All Seasons & Lauriem Associates LLP

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Inadequate
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. We gave the agency forty eight hours' notice ahead of our inspection visit because the service is a domiciliary care agency and staff are out in the community supporting people. The manager is also often out of the office supporting staff or attending meetings. We needed to be sure that both staff and the manager would be in.

All Seasons and Lauriem Associates LLP is an agency that offers personal care to two hundred adults with many varied needs, supporting them to remain in their own

Summary of findings

homes. They provide dementia care, respite at home, live in service, medication administration, and focuses on supporting people to use their local community, take part in social activities and develop independent living skills.

There was a registered manager in post at the time we visited. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Out of thirty eight people we spoke with, thirty four told us they felt safe, four people told us that they do not feel safe. They told us that a few staff were very inconsiderate in the way they treated them and this makes them feel unsafe with the staff. Some staff also told us that although they were aware of the agency's safeguarding policy, they were not familiar with it in order to guide them on what to do if they had concerns.

A few people and relatives felt at risk because they were not supported by skilled staff. They felt they were not safe. For example, one person's complaint was not passed to the manager for investigation, which we found to be a safeguarding issue and we raised this as a safeguarding alert to the local authority to make sure the person was protected.

Medicines were not administered safely. Medicines were being administered by staff to people when staff were only expected to prompt people to take their medicines. Records showed that some people had not received their prescribed medicines according to the prescriber's instructions.

Staff underwent induction training, and on-going training in order for them to carry out their role and responsibilities. There were enough qualified, skilled and experienced staff to meet people's needs. The permanent staff team comprised of staff, supervisors and a registered manager. The staff training schedule showed staff were trained in essential areas and staff we spoke with told us they received opportunities to meet with their line manager to discuss their work and performance. Staff said, "I had induction training, full day of Safeguarding Vulnerable adult, Dementia and then yearly updates" and "Yes we have supervision and appraisals. The supervisor carries out spot checks, like checking that I was doing things in the right way and to see if I needed to do things differently".

Staff understood how to meet people's nutritional needs. Care plans showed that people were supported to be able to eat and drink sufficient amounts to meet their needs and people were provided with a choice of food and drink according to their preference of food in their own homes.

We found that staff were caring. People said, "The girls look after me if I'm unwell, they help me in every way they can and I enjoy their company". People's care needs were assessed before they received a service. The supervisor visited people in their home before they received a service. Staff were knowledgeable about how to support each person in ways that were right for them and people told us that they were involved in their care plan. One person told us "I was involved in drawing my care plan up, which was good."

Staff had not always responded appropriately to people's needs. For example, we found in some cases that the assessed need of people were not met. We found that one person's medical needs were not responded to appropriately.

People were not always aware of how to make a complaint people had not always had their comments and complaints listened to. We found that not all people and staff were aware of it.

The agency had a quality audit system in place to make sure that the service assessed and monitored its delivery of care. However, the audit system had not been effective in some areas. Namely the areas which were identified as part of this inspection were referrals not being made to health professionals when needed; a complaint had not been passed on to the manager for investigation, people not knowing how to make a complaint and people not understanding that they have a care plan which they could be involved in if possible.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The agency was not safe.

Although there was a safeguarding policy, some staff were not familiar with it. People felt they were not safe.

Staff were not employed following safe and robust recruitment processes.

Risk assessments were not detailed and robustly managed. They did not focus on how to identify any action that needed to be taken and the timescale in which it would be completed to ensure that any risks were minimised.

Is the service effective?

Good

The agency was effective.

Staff received opportunities to meet with their line manager to discuss their work and performance in monthly supervision. Appraisals had been planned.

Staff understood how to meet people's nutritional needs.

People were supported to manage their health care needs. Records showed that people were supported to their medical appointments with other health professionals whenever people requested their service.

Is the service caring?

Good

The agency was caring.

Staff were caring. People's care needs were assessed before they received a service. People were given appropriate information and support regarding their care or treatment before care began.

People were treated with respect and dignity by the staff.

People were involved in their care and feel that staff took the time to communicate with them in a meaningful way. People were assured that information about them is treated confidentially and respected by staff.

Is the service responsive?

Requires Improvement

The agency was not always responsive.

In some cases, the assessed need of people were not met. The agency and staff had not always responded appropriately to people's needs.

Care plans and risk assessments were reviewed regularly with people's participation or if people's care needs had changed.

