

Revelation Social Care Ltd

# Revelation Social Care Ltd

## Inspection report

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Date of inspection visit:  
28 September 2017  
02 October 2017

Date of publication:  
13 November 2017

## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This was an announced inspection which took place on the 28 September and 2 October 2017. The inspection was announced to ensure that the registered provider or another responsible person would be available to assist with the inspection visit.

The service was last inspected in October 2016. At that inspection we found ten breaches in the Health and Social Care Act 2008 Regulated Activities Regulations 2014. These were in relation to the management of people's prescribed medicines, recruitment procedures, staff training and development, risk management, quality monitoring, policies and procedures and care planning. This resulted in CQC taking enforcement action and imposing a condition to the provider's registration. This condition states, "The provider must not provide any regulated activity to any further service users without prior written permission of CQC." During this inspection we checked to see what action had been taken to address the breaches in regulation. We found that improvements had been in a number of areas.

Revelation Social Care provides help and support to people enabling them to remain in their own homes. The agency offers a variety of services in areas such as assistance with personal care, domestic tasks, help with medication and shopping. At the time of our inspection the service was providing personal care and support to three people.

The service has a registered manager, who is also a director of the company. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During this inspection we found one breach remained outstanding in relation to the development of clear policies and procedures. In addition to a further breach in the Health and Social Care Act 2008 Regulated Activities Regulations 2014 has been identified due the arrangements to protect people in the event of an emergency.

You can see what action we have told the provider to take at the back of the full version of the report.

Some improvements had been made with regards to monitoring and assessing the quality of the service provided. Further work was required to ensure a robust system was in place which, demonstrated the provider had thorough oversight of the service and is able to evidence continuous improvements were being made to enhance the service.

Work was still required to ensure the agency policies and procedures reflected the practice of the service so that staff were clear about what was expected of them.

Relevant checks were made to people's homes to help keep them and staff safe in the event of an emergency arising. However, contingency plans and fire safety records needed amending to ensure information accurately reflected the action to be taken in the event of an emergency arising so that people were kept safe.

Staff had access to relevant procedures and training with regards to the management and administration of people's medicines. Whilst staff did not provide assistance with oral medication, support was provided with the application of topical creams. We have made a recommendation with regards to the arrangements for 'when required' medicines, so that staff have clear guidance about when this is required.

We received positive comments from people and their relatives about their experiences and the care and support provided. Staff were described as being friendly, caring and respectful towards people and their relatives.

Systems were in place to ensure staff understood their responsibilities in protecting people from abuse. Staff spoken with demonstrated their understanding of the procedures and confirmed they were to attend planned training.

Relevant checks were in place for newly appointed staff. The registered manager was aware of the checks required prior to staff commencing work ensuring their suitability for the position so that people were kept safe. Sufficient numbers of staff were available to meet the needs of people.

Those people supported by the agency were able to make their own decisions about the care and support they received. People told us they were actively involved and consulted with in planning their support package. Staff were aware of the importance of seeking people's permission before carrying out tasks. The registered manager was aware of their responsibilities under the Mental Capacity Act and information and training had been made available for staff.

A range of training and development opportunities were provided so that staff had the knowledge and skills needed to safely meet people's needs. Staff we spoke with said they felt supported in their role and opportunities to improve their knowledge and skills were being provided.

Some people were supported in meal preparation so that their nutritional needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

People's care records provided sufficient information about their wishes and preferences and guided staff in the support people wanted and needed. Where risks had been identified, additional plans had been put in place so that staff could quickly respond to people's changing needs.

The registered manager had a system in place for reporting and responding to any complaints brought to their attention. People and their relatives told us the registered manager and staff were approachable and would listen and respond if any concerns were raised with them.

Information in respect of people's care was held securely, ensuring confidentiality was maintained.

The provider advised us that there had been no incidents, which would need to be reported to CQC. However the provider was aware of their responsibilities in reporting any such incidents where necessary. This information helps us check the service is taking action to ensure people are kept safe.

Pre-inspection information requested from the provider, which is required by law, had been provided to CQC as requested.

The CQC rating and report from the last inspection was displayed at the agency office as well as on the provider website.

## 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.

Contingency plans and fire safety records needed amending to ensure information accurately reflected the action to be taken in the event of an emergency arising so that people were kept safe.

