

Premier Care Limited

Premier Care Limited - Rochdale Branch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

Premier Care Rochdale provides help and support to people with varying needs enabling them to remain in their own homes and be as independent as possible. The agency offers a variety of services including assistance with personal care, domestic tasks, meal preparation and shopping. The agency office is situated in Rochdale, close to the town centre. At the time of our inspection, the agency was supporting 96 people living across Rochdale, Heywood and Middleton.

This was an announced inspection on the 9 and 10 March 2016. We gave the agency 48 hours' notice of the inspection to ensure that the manager would be in. We also contacted people who used the service and their relatives on the 15 March 2015, to seek their views about the service received.

We last inspected Premier Care Rochdale in September 2014 at which time it was compliant with all the regulations we assessed.

The registered provider is required to have a registered manager in post and on the day of the inspection, there was a manager registered with the Care Quality Commission (CQC). 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.

We found three breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

We found potential risks to people had not been adequately assessed and planned for so that people were protected from potential harm or injury.

On review of people's records we found that information gathered in the summary plan did not reflect people's needs and wishes and were not always completed in full and some records were not signed or dated.

All the people we spoke with said they would speak with office staff if they had any complaints or concerns. However, effective systems of recording people's complaints and concerns were not in place to show that people were listened to and where necessary action had been taken.

People told us they felt safe with the staff that supported them. Staff had completed training in how to safeguard people from abuse and knew the action they should take if they had any concerns. Suitable arrangements were in place where the agency had access to people's house keys and finances. These systems helped protect people who used the service.

Systems were in place to ensure the safe administration of medicines. The agency was to introduce a better

way of monitoring medication administration so that any shortfalls identified could be quickly acted upon.

Sufficient numbers of staff were available to provide flexibility of support. People spoke positively about the staff and said they were generally on time, although recognised there were occasions when staff may run late.

Recruitment checks were completed before staff commenced work. However, records did not address all areas of the agency's policies and procedure to ensure all detailed information about the suitability of candidates was gathered.

People were involved in discussions regarding their support and signed their agreement on their care records. Staff received training on the Mental Capacity Act 2005 and were aware of the importance of seeking people's permission before carrying out tasks.

Staff received induction, supervision and a programme of training to help ensure they were able to deliver effective care. Staff spoken with confirmed they received regularly training and were equipped to support the needs of people they visited.

Suitable arrangements were in place to help ensure people's health and nutritional needs were met.

People and their relatives told us they were happy with the care received and that staff supported them in a dignified and respectful manner. Staff spoken with demonstrated a clear understanding and gave examples of how people's privacy and dignity was promoted and maintained. Consideration was also given to people cultural and religious needs.

A number of quality assurance systems were in place. Both staff and people who used the service were encouraged to comment on the service provided and to identify where any improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found potential risks to people had not been adequately assessed and planned for so that people were protected from potential harm or injury.

Relevant recruitment checks had been carried out. However information did not include all records as detailed in the agency policy and procedure.

Systems were in place to help ensure the safe administration of medicines. A better system of checking medication had been administered as prescribed was to be introduced.

People who used the service told us they felt safe with the staff that supported them. Staff had received training in how to protect people who used the service from the risk of abuse and understood what action to take if they had any concerns.

Requires Improvement ●

Is the service effective?

The service was effective

Staff received the induction, training and supervision they needed to help ensure they provided effective care and support.

Staff received training on the Mental Capacity Act 2005 and recognised the importance of seeking people's permission before carrying out tasks.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

Good ●

Is the service caring?

The service was caring.

People spoke positively about the care and support offered by staff. We were told staff were kind, caring and respectful towards them.

Good ●

Those staff we spoke with were able to demonstrate they knew the people they supported well. Staff expressed how they promoted people's independence and offered privacy and dignity when providing care.

People's records were stored securely so that people's confidentiality was maintained.

Is the service responsive?

The service was not always responsive.

People had assessments and care plans in place. However, information did not provide clear and accurate information to guide staff about what people wanted and needed.