People were not always kept aware of the complaints system. Some people did not have their comments and complaints listened to and acted upon.

Summary of findings

Is the service well-led?

The agency was not always well led.

The registered manager worked with other agencies or professionals to drive their services forward. They worked with Skills for Care to develop apprenticeships within the company.

There was an open and positive culture at the agency. Staff were aware of the values and culture of the agency.

The agency had a quality audit system in place. However, the audit system had not been effective in some areas because it was not robust and had not improved the quality of the service.

Requires Improvement

All Seasons & Lauriem Associates LLP

Detailed findings

Background to this inspection

We inspected on 14 and 15 August 2014, our inspection team was made up of three inspectors and three experts by experience who carried out phone interviews of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experts by experience had home visits experience, and experience of supporting family and friends with healthcare needs.

We spoke with ten care staff and the registered manager. We also contacted health and social care professionals who provided health and social care services to people. These included community nurses, speech and language therapist, local authority care managers and commissioners of services.

As part of our inspection, we spoke with thirty eight people, seven relatives, one supervisor/trainer. We also contacted six health and social care professionals to obtain feedback about their experience of the service but received no response.

During our inspection, we looked at forty people's care records. These included care plans, health action plans, risk assessments and four people's daily visits notes. We looked at eighteen staff files, a sample of the provider's audits, satisfaction surveys, staff rotas, and the service's policies and procedures.

Before the inspection the 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 reviewed the information included in the PIR along with information we held about the home. We reviewed our records including correspondence, notifications and safeguarding alerts received by CQC.

At our last inspection on 22 January 2013, no concerns were noted.

Inadequate

Is the service safe?

Our findings

While the majority of people told us they felt safe, some people told us that they did not feel safe. One person said, "I am as safe as can be". However, another person said, "My carer is very inconsiderate in the way she treated me and this makes me feel unsafe with her". Relatives also made comments such as, "We are confident that our relatives were safe and well looked after", "It was an absolute given that they felt safe with the staff".

A few people and relatives felt at risk because they were not supported by skilled staff as they had not put the training they had into practice. They felt they were not safe. For example, they did not think that carers were adequately trained in using slings/hoists properly, which raised some doubt about safety. One person said, "The previous day the carer had not positioned my legs in the sling correctly and had then tried to rectify it while I was in mid-air". Another person told us "Whilst assisting me to wash, the carer had drawn the towel across my body in a particularly harsh manner and this made me sore for some time afterwards. My carer always shouts at me and I have complained to the office about this behaviour but nothing was done". We spoke with the registered manager about our findings and we were told that they were never notified of this particular incident/complaint. We informed the registered manager that we will be raising this issue as a safeguarding referral to the local authority.

There was a safeguarding adult protection policy in place, which detailed what actions would be taken by the provider to help keep people at risk safe. Safeguarding contact information for referrals and notifications were seen on file. Some staff had an understanding of safeguarding and their role in protecting people they supported. Staff understood and gave examples of what constituted abuse. They knew how and to whom they should report any concerns that they had about the welfare of people in their care. A member of staff said, "I have done safeguarding training. If there is an allegation of abuse, I will report it to the manager immediately, write it down and inform the office". However, when we ask staff if they were familiar with the provider's safeguarding policies and reporting procedures, some staff told us that although they were aware of the safeguarding policy, they were not familiar with it. They said, "We go over the policy but I wouldn't know where to find it if I needed to read it", "We have the policy but I cannot remember the details" and "We do but I do not remember what it says".

Suitable arrangements were not in place to safeguarded against the risk of abuse. This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were not always employed following a robust recruitment process. Out of the 18 staff files we looked at, we found that while some included completed application forms, which had members of staff's education and employment histories, nine did not have a full employment history. Out of the 18 staff files looked at, we found only one reference in two separate staff files despite evidence that two references were requested. Interview notes in staff files showed that staff had been interviewed as part of the recruitment process. Information in staff files demonstrated that recruited staff had qualifications such as national vocational qualifications (NVQ) levels two and three which are required to care for people. Each file contained evidence of satisfactory pre-employment checks such as criminal record checks and disclosure and barring services checks. Files also contained proof of identity such as copies of passports, driving licences and birth certificates.