Risks to people's health and well-being were assessed and planned for to help keep them safe. Suitable arrangements were in place to minimise the risk of cross infection.

Better systems were in place to support people with their prescribed medicines. However records needed expanding upon to guide staff with applying 'when required' medicines.

Systems were in place to help protect people from abuse. Sufficient number s of staff that had been safely recruited were available to support people.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Improvements had been made to demonstrate staff received the induction; training and supervision they needed to help them deliver safe and effective care and support.

Suitable arrangements were in place with regards to consent and capacity. People told us they were actively involved in planning their care and support.

People had access to a range of health care professionals so that their physical and health care needs were appropriately met. Where necessary people were supported in meeting their nutritional and hydration needs

**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

**Good** ●

them.

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

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

### **Is the service responsive?**

**Good** ●

The service was responsive.

People and where appropriate their relatives, were involved in the assessment and planning of their care and support. Care records provided good information for staff about people's needs, wishes and preferences.

Care records were kept under review so that information accurately reflected the current needs of people.

People and their relatives told us they felt able to raise any issues or concerns should they need to and the provider would listen to and respond to any matters brought to their attention.

### **Is the service well-led?**

**Requires Improvement** ●

The service was well led.

There was a manager in place who was registered with the Care Quality Commission. The registered manager is also a director of the company. Pre-inspection information requested from the provider, which is required by law, had been provided to CQC as requested.

A number of monitoring systems were being introduced to monitor and review the service provided. These needed embedding to demonstrate continuous improvements. Policies and procedure to guide staff were still under review. People, their relatives and staff were being encouraged to share their views and ideas about how to develop the service.

The provider advised us that there had been no incidents, which would need to be reported to CQC. However the provider was aware of their responsibilities in reporting any such incidents where necessary. This information helps us check the service is taking action to ensure people are kept safe.

# Revelation Social Care Ltd

## 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.

Prior to the inspection we contacted the local authority quality monitoring and adult social care teams and Healthwatch Bury to seek their views about the service. We were not made aware of any concerns about the care and support people received. We also considered information we held about the service.

Before the inspection, the provider also 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. This was completed by the provider as requested and returned to CQC. Information provided was used to inform the inspection.

The inspection took place on the 28 September and 2 October 2017 and was announced. The provider was given notice before our visit and advised of our plans to carry out a comprehensive inspection of the service. This is because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of one adult social care inspector.

At the time of the inspection the service was providing support for three people. We spoke with two people who used the service and the relative of one person by telephone. In addition we spoke with three members of staff and the registered manager.

We also looked at three care files, medication administration records (MARs), recruitment records for two staff members, staff training and development records as well as information about the management and conduct of the service.

## Is the service safe?

### Our findings

We asked people and their relatives about their experiences and if they felt the service provided safe and effective care and support. People told us, "Yes, I feel staff know what they are doing" and "I feel I am cared for properly. The relative of one person said "[Relative] is at the heart of what they do, ultimately they are very caring."

At our last inspection we identified the provider had not ensured a safe system of medicines management was in place so that people received their prescribed medicines safely and effectively. Shortfalls identified related to the lack of medication training for staff, assessments of competency, incomplete administration records and the management of topical creams. This was a breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked at what improvements had been made to ensure the system was safe so that people received their medicines as prescribed. People we spoke said that they managed their own medication and staff only offered assistance with creams. One person told us, "They write it down in their file."

The registered manager told us and information showed they had completed an assessor/trainer course in level 3 medication administration, which enabled them to facilitate training to staff. Records showed and staff confirmed that e-learning training had been provided and a further practical session had been planned following the inspection. A review of staff records also showed that assessments of competency had been completed to ensure staff understood the procedure to follow. This helped to ensure staff practice was safe and people received their medicines as prescribed.

We were told and information showed that staff did not provide assistance with oral medication. Support was only provided with regards to the application of topical creams. People records showed that a medication administration record (MAR) was completed for each item and a body map had been completed identifying where the creams were to be applied. Those MARs we looked at had been completed in full.

We noted where people had been prescribed PRN 'when required' medicines (creams), there was no guidance for staff about when this was to be applied. On one person's records we also found that two 'when required' creams were being applied regularly four times a day. This practice did not reflect the guidance set out in the agencies policy and procedure whereby when PRN medication is used regularly this should be reviewed by the person's GP so that the prescription can be amended where necessary. We discussed this with the registered manager who said this would be addressed. We recommend that the provider considers current good practice guidance on the management of medicines for adults receiving social care in the community and takes any further action required to update their practice accordingly.