Systems needed to be improved to show that people's complaints and concerns were taken seriously and responded to.

Requires Improvement ●

Is the service well-led?

The service was well-led.

There was a manager in place who was registered with the Care Quality Commission.

Both people who used the service and staff spoke highly about the registered manager and directors of the service.

A number of monitoring systems were in place to review the service provided and people and staff were encouraged to share their views and experiences. This helped to promote continuous improvements.

Good ●

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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 undertaken 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 was an announced inspection that took place on the 9 and 10 March 2016 at the agency office. We also contacted people who used the service and their relatives on the 15 March 2015, to seek their views about the service they received. The inspection team comprised of one adult social care inspector.

Prior to our inspection, we considered information we held about the service, such as notifications and enquiries. We did not request a Provider Information Return (PIR), prior to this inspection. 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.

As part of the inspection, we also contacted the Local Authority Commissioners and Healthwatch Rochdale to seek their views about the service.

During the inspection, we spent time speaking with five people who used the service, the relatives of two people, four care staff, a care co-ordinator, the quality assurance manager as well as the registered manager and a director. We checked the care records for five people, which included care plans, risk assessments and medication administration records. We look at five staff personnel files, training records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

We asked people who used the service if they felt the support they received was delivered in a way, which kept them safe. One person told us, "Yes, they support me safely". Another person said, "There's nothing to worry about"; a third person said, "Yes I do feel safe with them" and a fourth person said "I feel safe because they know what they are doing". We also asked people's relatives if they felt their family member was cared for in a safe way. One person's relative said, "Yes they are, most definitely".

The five care records we looked at showed that risks to people's health and well-being had been considered in areas such as the environment, moving and handling and medication. We found that changes in need had not always been updated on the risk assessments. For example, one person's records showed that new equipment, profiling bed and commode, had been put in place in October 2015 due to the persons changing needs. However the risk assessment had not been updated since it was last review in February 2015. We saw another person was supported with their medication however, the risk assessment stated 'no' when asked if staff offered supported in this area. On a third, assessment the scoring on the moving and handling assessment was not consistent and did not accurately reflect the persons support needs. On a fourth, assessment risks were identified in relation to pressure care, financial abuse, poor diet and self-neglect. However information about the management of medicines was misleading, support for moving and handling the person was incomplete and there were no clear details about the management of the person's finances.

We found potential risks to people had not been adequately assessed and planned for so that people were protected from potential harm or injury. This meant there was a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found there were safe systems in place for managing people's medicines. We saw medicines management policies and procedures were in place to guide staff about the safe storage, administration and disposal of medicines. The staff we spoke with told us that they received training before they could administer medicines. We were also told that 'spot checks' were completed to check staff practice was safe. Records seen confirmed what we had been told. Staff also said that additional training was provided if issues were identified. This helps to ensure the administration of medicines by staff was safe.

We looked at a sample of medicines administration records. We found records were completed to confirm the person had received their medicines as prescribed. Staff spoken with were aware of the importance of people receiving the medicines at appropriate intervals and gave examples of how they supported people where medicines were required before or after food. The director told us that work was being undertaken to improve the recording of medicines administered to people. We asked if medication administration records (MARs) were audited to ensure accurate records were being kept. We were told the care co-ordinators would review MARs together with visit logs to see if any gaps in records could be explained; for example if the visit was cancelled therefore staff had no access to the persons home. We discussed how any identified issues were recorded and followed up with staff. We were told that shortfalls were not currently recorded on the electronic systems however, this would be implemented so that improvements could be monitored.

We looked at how the agency protected people from the risk of abuse. We saw policies and procedures were in place about safeguarding adults and whistle blowing (the reporting of unsafe and/or poor practice). We saw records to show and staff confirmed that safeguarding training had been provided. The registered manager told us they were to complete safeguarding training for managers with the local authority. Once completed this would equip the registered manager with the information needed to facilitate training updates for staff.

Staff spoken with were able to explain the whistle blowing procedure and what they would do if they thought someone was at risk of or had been harmed. What they told us demonstrated they knew what action to take so that people were protected.