Care records showed that each person had a personal support plan including information about their health needs. People were supported to participate in their support plan as far as possible. However, risk assessments in all care records only detailed the support needs of people, they did not focus on how to identify any action that needed to be taken and the timescale in which it would be completed to ensure that any risks were minimised. This meant that staff were unable to support people in a safe way that takes their individual needs into account. For example, where risk assessments identified risk of falls as 'medium', there were no risk management plans in place to minimise the risk. Another example related to a person who had a pressure sore. We found no risk assessment for this, or management or treatment plan and there was no risk management strategy in place. Mobility was risk assessed as high but there was no risk management plan in place for staff to refer to.

Inadequate

Is the service safe?

The provider failed to adequately manage risks associated with people's welfare and safety and did not give staff appropriate guidance on risk management. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

As a result of our findings on risk assessments, we looked at people's medication records in their care records and found that medicines were being administered by staff to people when they were directed in care plans to prompt people to take their medicines . For example, in one person's records staff signed the medication administration record (MAR) sheets to say it has been administered, however the care plan stated that staff were to prompt only. Staff told us that they were helping as the person had sight problems and they checked that there were the correct number of tablets in the person's dossette box, and signed to say they had taken them. The responsibilities of the care home staff, which was written in the resident's care plan was to prompt some people to administer their medicines as they self administers. We noted that staff had signed the MAR sheet after prompting which should not have been. The MAR sheet is a record of what staff administer to people and not prompting.

MAR sheet records showed that some people had not received their prescribed medicines according to the prescriber's instructions. There were gaps (no signatures) on the MAR sheet, which meant that the medicines were not given. For example, in one person's MAR sheet three separate medicines were not administered as stated in their care plan. One family member said, "I feel that my parents are safe but also carers did not always give my parents their medication, as I had found some tablets thrown away on the ground".

Care plan instruction on medicine administration was not followed by staff and medicines were not administered correctly. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider operated an on call system, in order to respond to any concerns including any safeguarding incidents out of office hours on weekdays and at weekends. The registered manager confirmed this and said, "The agency uses a central phone number in times of emergency and someone is always available". This demonstrate that the agency ensured that they were able to respond to emergencies during out of office hours in order to keep people safe.

Good

Is the service effective?

Our findings

People said the service was effective. One person said, "It's usually the same person who comes about the same time every day. We get on very well together. Everything's tip top". Another person said, "They provide my personal care, no-one else can do that, reliable, never let us down in six years".

There were enough qualified, skilled and experienced staff to meet people's needs. The permanent team comprised of staff, supervisors and a registered manager. the staff training schedule showed that staff were trained in areas such as medication administration, moving & handling, safeguarding adult, first aid, dementia, equality & diversity, health & safety, personal care and food hygiene.

Members of staff told us about their induction, they said they received appropriate company's induction based on skills for care guidance and on-going training in order for them to carry out their role and responsibilities. Staff said, "I did moving & handling, first aid, health and safety and safeguarding vulnerable adult, as part of my two weeks induction. I also completed four days shadowing in the community." and "I did lots of different trainings in two full weeks and did two weeks of shadowing too". The manager explained that work shadowing is a way of providing an experienced staff to accompany a new staff as they perform their job role in the first few weeks of joining the agency. Staff records we looked at showed that staff were taken through a comprehensive staff induction programme developed by the provider which included basic training subjects. Evidence showed that they worked alongside other staff until they had been assessed as being able to work on their own, which enabled the staff to gain practical skills from the experienced worker.

There was evidence that staff had opportunities to meet with their line manager to discuss their work and performance. Records showed that some staff met with their supervisor in July 2014 and discussed work progress. They told us they felt well supported and were provided with essential training, including induction to make sure they had the knowledge and understanding to provide effective care and support for people. One staff said, "We do have lots of supervisions. Even more now which is a good thing". The manager confirmed this in the PIR we received which stated, 'Staff supervision and appraisals are completed regularly with the Registered Manager'.

However, staff files we looked at showed that annual appraisals were not carried out for some staff. We spoke to the manager about this because failure to carry out staff appraisals may adversely impact on staff ability to meet performance standards. We were told that appraisals were due and planned for. Records showed that these were planned for 2014/2015.

Staff understood how to meet people's nutritional needs. Care plans showed that people were supported to be able to eat and drink sufficient amounts to meet their needs. People were provided with a choice of food and drink according to their preference of food in their homes. We found that care plans contained instructions to staff such as, 'Leave safe with a drink of choice'. Staff had written in daily notes when they had given people food and drinks and had left drink(s) before they left the person's home. Staff had been trained in food hygiene which focused on food preparation, cleaning and cross-contamination. Training in this area helped staff understood the principles of safe food preparation. The policy on nutritional care dated 2013, stated that 'Lauriem is dedicated to ensuring that all service users receive a well-balanced and nutritional diet'. Most of the people we spoke with said that there were happy that they had adequate food and drink and meals were as they wanted.