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed



At our last inspection we identified the provider had not ensured robust recruitment procedures were followed so that people were not supported by unsuitable staff. Shortfalls included gaps in employment, references not dated and new staff commencing employment prior to criminal checks being completed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment files for two staff employed since our last inspection. Records showed that appropriate checks were made prior to applicants being offered employment. These included an application with full employment history, written references, copies of identification and interview records. 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 found the information and checks required were in place prior to new staff commencing work. This helped to ensure only suitable applicants were offered work with the agency.

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed.

During our last inspection we found there was no evidence to show that identified risks to people's health and welfare were being monitored or acted upon where needs changed. These matters are a breach of Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During this inspection we looked at how the service assessed and monitored the risks to people's health and well-being. A review of people's records showed that assessments explored areas such as, administration of medication, moving and handling, bed rails and catheter care. Assessments identified the level of risk, support people needed and any action required to help minimise the risks so that people were not placed at risk of harm. We found that where additional monitoring was required, for example catheter care and fluid output, records were completed. Records also showed that relevant health care professionals were involved in people's care. This information helped staff to recognise and respond to changes in people's health care needs in a timely manner. Positive feedback was received from a health professional with regards to how staff helped to keep a person well. They told us, "Since discharge home they have remained infection free which I feel can be attributed in part to the level of care provided by the agency."

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed.

We also saw that environmental assessments had been completed in relation to people's homes. These explored the safety and suitability of outside areas, the entrance, lighting, fire detection, and appliances. Assessments were completed on commencement of support and kept under review. We found that the level of risk determined for people with regards to fire safety was not accurate and did not reflect their level of need. For example two people were assessed as low risk when evacuating from the building however these people were cared for in bed and required the use of hoisting equipment to mobilise. This meant people were potentially at risk as they would require assistance to leave the property. We discussed this with the registered manager who agreed the assessments should be reviewed and updated. A discussion with staff and a review of records also showed that training in fire safety had not been completed by the majority of staff. We were told that this was being sourced by the registered manager.

At our previous inspection we made a recommendation that the registered manager implemented a business contingency and continuity plan to effectively deal with any unforeseen events such as floods, fires,

outbreaks and loss of electricity or gas. During this inspection we asked if this was now in place. The registered manager showed us a plan which had been developed, however this referred to an educational service and was not reflective of Revelation Social Care. Business contingency and continuity plans are an important part of ensuring the service can continue in times of crises delivering a service to vulnerable people.

People were potentially placed at risk as clear and effective systems to support and direct staff in the event of an emergency were not in place. This was a breach of Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff members if they felt there were enough staff to meet the needs of people who used the service. Two of the staff we spoke with felt this had improved due to the new staff employed. Staff also said that weekly rotas were now in place and a copy was provided to people supported by the agency. The care co-ordinator, who was new to post, said that they were looking to implement these on a four weekly basis in line with the agency policy and procedure. The relative of one person we spoke with said this was important as their family member liked to know which staff members were visiting. People we spoke with told us they received continuity in the support they received and generally had the same staff, although there had been recent changes.

We looked at how the agency protected people from the risk of abuse. Staff had access to safeguarding policies and procedures as well as a whistle blowing procedure (the reporting of unsafe and/or poor practice). Records showed and staff confirmed that safeguarding adults training had been provided. Staff we spoke with were also able to explain the procedures 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 asked the registered manager if staff had access to people's keys so that they could enter their home. We were told whilst two people had a key safe, this was not used as they were able to allow staff access. A key safe is where keys are kept in a secure locked box outside the person's home and can only be accessed by people with the code. We saw individual codes were recorded and stored securely in the agency office. This helped to ensure information was kept confidential and people's property was protected.

People we spoke with confirmed the arrangements in place so that staff were able to access their homes. One person told us that staff rarely used the key safe as they were able to let them in when they rang the intercom.

We were told those people currently supported by the agency did not require support with managing their finances or shopping. People were said to manage their own affairs or had assistance from family members where necessary. This was confirmed by those people we spoke with. The registered manager was aware that should this level of support be provided all transactions would need to be recorded along with all receipts. This process would help to demonstrate that safeguards were in place to protect people and their finances.