We were told a number of people supported by the agency had a key safe at their home, which staff had access to. This is where keys are kept in a secure locked box outside the person home and can only be accessed by people with the code. We looked at how key safe numbers were stored so information was kept confidential. We saw that information was stored electronically and only shared with those staff visiting the person. Staff spoken with told us they were aware of the code for those people they visited regularly. Where staff were requested to visit someone at short notice, to cover sickness for example, numbers would be passed on by office staff or the person on call. This helped to ensure information was kept confidential and people's property was protected.

We saw records to show that one person was supported with their finances. A record of all transactions and receipts were kept. These were sent to the person's representative, a solicitor. This demonstrates that safeguards were in place to protect the person and their finances.

We asked staff if they wore a uniform and carried an ID badge when visiting people's home. On one of the staff files we examined we saw a photocopy of a current ID badge issued to staff. This had a picture of the person, the agency details as well as the issue and expiry date. Staff spoken with confirmed they had received one. Four of the people who used the service we spoke with also confirmed this. However, one person said staff did not wear uniforms or show them any ID. The wearing of uniforms and ID badges helps people to easily identify staff.

We looked at the personnel files for five staff. Three of the staff had been employed since our last inspection. We checked to see what pre-employment checks were carried out on people who had applied to work for the agency.

We saw that files were orderly and contained an application form with full employment history, written references, copies of identification, interview records, a contract of employment and evidence of training, supervision meetings and spot checks. We saw information had been verified to confirm original identification documents had been seen and references were from the named referees.

Checks had been carried out with the Disclosure and Barring Service (DBS). A record of the disclosure date and reference number was detailed on files. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We were told that original checks were managed by head office however should a disclosure be made this would be discussed with the registered manager and a risk assessment would be completed with the applicant so that a decision about their suitability could be made. These checks help to ensure only suitable applicants are offered work with the agency.

We did note however that not all files contained completed documents or relevant information as detailed

within the company policy. For example, start dates were not clear, up to date car insurance documents were not on all files and interview and assessment records were not scored to evidence candidates had demonstrated their knowledge and skills, supporting the decision made about the suitability for the position. These records helped to demonstrate that those people appointed to work at the home had been assessed as having the qualities and skills required for the role.

Records we looked at showed that staffing levels were determined by the number of people using the service and their needs. We found there were sufficient staff available to provide people with the support they required. The registered manager said that on-going recruitment took place so that flexibility in support could be provided. We were told that staff were allocated work in a specific area so visits could be easily co-ordinated and reduce travelling time. Suitable arrangements were in place to cover staff absences, such as sickness. Staff told us that their weekly rotas generally remained unchanged so that they supported the same people. This offered people continuity in their support. This was confirmed by people we spoke with.

The agency had policies in place with regards to control of infection. Staff told us they received training in infection control and health and safety as part of the annual programme of training. Records seen confirmed what we had been told. Staff said they had ample supplies of personal protective equipment (PPE) including a uniform, disposable gloves and aprons, which were easily accessible in the office. This helped to protect people from the risk of cross infection.

Is the service effective?

Our findings

All the people who used the service we spoke with told us they considered staff had the skills needed to carry out their role effectively. One person told us, "I'm very happy, they know what they need to do."

The current care staff team comprised of 37 staff. This included the registered manager, two care co-ordinators and a senior care worker. During our visit, we spoke with a care co-ordinator, the senior care worker and four care staff. Some staff had worked for the agency for a number of years, whilst others had been employed over the last 12 months. Each of the staff we spoke with said they were happy in their role. Staff told us, "We have a really good team," "I'm happy and settled" and "They look after staff and listen."

We looked at what systems were in place for the induction, supervision and training of staff. We saw all new staff were expected to complete a corporate induction programme which included mandatory training in areas such as moving and handling, medication, equality and diversity, safeguarding, infection control, health and safety, nutrition, awareness of dementia and mental health including mental capacity and privacy and dignity. All new staff were provided with an induction pack which included; a code of conduct, staff handbook, health and safety workbook, relevant policies and information on the Care Certificate. The Care Certificate, developed by Skills for care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers.