We found that most staff spend agreed specified time with people. People made comments such as, "It depends on the traffic, they do spend enough of the time here". However, some people told us that they felt rushed at times. One person told us that one member of staff "rushes me" and that they never stayed longer than 20 minutes instead of 30 minutes allocated. The staff also frequently recorded, 'had a nice chat' but the person said, "I never chatted". Three people out of fourty-five said that staff did not always spend the full amount of time with them. This meant that although the majority of staff spent the agency allocated time with people, some did not, which could affect the level of support given to people adversely. The visit log we saw showed that some staff visit times were erratic and not consistent. We spoke with the manager about this and we were told that the supervisor monitors the visit times and people's comments. These are addressed with individual member of staff as at when appropriate.

People were supported to manage their health care needs. One person told us, "They arrange all things for hospital

Good

Is the service effective?

appointments for you when you ask and a carer will go with you, it takes all the work out of it. I needed taking to hospital, rang Lauriem office to see if they knew someone who was willing to take me – they sorted it". Care plans contained information about people's health needs and medical conditions along with guidance for staff.

Records showed that people were supported to their medical appointments with other health professionals whenever people requested their service. A physiotherapist who visited the home regularly told us that staff worked very hard to make sure people received the support they needed. We observed that the physiotherapist had written in the care plan for the person they had visited that day and staff were aware of the treatment they had given and the person's treatment plan.

Good

Is the service caring?

Our findings

People said, “They largely do everything that is required of them for me and I am happy with this”. A relative told us, “It’s wonderful. They’re really lovely with mum /dad. Mostly it’s a good team. They really cheer him up and have fun with him. They brighten his day.”

People told us that they were treated with respect and dignity by the staff. For example, people felt that staff take time to communicate with them in a meaningful way. Comments included, “Some care staff talk to me and are helpful, which is important”, “The carers my relative has are very kind, patient and caring” and “They’re friendly”. Other people said, “Got on well with the staff, they are kind and treated me with dignity and respect” and “They are good, kind and respectful”.

People's care needs were assessed before they received a service. The supervisor visited people in their home before they received a service. People were given information and support regarding their care or treatment. Before care began, the manager provided a booklet that included the service's statement of purpose and comprehensive information. This information included the range of services available, their cost, the service's assessment, review process, the service's equal opportunities policy and the complaint procedures. Staff carried out various assessments and gathered basic information to complete their individual care plan, which included information about the person’s life, risk/care needs assessment, environment , personal care, medication amongst other areas. The manager told us that they carry out a full initial assessment before commencing any service and develop a care plan and risk assessment for the person. The manager showed us the newly developed care assessment booklet used that enabled the agency to have information on which to make a decision about whether the service could meet people’s needs. People also told us that they were involved in their care plan. We heard comments like, “I was involved in drawing my care plan up, which was good”.

Staff told us how they involved people in their care. A member of staff said, “We help people by knowing how they communicate, if one person needs prompting to talk louder, we will encourage them and if we need to lip read for another and write it down, we will do the same because it is important to involve them in their care”. A member of staff described how they offered people a choice of where they wanted to spend their time in their home, which was either in the lounge or in their bedrooms. Staff told us that people were sometimes supported to go out in the community if this was part of their care package. This demonstrated people’s involvement in their local community and showed that staff ensured people’s dignity and respect were promoted in making informed choices.

Staff were knowledgeable about how to support each person in ways that were right for them. Staff were able to discuss the needs of people and the ways in which individuals were supported. Staff told us, “People have different needs, so the support needs are different. If one person for example is becoming more frail, I will report it to the office for reassessment”, “I give people choices on what clothes they want to wear, what toiletries, ask people what they like. Don’t assume. Choice of food every time.” and “We ensure their privacy and dignity by making sure the people tell us how and when they want things done”. One relative said, “They’ve been ever so good. I can’t really fault Lauriem. They put my mum at ease. The person who comes mainly has built up quite a bond with my mum, which is good”.

