual risk assessments were lacking in the support plans we inspected, in areas such as assisting people with medicines and accessing the community. The director confirmed they were in the process of reviewing risk assessment documentation to ensure this was relevant and effective for each person. We were provided these assessments following the inspection and saw these had been developed prior to the inspection.

Some people were assisted to move by care and support workers. We saw detailed moving and handling plans were in place, which helped to ensure staff assisted people safely and appropriately. These included specific information relating to the person and their mobility aids and included pictures which showed staff how to use this equipment safely. This helped to keep people safe because staff received appropriate information in order to assist people to move safely. All of the staff we asked told us they had received practical moving and handling training.

Some people required regular observations at night time. We saw one care plan stated, 'My team members will need to complete hourly checks while I am in bed.' We checked this person's daily communication journal which showed the checks had been made. Furthermore, when the person had been feeling unwell, the observations had increased to half-hourly to ensure the person's safety. This showed staff followed the support plan and, as a result, the person's safety was maintained.

Some people who used the service experienced behaviours which they, or others around them, found challenging. We saw detailed risk management plans were in place to support people and staff to manage this. These plans included information relating to how to identify triggers for specific behaviour and how to support the person effectively. This helped to keep the person, and those around them, safe. The staff we spoke with demonstrated they had read these plans and understood how to support people effectively. A relative of a person who experienced challenging behaviour told us, "They [staff] sail through [name]'s challenging behaviour. They're really effective."

The registered provider had a 24 hour on call service, which helped to ensure people's safety. This meant people, relatives and staff could contact the manager or director for support at any time. A care and support worker told us, "Support is only a phone call away. If I have a problem, I phone the office." A system was in place to log and record accidents and incidents. Records showed there had been no accidents and only one incident had been recorded. Records from this incident showed appropriate actions had been taken. Staff understood their responsibilities to report incidents and measures were in place to learn lessons.

We looked at staff rotas and these showed consistency of staff. Further, the rotas showed new staff were

supernumerary and shadowed more experienced members of staff, prior to providing care and support to people. This meant people were provided with care and support from staff who were familiar with their needs.

We inspected four staff recruitment files. We found safe recruitment practices had been followed. For example, the registered provider ensured reference checks had been completed, identification had been checked and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

People were protected from risks associated with infection prevention and control and staff had access to adequate supplies of personal protective equipment (PPE).

Requires Improvement

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to provide effective care. We asked people and their relatives whether they felt staff were skilled and knowledgeable. One person told us, "New ones [staff] shadow others first so they know what they're doing." A relative told us, "They're very effective. I'm confident in their abilities."

Staff told us, and records showed, staff received an induction into their role, which included shadowing more experienced members of staff. One member of care and support staff told us, "It's a supportive team."

Staff completed training in line with the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

We looked at training records and the training database. This showed staff received training in essential areas of care such as safeguarding, moving and handling, managing medicines safely, infection prevention and control, fire safety, food hygiene, the Mental Capacity Act 2005 and positive behaviour management. The director and manager maintained an overview of training to enable them to prompt staff when refresher training was required. Having up to date training helped to ensure staff were following current best practice guidelines.

Some staff had received additional, specific, training when this was necessary. For example, a health care professional had provided training in relation to tracheostomy and suction care. A tracheostomy is an opening created at the front of a person's neck, so a tube can be inserted into the windpipe to help a person breathe. This showed staff received specific training to enable them to provide safe care and support to people.

Staff received regular supervision and support. We looked at records of supervision and found areas discussed included progress of the team member, learning and development and support needed. Records also showed where areas for improvement had been identified, these were discussed with the team member and action taken as a result. This showed staff received regular supervision.

We saw staff recorded their time of arrival and the time they left each call in people's journals. Records showed, and people confirmed, staff stayed for the duration of the person's call. The registered provider was in the process of procuring an electronic call monitoring system. This is a system which records electronically when staff have arrived and left people's homes. The manager and director were looking at improved call monitoring systems.

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.

We checked whether the service was working within the principles of the MCA and whether the provider had properly trained and prepared their staff in understanding the requirements of the MCA. Training records showed staff had received training relating to the MCA and they demonstrated an understanding of the principles of the MCA.