We looked at what arrangements were made to ensure equipment used by people was regularly checked to ensure they remain safe to use. People's records detailed what equipment was in place, who supplied it and when it required servicing. People we spoke with said they had the equipment they needed and that any issues were reported and dealt with by the registered manager. A review of records also showed that where faults had been found with equipment these had been reported to the relevant supplier so that repairs could be completed without delay. This helped to ensure that people were protected against the risk of

harm or injury.

People who used the service lived in their homes independently or with family support and were responsible for any infection control issues. However we saw that the service had infection control policy and procedures. These provided staff with guidance on the prevention, detection and control of the spread of infection. As part of the programme of training staff completed training in this area, which was renewed on an annual basis. A review of training records showed that other than the two newest members of the team this training had been completed. Staff spoken with confirmed they had completed training and had access to personal protective equipment (PPE) such as disposable gloves and aprons, where this was needed. People we spoke with confirmed that staff used PPE when assisting people with care or domestic tasks. One person said, "They [care staff] have white aprons for care and blue one's for the kitchen."

## Is the service effective?

### Our findings

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.

At our last inspection we found that whilst staff had received training in MCA they had little understanding of the Act and the procedures to follow if the person lacked the mental capacity to make decisions for themselves. This was a breach of Regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we checked to see if the registered manager was working within the principles of the MCA. The service had policies and procedures on file to guide staff with regards to capacity and consent. We spoke with staff and looked at records to see how people were involved and consulted about their needs and wishes. We were told all of the people currently supported by the agency had capacity to make decision for themselves. There was evidence on people's care records of their written or verbal agreement with regards to the service provided. People we spoke with confirmed that they were involved in discussions about their care and support. One person said, "Now and again we sit down and talk about what I want them to do."

We also spoke with two members of staff who confirmed training in MCA had been completed. What they told us demonstrated how they offered people choice and encouraged them to make decisions for themselves. A review of training records confirmed what we were told.

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed

At our last inspection we identified appropriate training and supervisions were not carried out to ensure people received safe and effective care and were supported by skilled and competent staff. This was a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked at what training and development opportunities were offered to staff. We reviewed training records and spoke with the registered manager and staff about the programme in place. We also asked people and their relatives if they considered staff were suitably trained and skilled to provide the support needed. The two people we spoke with who used the service felt staff knew what to do and supported them properly.

The registered manager told us and information showed that all new staff completed a programme of induction. This explored the role and responsibilities of support staff, organisational policies and procedures

and areas of training. This also included shadowing sessions (working under the supervision of an experienced care worker). Shadowing periods varied depending on the needs of the person and staff experience. A new member of staff we spoke with confirmed what we had been told. They said they had been supported by the registered manager and staff and felt they understood what was expected of them. Staff were also provided with a copy of the staff handbook, which outlined what was expected of them along with relevant policies and procedures.

The registered manager told us the Care Certificate was to be introduced when inducting new staff into the organisation. The Care Certificate has been 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 should be covered as part of the induction training of new care workers. The registered manager had recently completed additional training to enable them to carry out assessments of staff when completing the induction standards. This will help to ensure staff have the required knowledge and skills to carry out their duties safely and effectively and provide effective care to people.

We looked at the training opportunities offered to staff. Staff spoken with told us they received on-going training and felt they had the knowledge and skills to support the people they visited. They said since the last inspection there had been improvements in the training and support offered to them. Staff said they completed training in a range of subjects including food hygiene, supervision and appraisal, continence promotion, diversity and equality, health and safety, anxiety, record keeping, safeguarding, infection control, skin care, assessing people's needs, Moving and Handling, Deprivation of Liberty Safeguards (DoLS) and MCA, hand hygiene, depression and stroke care. Additional practical training had also been provided in relation to the specific needs of people, such as catheter care and percutaneous endoscopic gastrostomy (PEG). (This is a feeding tube through a person's stomach). Staff were also enrolled to complete vocational training in health and social care. An examination of the training records confirmed that staff received training in a range of subjects.

