Nestor Primecare Services Limited

Allied Healthcare Havering

Inspection report

3-4 Midland House
109-113, Victoria Road
Romford
Essex
RM1 2LX

Tel: 01708478712

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 9 and 13 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection.

Allied Healthcare Havering is a domiciliary care service. The branch's office is based in Romford, Essex. The service is registered to provide personal care and support to people living in their own home, within the county of Essex. At the time of our inspection, the service provided a service to approximately 260 people, who received personal care and support in their own homes. The service was in the process of providing personal care to approximately 20 children under the age of 16 in the local community who had learning disabilities, autism or physical disabilities. Respite care for parents of children with disabilities was also provided by the service, which meant that parents were able to rest while a care worker looked after their child, often by taking them on activities or to school.

The inspection was carried out over two days in June 2016 and was announced. The service was previously inspected in 2013 and met the standards we inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Adults and children were cared for by staff who had an understanding of their needs. Systems were in place to ensure that people were protected from the risk of abuse. Staff were aware of the different types of abuse and how to respond. Adults and children had their individual risks assessed and care workers were aware of the plans in place to manage the risks.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately. Medicines were administered by staff who had received training to do this. The provider had taken sufficient action in response to recent concerns about medicine administration and we have made a recommendation in relation to this.

Staff had been recruited following appropriate checks and the provider had sufficient staff available to provide support to people in their own homes. People told us they received support from care workers who understood their preferences and encouraged them to remain as independent as possible. They were listened to by staff and were involved in making decisions about their care and support. Adults and children were supported to meet their nutritional needs.

Staff received essential training in a number of relevant topics but we were not assured that staff had received adequate training on the Mental Capacity Act 2005. Staff were not familiar with the principles of the

Act and what it meant when caring for people who did not have capacity to make decisions.

Staff told us that they received support and encouragement from the registered manager. They were confident that any concerns raised would be addressed. People who used the service and their relatives also felt able to talk to the registered manager or the service delivery manager and said that any issues were dealt with quickly.

The registered manager monitored the quality of the service provided and sought feedback from people about the service. The Havering branch was overseen by the registered provider, who regularly kept in contact with the registered manager.

We have found one breach of the Health and Social Care Act 2008 (Regulated Activities) and you can see what actions we have asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was mostly safe. Staff understood how to protect adults and children from harm and abuse. Staff supported people in a safe way.

Staffing levels were sufficient to support people safely and staff were recruited appropriately.

Staff did not always support people to take their medicines safely. However, the service has taken appropriate measures to ensure improvement in this area. We have also made a recommendation about providing additional training to care staff on the possible side effects of medicines.

Is the service effective?

Requires Improvement

The service provided was not always effective. The care staff did not always receive the training they needed to ensure that they supported people safely and competently. We have recommended that the training programme be reviewed to ensure that staff receive all of the necessary training in a timely way.

Systems were in place to ensure that people's human and legal rights were protected.

Adults and children had access to healthcare professionals when they required them.

Systems were in place to support people with their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were appropriately involved. Staff respected people's individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was a complaints policy and procedure in place which enabled people to raise complaints. Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led. The management team were approachable and supported staff.

The service recruited effectively and staff were valued and received the necessary support and guidance.

The service had a robust quality assurance system. The quality of the service provided was monitored regularly. People and their relatives were able to provide their views on the service so that improvements could be made.

Allied Healthcare Havering

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 took place over two days on 9 and 13 June 2016 and was planned to check whether the provider was 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 under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of one adult social care inspector. Before the inspection, we reviewed the information that we held about the service. This included any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We looked at the provider information return (PIR) and the notifications that the provider had returned. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection, we spoke with the registered manager, the service delivery manager, a field care supervisor and four care workers. We also spoke to office based staff including a care coordinator and a training facilitator. As part of the inspection process we also spoke, by telephone, with eleven people who used the service and six relatives. We looked at documentation, which included ten people's care plans, including risk assessments; ten care staff recruitment and training files and records relating to the management of the service.

Good

Is the service safe?

Our findings

Adults, children and their relatives told us that they felt safe using the service. One person told us, "Yes my carer does their work safely." Another person said, "The care is very safe." A relative told us, "They are lovely and are very helpful. My relative is definitely safe. They have identification and wear a uniform, so we know who they are. "

Care workers told us they had received safeguarding adults training and were clear about their responsibility to ensure that people were safe. Staff, relatives and people who used the service were confident that any concerns would be listened to and dealt with by the registered manager. A care worker said, "I would report to our managers if we have concerns about someone being abused." Staff were aware of the provider's whistleblowing policy and knew of the procedures to report concerns about practice within the organisation. Care workers that provided care and support to children had received training in safeguarding children from abuse.

The service provided care and support to people with complex care needs, including children. We saw that the service carried out and reviewed risk assessments. We found that risks to people's safety were assessed and clear guidance was provided to staff about any identified risks. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks around pressure sores, nutrition, falls, their home environment, manual handling and any skin conditions, where this was applicable. The risk assessments were reviewed at least every six months or sooner if needed. More complex care packages for children were reviewed every eight weeks.