People are assured that information about them is treated confidentially and respected by staff. People were provided with information in the ‘guide to services’ about how their information would be used or shared. People’s personal records were stored securely and there were systems in place to make sure the office was secure. Staff understood how to protect people’s privacy and dignity. Staff made comments such as, “We maintain people’s dignity by protecting them, not talking about them to other people, don’t talk over them, involve them in the care being provided and use the right equipment such as a hoist when lifting” and “We maintain their dignity and respect them by the way we treat them. We make sure everything is kept confidential”. The manager/provider had policies and procedures in place to make sure staff understood how to respect people’s privacy, dignity and human rights.

Staff demonstrated how they encouraged people to make their own choices and promoted their independence. They said, “We risk assess the situation, speak to person, suggest safer options if we feel the need, talk to care manager, make sure the person’s independence is promoted”, “We are there to promote independent living but we first assess

Good

Is the service caring?

the risk and talk to them about it" and "We encourage them to do as much as possible like brushing their teeth, bathing etc. I just let them do as much as they can for themselves, which is very important".

Requires Improvement

Is the service responsive?

Our findings

People told us they received personalised care. They said they could change anything about their care if needed by contacting the office. They said that staff in the office were flexible and responded quickly if they asked for anything to be changed such as times of visits or extra support. People told us they were visited regularly by the provider. The made comments such as, "I needed taking to hospital, rang Lauriem office to see if they knew someone who was willing to take me and they sorted it" and "it was half an hour at the start, not good enough, they rang social services to get an hour". However some people feel one or two staff do not provide this. "One relative said, "I am not happy with two individual care workers because one stands about doing nothing and the other is making comments and I spoke recently to their team leader about it. It was only now that she said she would look into it. We discussed this with the manager and we were showed records of how they effected a change of staff in response to the family. The provider and staff had not always responded appropriately to people's needs. For example, we found that the assessed need of some people were not met. For one person who was diagnosed to have a terminal illness, there was no information about other people who were involved with this person's care, such as specialist nurses despite the person saying they were in constant pain. In some daily records showed that assessed healthcare needs were not followed up. For example, in one person's records, staff wrote that they were in a lot of pain. We showed our findings to the registered manager who told us that the family was responsible for follow ups on the person's healthcare needs. However, the provider did not check to see if appropriate referrals were made of care manager informed. The registered manager was unable to evidence how this person's health care needs were being regularly assessed or met.

Other daily records seen were completed by the staff, and provided a picture of the person's day. This included the personal care given, the person's mood, activities carried out, health needs, and the nutrition they had received. Staff had time to read daily notes before their shift started, to ensure that they were kept up to date with people's changing needs. An example of a daily note written stated that 'They appeared well and was assisted with their clothing, leg look mottled. Leg creamed, cream to heels. Made egg sandwich and cup of tea and curtains drawn'. A member of staff we spoke with said, "I go through the care plan, look back to see what people have eaten, observe people during visit." Another said, "I always write in the daily notes and read the notes before I start work. I would ring the supervisor or the office if I am worried about someone". They showed how staff monitored personal hygiene and highlighted any issues of concern. Some of the daily records also cross referenced with the care detailed in peoples' individual plans. They were signed and dated; they showed the number and type of visits that people needed.

The registered manager told us that care plans and risk assessments were reviewed regularly with people's participation or if people's care needs had changed. We saw some records that confirmed this. People told us that their care and support needs had been met and that staff had listened to them and were respectful of the decisions they had made. One relative said, "We were all involved in writing the care plan for mum, together with the social worker, which is good". There were processes in place to manage expectations of people such as having same care worker working with them in a consistent manner.

There was a complaints procedure in the service user's handbook given to people when they started with the agency. The complaint policy contained information on timescale for responding to complaint, how to complain for example, where to write to, whom to ring and what would happen if their complaint remained unresolved locally. It included contact details of external agencies people could contact if they were unhappy with the outcome, such as the local government ombudsman, local authority social services and Care Quality Commission (CQC). People and staff told us that they were aware of the complaints policy and procedure as well as the whistle blowing policy. However, we found that not all people and staff were aware of it. One person commented that 'The complaint is always documented promptly but a response is never received'. Staff told us that they know that there is a complaint policy, which was gone through at induction but they do not know the procedure to follow if something went wrong.

The complaint log dated August 2014 showed the agency had a complaint from a family member regarding a missed call. This was investigated, and explained to the family member that it was due to a newly installed computer

Requires Improvement

Is the service responsive?

software system and telephones. The agency took action which stated that the co-ordination team was to monitor. An e-mail and a letter was sent to the family member, all within the stated timeframe.