The registered manager told us they had been exploring alternative learning opportunities for staff other than the e-learning courses. They had recently completed assessor training in medication and moving and handling. A further course in basic life support was also planned. The registered manager said this would enable them to provide training to the team when required. The registered manager had also enrolled with the local authority training partnership, where other areas of training such as safeguarding and MCA could be provided

We were told a more formal programme of supervision had been introduced. The registered manager said that supervisions were held every 3 months along with an annual appraisal. Staff spoken with and records seen confirmed what we had been told. In addition, team meetings were also held on a quarterly basis so that the team were able to discuss their work. Regular spot checks were also carried out to check that staff continued to provide the standard of care expected. A review of records confirmed what we had been told.

Our findings demonstrated that opportunities for staff training, development and support were in place to enable staff to develop the knowledge and skills needed to support people properly and the breach of regulation found at the last inspection had been satisfactorily addressed

Although staff were not responsible for arranging visits to doctors or specialists staff told us they would call the doctor or other professionals if needed to help ensure people were kept well. A review of people's records showed that people were registered with a GP and had access to other health professionals such as district nurses (DN) or occupational therapists (OT). People we spoke with said they arranged their own appointment however felt that staff would assist them if they felt unwell. Feedback was received from an OT

who worked closely with one person. They told us, "My patient consistently provides positive feedback regarding the care they receive. They report the service is timely and reliable and that the standard of care is excellent."

People lived in their own homes or with family and could eat what they wanted. However one person we spoke with received support with making their meals. They told us that a recent meeting had been held to explore ways of keeping the fridge and freezer areas 'healthy'. This involved the use of feed bags, and dating items that had been opened. The registered manager told us and records showed that staff had recently completed training in Hazard Analysis and Critical Control Point (HACCP). This is a system that helps staff look at how they handle food and introduces procedures to make sure the food produced is safe to eat.

## Is the service caring?

### Our findings

We asked people and their relatives about the care and support provided by staff. All the people we spoke with and their relatives considered staff to be kind and caring. People said, "The girls are great, we can have a laugh" and "They are very polite and friendly". People's relatives also told us, "They [the service] put people at the 'heart of what they do" and "[Relative's] personal care is second to none."

People spoke positively about the staff and felt they had a good understanding of their individual needs. People said, "I have a reliable team, they know each other well and are a good team" and "They have the necessary skills and know what to do."

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

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. One person responded 'very much so' when asked if staff respected their privacy when assisting with personal care. Another person said, "They [staff] know how I like to be supported."

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 as well as ensuring people were appropriately covered when offering care.

Staff gave examples of how they encouraged people to maintain their independence and offered support and encouragement when needed. One staff member gave an example of how a person was less reliant on staff and was able to complete some care tasks themselves. This was confirmed by the person when we spoke with them. They said that they were now able to do more things for themselves. The relative of one person said, "They encourage [relative] to take control and be independent."

We asked people if staff were reliable and visited them at the agreed time, stayed the allotted time and completed the tasks expected of them. People told us staff were always punctual and reliable. They said that on the 'odd occasion' if staff were late they would be kept informed. People said there had never been an occasion where visits had been missed.

People's records were stored in the main office as well as the persons own home. Other records were kept on the computers, machines were password protected to help ensure confidentiality was maintained.

## Is the service responsive?

### Our findings

At our last inspection we found that information and guidance about how to complain was not available or accessible to everyone who used the service. We also found the provider did not have an effective system in place to deal with complaints or show how these were being managed. This was a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked again at how complaints and concerns were recorded and responded to. We also asked people if they were aware of the procedure in place and knew what to do if they had any concerns. People we spoke with were confident if they raised any issues or concerns, both the registered manager and staff would listen and respond to them. One person added, "They would definitely do something." The relative of one person said, "If I was concerned I would raise it but don't feel it's the case."

We were told that a copy of the 'Service User Guide' was provided and this directed people to the complaints procedure should they need to make a complaint. We noted that the procedure did not provide accurate information about the agencies which may be contacted. We raised this with the registered manager, who amended this during the inspection. The registered manager was advised that copies of the new procedure should be distributed to each person. We were assured this would be done as the registered manager visited and supported people on a daily basis.

A review of records showed that a complaints log had been put in place which recorded any complaints, concerns or compliments. Since the last inspection there had been three complaints and two concerns raised with the registered manager. Records included details of the issues raised along with the response and details of any action, where required. We noted that the concerns were issues raised by staff and did not directly involve people who used the service. These too had been followed up by the registered manager.