Staff spoken with and records seen showed that new staff also spent a period of time shadowing experienced staff before working alone. We saw evidence of a 'shadowing form' which assessed new staff in areas of care, their attitude and approach to the people they supported. People spoken with confirmed what we had been told.

We were told there was a programme of supervision and appraisal as well as team meetings. Staff spoken with and records seen showed that occasional meetings were held. We also saw that spot checks were carried out to check that staff continued to provide the standard of care expected. Where necessary additional training and support would be provided. Staff told us, "It's very supportive," "They [office staff] are flexible and helpful" and "If there's a problem it's dealt with."

The agency also had a programme of annual training including vocational training in health and social care. Information to show what training staff had completed was kept on their personnel files as well as a full staff team training plan. Staff spoken with confirmed they received on-going training and felt they had the knowledge and skills to support the people they visited. An examination of the training plan confirmed that staff received annual updates in all areas of training provided at induction.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people 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 registered provider was working within the principles of the MCA. We saw that staff completed MCA training as part of their induction and on-going programme of training. Whilst staff did not fully understand the principles of the Act, they were able to provide good examples of seeking people's consent when carrying out tasks.

We saw that people who used the service or their representative had signed care records to evidence their consent and agreement to the care and support provided. People we spoke with said staff asked their permission before providing care and support. We discussed with the registered manager what steps would be taken if a specific decision needed to be made and the person did not have the mental capacity to consent. We were told the agency would liaise with relevant health and social care professionals so that a decision could be made in the person's 'best interest' and a record of this would be made on the person's records.

Some people required support with food preparation. Where necessary this was recorded in their individual care plan. We asked staff how they helped people meet their nutritional needs. We saw staff recorded on the visit logs what food or drinks staff had made for them.

Several people we spoke with were also supported by family with their shopping and food preparation. However, those supported by care staff said staff made sure meals and drinks were provided so they ate regularly. One person told us, "They ask me what I want and make it for me." The records we looked at for one person showed that their shopping was done by staff. We were told that staff discussed weekly meals and prepared a shopping list with the person.

A review of training records showed that training in nutrition was provided. This explored signs and symptoms of poor nutrition and hydration, how to promote good nutrition and what support was available if needed. This helped staff understand how to promote a healthy diet.

Staff told us if they had any concerns about people's health and well-being, this would be reported to the senior staff so that appropriate action could be taken. A review of people's records included details of any health care professionals involved in maintaining the person's well-being. One person said, "If I have any appointments, I let the office know and they make sure the carers come early enough so that I am ready."

Is the service caring?

Our findings

People we spoke with told us they were happy with the service they received and the kindness shown by staff that supported them. People said, "They're reliable, very good and helpful" and "I'm happy with the way things are."

The relative of one person whose family member had only recently started using the agency, told us; "He's very happy", "The care is brilliant" and "He's getting to know and trust them [care staff]."

One person we spoke with told us how staff encouraged them to be as independent as they could. They said, "The carer lets me do what I can for myself and helps me with other things." Staff spoken with gave examples of how they encouraged the people they supported. One staff member said; "I ask them what they need me to help them with and we go at their pace."

Staff spoke in a caring and compassionate way about people they supported. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required.

Four people we spoke with said staff were respectful when supporting them. They gave us examples of how staff spoke with them, asked their views and listened to what was said to them. People told us, "They are respectful and polite towards me", "Always polite and respectful", "They are kind and polite" and "The girls are polite and caring."

People told us that staff were considerate and respected their privacy and dignity. We were told staff would always knock and announce themselves when entering people's homes. People gave examples of where staff assisted them with personal care in a sensitive manner. Staff were also able to give us examples of how they offered support in a dignified way, for example; providing care in private, closing curtains and doors and giving people privacy when using the bathroom.