The director told us some people who used Flexi Care and Support lacked capacity to make some decisions. Where people had capacity to make all of their own decisions and choices, this was clearly documented in care records. However, for other people who required support to make decisions, records did not indicate whether the person had capacity to make specific decisions, as required by the MCA. One person had a behavioural management plan in place and this had been agreed in the person's best interests, with the involvement of the person's family. A best interests decision can only be made for an adult if they are assessed as lacking capacity to make that particular decision for themselves. However, there was no assessment or record to show the person's capacity had been assessed. Therefore, although it was clear the registered provider was acting in the person's best interests and this was proving beneficial to the person, the registered provider was not acting in accordance with the MCA.

We recommended the registered provider access national guidance and regulation in relation to the MCA, in order to ensure compliance with the Act.

All of the care records we sampled indicated consent must be sought prior to support being provided and the daily communication journals we reviewed showed people's wishes had been respected when they refused support. For example, one journal showed staff had offered to assist a person to contact their GP, but the person refused. This was respected and staff offered again at a later date and again respected the person's choice, because they had capacity to make their own decisions relating to their healthcare. This showed staff understood the need for consent. Further, the staff we spoke with indicated they understood the need to obtain consent.

Care records contained a document which stated, 'I agree that the support plan reflects the support which [Name] requires and accept the plan will be reviewed annually unless there are significant changes.' There was a space for the person, their representative or advocate if appropriate and the registered provider to sign. We noted these were inconsistently completed. Some had been signed and others had not and some had been signed by a representative. Where a representative had signed, it was not clear whether the representative held Power of Attorney for the person's health and welfare and therefore whether the representative had the power to consent on behalf of the person. We discussed this with the manager and director. They showed they understood that only those with appropriate power could consent on behalf of others and agreed to give this area further consideration.

Some people were supported with their nutrition and hydration needs and staff had received appropriate training in this area. One person's support plan stated, 'I can and will make choices about what food I want to eat but need my supporters to offer me healthy options.' The staff we spoke with showed they had an awareness of this and explained how they supported and encouraged people to eat healthily.

In one of the daily journals we saw, it was evident staff were aware of how to ensure food was stored appropriately and used within the specified period. Records showed people made their own choices regarding their meals. This showed people received support to meet their nutrition and hydration needs.

Staff were aware of how and when to make referrals to health care professionals, to enable people to receive wider support to meet their health needs. Records showed staff had offered to contact health care professionals when this was appropriate.

Good

Is the service caring?

Our findings

We asked people and their relatives whether staff were caring. One person told us, "Staff are good. They're kind." Another person said, "I like the staff." A relative told us, "[Name] looks forward to them coming. They're been brilliant." Another relative said, "Staff are kind and helpful. I'm very pleased." A further relative told us, "I can't speak highly enough of them [staff]."

The care and support workers we spoke with were motivated to provide good quality care and support. A care and support worker told us, "I love this job. It's wonderful." Another said, "I love this kind of work. It's so rewarding."

Throughout our inspection we heard the manager and director speaking with different people who used the service. This was always done in a professional, friendly manner and the manager and director clearly knew people's needs well. We heard a director speak with a person on the telephone. The director was respectful and helpful to the person, clarifying information for the person in relation to what a doctor had said at a recent appointment. The director reassured the person, as they appeared anxious.

Consideration had been given to people's religious, cultural and ethnic needs and this formed part of the support plans. Where people had religious needs we saw this was recorded in their care plans. One plan indicated the specific place of worship a person attended and highlighted the importance of the person attending. A member of staff told us, "If a person has specific cultural needs, this is shared with us before we go [to the person's home]." We were also told by another member of staff, "It's in the support plan. I always read them."

People's support plans and records were stored securely in a locked cabinet in the office. We asked a member of support staff how they stored information relating to people's confidential information, such as key safe numbers. This member of staff told us, "I was told the key safe number. If I forgot it, I'd ring [manager], but I wouldn't write it down." This showed staff were aware of the importance of ensuring information was secure.

People told us they felt their privacy was respected. One person told us, "Yes, staff respect my privacy. I have no problems there at all." The registered provider had a policy relating to staff use of social media and networking. This made clear staff must not make any reference to Flexi Care and Support or the people they supported through this method. This showed the registered provider understood the importance of respecting people's information and privacy and this was communicated to staff.

People were encouraged to maintain their independence and make their own choices. We heard a conversation between the director and a person, which showed the person's choices were respected in relation to their day to day activities. The person had changed their mind about the method of transport they wished to use and this was respected.