This demonstrated the provider listened and responded to people's complaints and concerns. The breach of regulation found at the last inspection had been satisfactorily addressed

Within the records and displayed in the office were 'thank you' cards which had been received from past clients as well as people still using the service. People commented. "Wanted to say to [registered manager] and her team of lovely girls 'thank you'. I class you as friends, you are all wonderful" and "You have all shown great kindness, you are all caring, considerate and pleasant and would definitely recommend you to anyone who needs care."

At our last inspection we found that care records did not provide sufficient detail about people's preferences, nor guidance required by staff to support people in a way they would wish. This was a breach of Regulation 9 (1) and (3)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we reviewed the care records for each of the three people and spoke with two people who used the service and the relative of one person. We found improvements had been made and the



breach of regulation found at the last inspection had been satisfactorily addressed.

One person told us, "Things are always discussed and I know what is in the file." We were told and records showed that regular review meetings were held to check what was working well and what, if any, improvements were needed. One person's relative said they too were always kept informed. The said that the registered manager would telephone them if there were any queries and that a communication book was in place at their relative's home so they and the staff could leave messages for each other. We were told this worked well and helped to ensure all parties were kept informed.

Since the last inspection the service has not taken on any additional work. However the registered manager told us that the process of referral and admission remained unchanged. The registered manager said once they had accepted a referral they visited the person to introduce themselves.

A further visit was arranged to discuss the care and support needed. Records showed that additional assessment information was also provided by the local authority.

A review of people's records showed that individual plans had been expanded upon so that staff were guided in the support people needed. This included the use of specialist equipment and where people had additional support needs, such as catheter care. We saw that records included assessment documents, a detailed support plan about all areas of daily living and health needs, relevant risk assessments and a summary plan, which outlined what was expected of staff during each visit. We found that records provided good information for staff about the needs, wishes and preferences of people and clearly demonstrated that people had been involved in the planning of their care and support. We saw regular reviews were carried out involving the person and staff team involved in the delivery of their care. This helped to ensure people's current and changing needs were effectively planned for and communicated to the team so that the person's needs were safely met.

## Is the service well-led?

### Our findings

The service had a manager who was registered with the Care Quality Commission (CQC). The registered manager is also a director in the company. They were present throughout the inspection.

A review of information prior to this inspection showed that organisational details held by Company House were not correct. We discussed this with the registered manager who said they had contacted the agency so that changes to the company details could be made.

At our last inspection we identified multiple breaches in the regulations. Due to our concerns we took enforcement action against the provider, imposing a condition to their registration. This stated, "The provider must not provide any regulated activity to any further service users without prior written permission of CQC." This condition remains in place. The registered manager said that whilst they had received referrals to the service they did not want to take on any additional work until improvements had been made.

During this inspection we checked to see what action had been taken to address the breaches in regulation. We spent some time speaking with the registered manager about what improvements had been made. The registered manager recognised that systems and processes had not been in place to demonstrate effective management and oversight of the service. Action identified within the previous inspection report had helped the registered manager to focus on the improvements required. To assist the registered manager in their role they had employed a care co-ordinator, who was office based 3 days a week. Their role was to support the registered manager in formalising the systems in place ensuring people who used the service and staff were effectively supported. During this inspection we found evidence to show that work had been completed to improve governance systems across the service.

The registered manager told us and information showed that they had undertaken further training and development to enhance their skills and enabled them to facilitate training to the staff team. Training included the Care Certificate, moving and handling and medication. They had also enrolled on an assessor course for basic life support and a Level 3 Award in Education and Training course with Social Care Academy. Completion of this training will enable the registered manager to support and guide staff in the safe delivery of care and support.

The registered manager told us they had also joined the North West Network for Registered Managers. This helps managers and providers share information, keep up to date with areas of best practice and supports them to ensure the continuous improvement of services provided to people.

We asked people, their relatives, staff and social care professionals their views about the management and conduct of the service. People told us, "I don't think anything could be improved" and "[Registered manager] is very friendly and approachable." One person also said they had not experienced any issues and that the service was stable and consistent. One person's relative described the registered manager as, "Ultimately very caring" and "Wants to do things by the book."

Staff we spoke with felt the service was "Well-led". They said the registered manager was, "Very open and reliable" and would listen to staff and quickly respond to any questions or queries raised.