The agency employed a mix of male and female carers. This enabled them to provide same gender support, as well as taking into consideration people's individual preferences and cultural needs. One person spoken with told us they always had same sex carers, which they were happy with. Staff also said their cultural needs were considered when planning support.

The agency also had policies and procedure in relation to privacy and dignity and equality and diversity and included these subjects as part of the induction training programme completed by all staff. This enables staff to learn how to support the individual needs of people in a sensitive way.

We saw information about confidentiality and protecting information was provided in the staff handbook, received by all new staff. We saw people's information was held securely at the agency office. Staff spoken with were aware of the importance of maintaining confidentiality.

Is the service responsive?

Our findings

People and their relatives said they had been involved when planning the care and support to be provided. People said they had copies of their care records along with information about the agency, such as office and out of hours contact details and the complaints procedure.

We spoke with the registered manager about the assessment process and planning of people's care. We were told and saw information to show that basic information was received from the local authority. An initial visit was then made by senior staff to gather further information about the person's social history, wishes and preferences as well as assess areas of risk. This helps staff when making a decision about whether the agency is able to meet the needs of people. We were told that staff identified to provide the support would 'shadow' the visit, providing them with an opportunity to be introduced to people. One person told us, "Yes they usually do introductions when new staff start."

We looked at the care files for five people. Records included the initial assessment, support plan, care plan and risk assessments and a summary plan. Staff said they would refer to the summary plan, which identified the tasks to be completed at each visit. Care staff, where necessary, also completed additional visit logs and medication records.

On review of people's records we found that information gathered in the support plan and risk assessments did not correspond, were not always completed in full and some records were not signed or dated.

We also found the summary plans referred to by staff during their visits did not include all relevant information about people's needs and wishes. For example, One person's records were dated February 2015, however information showed the person had been reassessed in October 2015 and required new equipment to meet their needs. This information had not been updated on the summary plan or risk assessment. Information in the support plan also made reference to the person wishes in relation to the cultural needs. However, this too was not detailed in the summary plan staff referred to during visits. Another person's summary plan was vague and provided little information to guide staff. This person did not speak English and used gestures to communicate with staff. There was no information to guide staff about how to best communicate with the person. On a third person's support plan we saw the person had requested that staff explain what they are doing and that they would like staff to knock before entering. This information had not been added to the support summary to prompt staff about the person's wishes.

People were at risk of not receiving the support they wanted and needed as care records did not provided clear and accurate information to guide staff in the safe delivery of people's care. This meant there was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw information about how to make a complaint was included in the documents people were given when they started to receive a service from Premier Care Rochdale. All the people we spoke with told us they had received a copy of the procedure and felt confident in raising any concerns they might have with either the co-ordinators or the registered manager. Two people told us they had raised issues with the agency. One

person said this had been dealt with in a 'reasonable way'. The second person said whilst office had dealt with them politely, they felt their issue had been dismissed. Other people we spoke with said, "I have the office number and would ring them if I had any concerns" and "I just contact the office if I've any questions or queries".

The registered manager told us there had not been any complaints or concerns received at the service since our last inspection. However, this did not support what we had been told. We discussed the recording of people's concerns with the registered manager and senior staff. We were told that information could be added to people's electronic records held at the office and outcomes monitored as part of the quality monitoring systems. Effective systems of reporting people's complaints and concerns helps to demonstrate issues are taken seriously and people are listened to. This meant there was a breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

The agency had a registered manager who was present during our inspection. Two care co-ordinators and a senior care worker, who were all relatively new to post, supported the manager. We were also told the three owner/directors were actively involved in the service. The registered manager told us, "The directors are hands on and very supportive" and "They are never far away, on the other end of the phone." The quality assurance manager said "They [Directors] strive to make improvements".

Staff spoken with told us they enjoyed working for the service. They felt the registered manager supported them in their work and was always approachable. Their comments included, "Things get done when you need them to", "I have a good relationship with the office staff", "The management are easy to approach, they listen", "Any issues, things are explained properly", "I have 100% confidence in the management", "I don't think they could improve anything" and "Makes people feel comfortable".