People's care plans included information relating to their preferred level of independence. For example, one

plan indicated the support the person required from staff but also indicated when staff should wait outside of the room, such as when the person was undertaking personal care, in order for the person to have some privacy and independence. This showed maintaining independence was considered at the care planning stage.

Care records indicated people maintained choice and control of their lives where possible. For example, one record stated, 'I will inform my team members when I am ready to go to bed.' We heard a director speaking to a team member on the telephone, confirming the person they were supporting could go to bed whenever they wished, because they had capacity to make their own choice. This showed people had choice and control over their support.

Staff explained to us how they encouraged people to maintain their independence, for example by encouraging people to order their own food, or counting their own money when making purchases. This practice was also embedded into care plans, making clear people should be encouraged and enabled to be as independent as possible. A relative told us staff did not wear uniforms. They told us this was important to their family member, so they did not feel as though they were with a 'carer.'

A relative told us, "They [staff] encourage [name] to tidy their room and to vacuum. They encourage independence as much as they can."

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. One relative said, "Whenever I ask for a change, they'll change times. They're very accommodating. Very flexible indeed." Another relative told us, "They've been very flexible." A person who was supported by Flexi Care and Support said, "I have full control. They know how I like everything. They know my needs, but I'm in control."

We spoke with a health care professional who told us "They appear to be responsive. They request advice when they need to. Feedback from [name of person] is that they're responsive to any changes."

We reviewed four care records and support plans. All of the plans we inspected were written in the first person and included photographs and relevant pictures. It was evident people or their relatives had been involved in care planning and everyone we asked confirmed this. One plan stated, 'I require support to ensure that I am comfortable and I can give guidance throughout. I have my own ways and I am aware that they may sound / look strange but I know when I am comfortable.' This showed the person had been involved in developing their plan and their wishes had been considered.

All of the care records we sampled were up to date and contained relevant information. Care records contained key contact information such as GP, social worker and family details. Plans were detailed and included information which provided a background history of the person and information such as the person's likes, dislikes, preferences and interests. People's diverse needs were considered and information relating to religious needs was included. The support people received enabled people to express their sexuality if they wished. A director and manager were both responsible for initial assessments of people's needs, prior to people being provided a service by Flexi Care and Support. They were aware of relevant legislation and regulation regarding equality and told us this was considered during the care planning process. This was evident from the care records we sampled. This showed the staff responsible for developing care plans were aware of their importance and of treating people as individuals.

Detailed information regarding the level of support people required in different areas of care such as personal care, mobility, staying healthy and communication was included in care plans. This included information relating to the person's preferred routine and how they liked to spend their time. In one of the care plans we sampled, we saw the plan contained a photograph of the colour the person preferred their cup of tea. Other plans included a picture of the person undertaking various activities and showing how to appropriately support the person. This further showed plans were personalised to each individual.

For people who were living with specific conditions, their care records contained relevant detail to provide staff with information, which enabled staff to provide appropriate support. Staff were aware of the content of people's support plans and people and their relatives confirmed to us staff supported people in accordance with their plans. All the staff we asked told us they read people's support plans. This meant people were provided with care and support in accordance with their plans of care.

Staff knew people's needs well. A relative told us, "It was apparent in a short space of time how well they

[staff] got to know [name]." A further relative said, "They spent time finding out what [name] liked to do. They had lots of ideas and options."

Some people received support to access community amenities or to attend places of their own choice in their free time. The director told us it was important to focus on people's abilities and they had researched community activities for some people, who subsequently joined new groups. A relative told us, "They focussed on what [name] liked to do. They got [name] exercising, walking and swimming and they made it fun." Another relative said, "They've been fantastic. They take [name] to all sorts of activities." This showed people were encouraged and enabled to access their areas of interest and engage in meaningful occupation.

People retained choice and control over the care and support they received. We noted in one person's care plan it was clearly indicated the person should be assisted to make their own choices and it was important the person must not feel decisions are being made for them. We observed the director speaking with the person on the telephone during our inspection and the director clearly knew the person's needs. The person was listened to and their wishes were acted upon.

All organisations that provide NHS or adult social care must follow the accessible information standard. The aim of the accessible information standard is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. The care records we sampled included information relating to people's individual communication needs. The director we spoke with was aware of the accessible information standard and we saw examples of information being presented to people in appropriate formats, such as easy to read format with pictures, where this was appropriate. This showed the registered provider was meeting people's individual communication needs.