Comments received from health and social care professionals were also positive about the experiences of people. One person said they were no longer involved with the service however the person they had been involved with had only positive things to say about the registered manager and entire support team. Other comments included, "Levels of good satisfaction are reported as to the service and the caring attitude of the team of staff", "[Registered manager] will contact me between visits to provide feedback, notify me of changes and raise any concerns they may have. [Registered manager] is thorough in her approach to risk assessment and will ensure safety of staff and the patient in relation to the use of equipment and moving/handling techniques" and "[Registered manager] is now dedicating her time to the management of the service and is actively seeking a senior to assist in managing the service. This has resulted in improvements to how the service is run."

During our last inspection we found there were no systems in place to assess, monitor and improve the quality and safety for people who used the service. This was a breach of Regulation 17 (1) and (2)(a) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we asked the registered manager to show us what action had been taken since the last inspection. We were told and information showed that some monitoring systems were now in place however these had yet to be embedded across the service. The registered manager said and records showed that checks were completed in areas such as; care plan reviews with people who used the service, maintenance of equipment, distribution of feedback surveys, staff supervisions and appraisals and team meetings. Other records showed that complaints were recorded; completion of staff training was monitored as well as audits of medication records. Audits to staff personnel files and care plans were not carried out. However we saw that a checklist was in place to ensure all information and checks were sought when recruiting new staff and new care plans had been implemented for the three people supported by the service. Records showed these were kept under review.

These systems needed embedding to demonstrate on-going monitoring and assessment of the service so that continuous improvements are made and sustained. This will help to ensure people continue to receive a standard of care and support which meets their individual needs.

The registered manager carried out unannounced 'spot checks' and observations on staff to check they were delivering the standard of care required. A review of records and discussions with staff confirmed what we had been told. This helped them to identify any training or practice issues which may need to be addressed with staff.

We asked the registered manager what they did where areas of improvement had been identified. The registered manager acknowledged that further developments were needed to formalise the systems in place. We were told that they planned to consolidate the findings from all checks and use this information to devise a business improvement and development plan. The implementation of such systems will help to demonstrate effective oversight of the service and show continuous improvements are being made to enhance the service people receive.

We saw that opportunities were now made available for people and their relatives to comment on the service provided. Regular review meetings were held with people and where appropriate their relatives, a minimum of twice a year. A review of people's records confirmed what we had been told and minutes were recorded of the discussion and those involved. Feedback surveys were also sent out. These had last been

distributed in March 2017. Information showed that overall people were happy with the care and support provided.

The registered manager had produced a newsletter, which was to be distributed to people who use the service and their relatives. We saw a copy of the first edition which included information about new staff that had joined the service and details of the last inspection report.

At our last inspection we found that update and accurate policies and procedures were not readily available for staff to refer to. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements were still needed. The registered manager acknowledged that whilst some information had been reviewed and updated this was 'work in progress' and a number of policies still needed to be reviewed to ensure they accurately reflected the procedures followed by the agency. This breach remained outstanding.

During our last inspection we found the registered manager did not seek feedback from staff members in order to continually improve the service. This was a breach of Regulation 17 (1) and (2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we were told that opportunities were made available for the registered manager and staff to meet together, to discuss their work and offer support to each other. Staff spoken with confirmed that meetings were held and minutes of the matters discussed were recorded. We saw these meetings provided staff with the opportunity to meet together and share ideas, as well promote consistency across the services.

The registered manager had also introduced a 'Weekly question'. This involved the staff team having an open discussion about their understanding of relevant policies and procedures, such as whistle blowing, safeguarding and accidents and incidents. This enabled the registered manager to establish staff understanding of the procedures in place.

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed

The provider advised us that there had been no incidents, which would need to be reported to CQC. However the provider was aware of their responsibilities in reporting any such incidents where necessary. This information helps us check the service is taking action to ensure people are kept safe.

Pre-inspection information requested from the provider, which is required by law, had been provided to CQC as requested.

The CQC rating and report from the last inspection was displayed at the agency office as well as on the provider web site.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were potentially placed at risk as clear and effective systems to support and direct staff in the event of an emergency were not in place. This was a breach of Regulation 12(2)(a) 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>Staff were not provided with accurate and up to date policies and procedures to guide them in the safe delivery of people's care. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>