Staff recruitment files showed that the service had a safe recruitment procedure in place and had sufficient staff to cover different areas of the service. Care workers completed application forms outlining their previous experience, provided references and attended an interview as part of their recruitment process. We saw that a Disclosure and Barring Service (DBS) check had been undertaken before the member of staff could be employed. This is a check to find out if the person had any criminal convictions or were on any list that barred them from working with people who use care services. However, not all recruitment files had sufficient information in them that detailed a staff member's full employment history. We saw for one care worker there was an unexplained gap of more than 5 years, where there was no information in recruitment documents of their work history during that period. The registered manager said, "Some of our files are old and have not been updated to our new filing requirements." We have recommended that the service updates its recruitment records. The registered manager assured us that they would carry this out.

People were supported to receive their prescribed medicines safely. All staff received medicines administration training. People who needed support with their medicines told us that they were satisfied with the arrangements and confirmed that they were asked for consent by care workers before taking their medicines. A care worker explained how, "We always make sure we complete the MAR sheet (Medication Administration Record) after prompting someone."

We asked care workers if they understood how warfarin was administered, which is a type of drug that helps to reduce the likelihood of blood clotting. Care workers told us that they would look at previous records for the dose that was recorded in a yellow book that was kept in a person's home. One care worker said, "We make sure we look at the dosage so we know how much to give the service user. The information is usually checked by the district nurse and is kept up to date." A relative said, "The carers always take care with medicines, they manage them safely and seem to know what they are doing."

However, the service had alerted the local authority and the CQC of errors care workers had made when administering medicine, such as warfarin. We noted that the service had taken action to address these issues and had raised safeguarding alerts as a precaution. Issues that had arisen included extra doses being given to people by care workers by mistake. We saw that managers had taken steps to immediately ensure the safety of the person and to discuss errors with all staff. A letter was sent to care workers reminding them of their responsibilities when administering medicine and the actions they should carry out when carrying out this task. The registered manager said, "My staff need to learn the correct procedures to follow and we will support them and provide additional training. We take medicine very seriously and we cannot keep making these mistakes." We looked at staff files and saw that staff who gave medicine had received training. We saw that there were competency assessments to ensure that staff understood the medicine administration process, although there were no assessments to ensure staff understood the side effects of medicine they administered.

We recommend that staff are provided with training about the potential side effects of medicines and that more robust quality audits are carried out in relation to medicine administration by care workers.

We spoke with care coordinators who managed the rota in the office. One coordinator told us, "We make sure that there is always staff available and that a visit is never missed. We have enough staff to cover absences and sickness." We saw that there were always two care workers or "double ups" for a person that required manual handling assistance, such as for the use of a hoist to help lift them up. Care workers were trained to use such equipment. Care workers told us they had sufficient time to deliver the support that was detailed in people's care plans. One care worker said, "We get our rota for the week five days before and it is always at times that suit us and our service users. The shifts are regular and don't change much so they work for us."

Care workers also explained that they used Personal Protective Equipment such as gloves and aprons, to prevent any risks of infection when providing personal care.
They entered and exited people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell or entering with a 'keysafe'. This was a secure key to the home that is only accessible with a passcode. Care workers were required to identify themselves when they entered a person's home and carried identification and wore a uniform supplied by the registered provider. Care workers were happy with their workloads and schedules. People who used the service were satisfied with their care workers and with the arrangements for their care. The registered manager said, "Our systems always tell us what we are doing right and what actions we need to take so that we know we are delivering a safe service." The service delivery manager demonstrated to us how the allocation of care workers to a particular local area meant that they were able to navigate their visits to people in a familiar pattern. They said, "We use a geographical system called 'rounds' which is more manageable and avoids disjointed visits where the carer has to go from one side of town to another. It is walkable and reduces the risk of being late."

Adults and children received care and support at times that they required. The registered manager demonstrated an online system that the service used to coordinate the days and times that care would be provided to people. From looking at rotas, daily notes and time logs, we saw that care workers were able to

cover shifts, take breaks and complete tasks most of the time. We saw that there were occasions when care workers would arrive at a person's home and then leave earlier than the time scheduled. The registered manager explained that care workers were permitted to leave early if the person notified the worker they no longer required them to stay for the full half an hour or hour. The Local Authority informed us that they would undertake a review of these cases. Care workers were also permitted an additional thirty minutes prior to arriving to their visit and to complete their visit, to allow for potential delays such as traffic or an emergency. We saw that there were improvements made over the past year to ensure that care workers provided care and completed their work on time.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us the care workers met their individual needs and that they were happy with the care provided. One person told us, "I have a regular carer, they are really good." Another person said, "I know the carers. They come every day and are fantastic."