No complaints had been received and everyone we spoke with told us they had no complaints. However, people told us they would feel able to raise any concerns, should they feel the need. People and relatives felt confident these would be taken seriously. One person told us, "I wouldn't be concerned about saying so if I was unhappy. I'd be comfortable to tell them." Another person told us, "I'd speak to staff if I was unhappy."

End of life wishes, and those in relation to specific requests, had been recorded where this was appropriate.

Requires Improvement

Is the service well-led?

Our findings

There was a substantive manager in post who was in day to day control of the service and they had applied to be registered with the Care Quality Commission (CQC). Their application was being considered at the time of the inspection. Since the inspection, the manager has registered with the CQC. The service consisted of a director and manager who were involved in the day to day running of the service, a team coordinator who was in the process of being recruited and another team coordinator who would be recruited from the current staff team of care and support workers. This would provide career progression for suitable care and support workers.

Everyone we spoke with told us they felt the service was well-led. One person told us, "I'd say it's very well-led, yes." A relative told us, "I'm very happy. It's well-led, yes. I can always contact [manager] and [director]. They always answer. Very professional. It runs smoothly." Another relative told us, "I tell everyone about them [Flexi Care and Support]. I'd recommend them." A further relative said, "I have complete confidence in them. I recommend them to others."

All the staff we asked told us they felt supported. A member of staff told us, in relation to Flexi Care and Support, "We're getting a good name. I sing its praises." Another care and support worker told us, "It's a job you have to enjoy. I'm really, really enjoying working for Flexi [Care and Support] so much." Another staff member said, "I love working for them."

All the staff we asked told us they felt the culture of the business was open. One staff member told us, "We have to learn from mistakes. You have to be open." The values and ethos of the service were very much of re-ablement and supporting people to be independent. This was evident through the support plans and comments from everyone we spoke with.

The director confirmed to us there had been no formal staff meetings, although staff did receive regular support through supervision. The director told us the values and vision of the service were shared during one to one supervision with staff. A member of staff told us they, "Don't really see other staff." However, they told us they shared information through a communication book. This meant, although regular staff meetings did not take place, systems were in place to share information.

In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, registered providers should actively seek the views of a wide range of people, including those who use the service and this information must be analysed and responded to and used to make improvements. The service was registered with the Care Quality Commission in December 2016. No quality surveys had yet been sent to people who used the service. However, these were being developed by the manager as part of their own professional development and the director assured us these would be sent to people who used the service, and their relatives where appropriate. People and relatives told us they kept in regular contact with the manager and director and were able to give feedback about the service they received. However, this meant further development was required in order for feedback to be formally gathered, recorded and actioned in a systematic and effective way.

Some quality assurance visits had taken place, where people lived on their own and were receiving support. However, there were no formal systems in place for the manager or director to observe staff practice, although they sometimes assisted team members and were able to observe on occasions. Quality assurance observations would provide an opportunity for staff to receive feedback on their performance and the opportunity to improve and reflect on their practice. This would also enable the manager and director to continually assess and improve the quality of care provided. The director explained to us a team coordinator was being recruited and this would enable quality assurance systems to be developed further.

There was a lack of auditing systems in place in other areas, such as medicines, care records and daily records. The manager and director explained this was because the records were not returned to the office, but kept in people's homes. However, this meant the registered provider did not have effective systems in place to audit records in order to ensure safe and effective care was being provided. They agreed to give this further consideration.

The examples above demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager and director demonstrated the values of equality and inclusion. This was demonstrated through the development of person centred support for people using the service, taking into account people's diverse needs and individual characteristics and preferences.

We asked the director how they kept abreast of changes and regulation in health and social care. They told us they were in regular contact with the local authority and sought advice from a range of health care professionals. We spoke with a health care professional following our inspection and they confirmed the manager and director sought advice and further training when appropriate.

The registered provider had appropriate, up to date policies and procedures in place. This is important in order to ensure staff are following up to date regulation and guidelines.

The registered provider had devised a business continuity and disaster recovery plan. This included procedures in case of total power failure, information technology virus protection and telephone system failure for example. This helped to ensure processes were in place in the event of emergency situations or potential business failure.

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 Effective systems and processes, such as regular audits, were not in place to monitor and improve the quality and safety of the service and records were not always accurate and complete.