The registered manager had four compliments on file saying thank you for the care people had received. They included, 'We would like to thank you all so much for the help over the past few years. We could not have got so far without you and will miss everyone terribly.' and 'Thank you for all the care and support that you gave my dad. Your work is vital to support elderly disabled people in their own homes and I hope you know how valued you all are'.

Requires Improvement

Is the service well-led?

Our findings

People told us the agency was, "A star company, they need a pat on the back, especially the carers" and "Very well managed". However, we heard other comments such as, "Adequate for what they can do", "5 out of 10 marks, that is what I would give", "At the moment rotten, a small 5 out of 10 marks".

All Seasons and Lauriem recently merged as a Limited Liability Company. The agency had a registered manager in place and they told us the company was going through management changes at the time of our inspection. These changes would affect the total management structure of the company. We were shown the management chart that was developed, which showed that the agency had planned for a robust staffing and management structure. However, people felt that since the merger of Lauriem and All Seasons, things were not going quite right. One person said "It's gone downhill a bit since they merged – they can't get workers". This meant that a few people did not have confidence in the provider since the merger as at the time we inspected.

We asked the registered manager if and how they have linked with other agencies or professionals to drive their services forward. We were told us that they have recently won a grant from Skills for Care to develop apprenticeships within the company. Apprenticeship is a system of training a new generation of practitioners of a profession with on-the-job training. This would enable them to adequately train staff to meet people's needs.

People and their representatives were asked for their views about the agency through annual questionnaires. Responses to the latest questionnaire showed that some people were happy and some not happy with the service provided. Comments from people included, 'Overall, I am very pleased with the service I receive from the care workers and Lauriem. I would however like to comment on the service I receive from the office when I phone up to ask for a call back. Mostly my messages are not passed on'. 'Wonderful service, very satisfied with service given, thank you' and 'They are wonderful all the time'. The agency acted on people's comment by putting a 'quality assurance – welfare checks 2014' in place. This system looked at each person supported and any issues, an action plan was put in place to rectify any issues people raised so that the provider could provide services that people were happy with. For example, the registered manager made staffing changes in the office in response to people's comment about not receiving a call back.

Staff were aware of the values and culture of the provider, which was 'we deliver quality care services to meet individual needs and maximising independence'. This was included in the staff handbook provided to staff when they started working for the agency. It also contained a number of policies and procedures such as safeguarding, whistleblowing, complaints and disciplinary procedures. The policies and procedures gave guidance to staff in a number of key areas. The registered manager told us in the PIR that 'It is emphasised on induction and further updates that the company has an open culture of reporting and recording errors and omissions. Feedback from the staff is an important part of developing company policies and procedures and maintaining a quality service delivery'. We asked staff how they would describe the quality of service people receive and we heard comments such as, "I do think they are a caring company – this is important to me", "I think we give very good service. People thank you daily for what you have done for them" and "Quite experienced managers who are caring which filters down to all staff".

Open communication was promoted through regular staff meetings which gave staff the opportunity to make suggestions and raise any questions or concerns. The provider also had supervisors meetings. We looked at the minutes of June 2014 and found that the reviews of people's care plans were discussed. We also saw the minutes of a managers meeting held in June 2014 at which business performance, recruitment, care plans, staff plan and CQC inspections were discussed. This promoted shared understanding of the key areas of improvement and how these could be achieved collectively.

The provider had a quality audit system in place to make sure that the manager assessed and monitored its delivery of care. This looked at aspects of the service such as client files, general information, risk assessments, and medication records amongst other files. Staff supervision and appraisal schedule including training dates were planned for 2014. However, the audit system had not been effective in some areas because it was not robust and had not improved the quality of the service. For example, referrals not being made to health professionals when needed, a complaint not being passed on to the manager

Requires Improvement

Is the service well-led?

for investigation, people not knowing how to make a complaint and people not understanding that they had a care plan which they could be involved in. Robust audit system in place would have improved the quality of the service provided by the provider.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse People who use services and others were not protected against the risks of abuse because not all staff were aware of the agency's policy on safeguarding vulnerable adult and its procedure to keep people safe. Some people did not feel safe.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The provider failed to adequately manage risks associated with people's welfare and safety and did not give staff appropriate guidance on risk management. There were no risk management plan in place to minimise the risks to people who used the service.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Care plan instruction on medicine administration was not followed by staff and medicines were not administered correctly.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.