We looked at what systems were in place to monitor and review the quality of service people received. We found a range of systems in place, which enabled the agency to identify and address areas of improvement.

We spent some time speaking with the Quality Manager. They worked three days a week supporting each of the provider services. Their role was to visit services on a monthly basis and review specific areas including, safeguarding issues and complaints, care records, recruitment and training, continuity of staff, missed or late calls and punctuality. Information would then be collated and a report produced for the registered manager to address, where necessary. Any action identified would then be followed up at the next visit. It was acknowledged that reporting systems, in relation to complaints, needed to improve to evidence action taken.

We were told that care co-ordinators would review visit logs and medication records, which were returned to the office on a monthly basis. We saw an example of checks carried out on medication records. Any shortfalls identified were record on the visit log. However, there was no system of monitoring what action had been taken or if patterns were developing. We discussed this with the management team during our visit. It was agreed that findings would be logged on the electronic records, which required evidence of action taken and could then be monitored on a monthly basis by the quality manager.

The management team also carried out unannounced 'spot checks' on staff to ensure staff were delivery the care at the standard required. We were told these were completed twice a year or more frequently if issues with practice had been identified or where staff were new to the work and developing in their role.

The agency also utilised the 'Easy Tracker' system. This is an electronic system, which monitors visits to people's home. Staff are required to dial in on arriving at a person's home and dial out when leaving. This information was used for monitoring purposes as well as invoicing. The registered manager and director told us that this system was not effective as only 50% of people who used the service had agreed for staff to use their telephone or did not have a telephone. The director told us that an electronic system used at other locations was to be introduced at the Rochdale branch so that more accurate information could be

gathered.

We were told that opportunities were also made available for managers and staff to meet together, to discuss their work and offer support to each other. The registered manager said they met with the directors on a monthly basis to discuss the service. Group manager meetings were also being introduced for all registered managers within the group. These were to provide opportunities to meet together and share ideas, as well promote consistency across the services.

We were told by staff that staff meetings were held several times a year and were well attended. We saw evidence of a recent meeting and staff spoken with confirmed what we were told.

The agency had recently expanded its service, providing support to people in Heywood and Middleton. We were told the agency was planning to move office. The new office would be larger and provide room to facilitate meetings and training. It was anticipated that people who use the service would also have better access to the office as this was in a more central location. Staff spoken with were looking forward to the office move and felt this would provide better opportunities to meet together.

The director told us that annual feedback surveys were sent to people in January of each year. These help to identify if people were happy with the service they received and to guide them on any future improvements. We were told all responses were sent to head office where information was collated and then a report provided for the registered manager. The director said that a target of a 50% response was wanted. If responses were low then staff from head office would carry out telephone calls to people to seek their views. We saw approximately 10 responses, which had recently been received. Some of the comments received included, "[Carer] is very kind and caring. They have an awful lot of patience and give me confidence", "It's first class", "In my opinion, I don't know how they could improve. If it's not broken don't fix it" and "I'm happy with the service, the staff are very good."

We discussed with the director if information was provided in different formats so that people who used the service had access to information in their first language. We were told that information was not routinely provided in other languages however, this could be arranged. A number of staff working for agency also spoke several languages and were able to converse or translate information to people if needed.

The agency had policies and procedures in place, which were kept under review. All staff were provided with an employee's handbook. This included the aims of the service and code and conduct.

Before our inspection we checked the records we held about the service. We found there had been no notifications. Notifications of significant events such as accidents, incidents and safeguarding allegations allow us to see if a service has taken appropriate action to ensure people are kept safe. The registered manager told us there had been no such events, but was aware of what issues should be notified to the CQC and how they would do this.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found potential risks to people had not been adequately assessed and planned for so that people were protected from potential harm or injury. This meant there was a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>Effective systems of reporting people's complaints and concerns helps to demonstrate issues are taken seriously and people are listened to. This meant there was a breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were at risk of not receiving the support they wanted and needed as care records did not provide clear and accurate information to guide staff in the safe delivery of people's care. This meant there was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