We checked whether the service was working within the principles of the Mental Capacity Act 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered provider's policy in relation to the MCA was thorough and contained helpful information for staff. Care workers had some understanding of people's abilities to make decisions and what this meant in ways that they cared for people. They said they would discuss any concerns with their manager. However, we found that staff did not have an understanding of the systems in place to protect people who could not make independent decisions and of the legal requirements outlined in the MCA and Deprivation of Liberty Safeguards (DoLS). We found that they had limited understanding of the Act and there was little evidence that staff had attended any training. This meant that staff did not have sufficient knowledge to effectively support people who lacked capacity. The registered manager told us, "Yes, I would like our staff to have had more training and understanding of the MCA."

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

Otherwise, people's consent was sought before any care and treatment was provided and the care workers acted on their wishes. They told us that care workers asked for their consent before they provided any care. People were able to make their own decisions and were helped to do so when needed. Staff had an understanding that some people required family members to make decisions on their behalf because they cared for people that had dementia.

Care workers told us they received training and support in other areas to carry out their roles. We looked at the care workers' training and monitoring records, which confirmed this. Care workers had received training in a range of compulsory subjects, which included the principles safeguarding adults, management of medicines, moving and positioning, dementia awareness, first aid and preventing the spread of infection. A training register for each topic indicated care workers that had completed or attended the training and was signed by the worker. The training incorporated Care Certificate standards, which were a new set of standards for health and social care workers to follow. They received refresher training of important topics every one to three years and the service used an electronic system to identify which members of staff were due to attend a refresher course. Some staff were also completing diplomas in health and social care. Care

workers were also required to complete workbooks, in their own time, on topics such as infection control and fire safety.

Care workers who were newly recruited completed an initial induction and could shadow more experienced workers, also called care coaches, to learn about people's individual care needs and preferences. We saw details of competency assessments and spot checks that took place after three weeks, seven weeks and thirteen weeks for new care workers. A field care supervisor who was responsible for monitoring care workers said, "We try to make sure each new employee receives a minimum of three shadow opportunities before we sign them off so that they are confident."

Staff were supported to provide care to children with complex care needs, where applicable and were assessed before they could carry out any personal care or clinical work. During our inspection, we saw that some staff were undertaking induction training in providing care and support to children. We asked them about their thoughts on looking after children and one care worker said, "I am really looking forward to it, I wanted to have an opportunity like this. It's a different challenge but the agency is supporting us with important training, such as safeguarding children from abuse and medication." We viewed a training calendar and saw that induction training for children's services and safeguarding children was scheduled for the coming months. The induction for providing care to children included clinical training such as percutaneous endoscopic gastrostomy (PEG) feeding, which is the feeding of people through tubes. The service employed qualified nurses that supervised care workers who were providing care to children with complex needs. A care coordinator told us, "We have nurses who sign off the carers and make sure each is trained and authorised to provide care to each child or adult that they give personal care to."

Care workers told us the induction training they received provided them with the knowledge they needed. A care worker informed us that, "The training and induction really helped me when I started it. It prepared me well for the role and I love it." Care workers were supported and monitored by the service manager, care coordinators and field care supervisors. They received a handbook when they began their employment, which set out codes of practice, terms and conditions, the service's aims and how to ensure they kept themselves and people safe. Care workers confirmed that they had read the handbook and were familiar with it. This ensured that staff were aware of their responsibilities when providing personal care to both adults and children.

Supervision meetings took place every four to six months for office based staff and care workers, who said they found supervision helpful and supportive. Care workers received annual appraisals, performance and development reviews which was confirmed from the records we looked at. They were required to meet a range of objectives, set by the registered provider, including training and development to gain further skills. We saw that care workers were also able to talk about their relationship with the people they visited and any concerns they had about the delivery of their care.

Field care supervisors or care coordinators from the service visited people in their homes after a new care package had commenced and carried out unannounced spot checks and telephone calls. This ensured that care was being delivered and people were satisfied with their care worker. We asked people if staff from the service had visited to review the care provided and three people confirmed that they were visited or telephoned.

Where needed, adults and children were supported to have sufficient amounts to eat and drink and had their nutritional needs met by care workers. People told us that care workers provided them with food or gave them hot or cold drinks, when they asked for them. One care worker told us, "We make breakfast or lunch on a daily basis for a lot of our service users." People's dietary intake was monitored and recorded.

We saw evidence that people's weights were monitored and noted in their care plans. Staff checked up on people's health and care needs, and consulted with professionals involved in their care to support them to maintain good health.

Care workers took appropriate steps when a person was unwell and knew what to do in emergencies. A care worker said, "I would phone the GP or an ambulance and would let the office know as well." A person told us, "Oh yes the carers make sure I am feeling well and I'd tell them or my relative if I wanted to see a doctor." We saw records that showed care workers had taken the appropriate steps when a person had been unwell.

Good

Is the service caring?

Our findings

People and their relatives told us that the care workers treated them with respect and kindness. One person said, "The carers are lovely, very polite and caring." Another person said, "They are very understanding and caring. My carer is wonderful and I wouldn't change them." A relative told us, "The carers are very respectful of my child and are doing a good job."

Adults, children and their relatives confirmed their privacy and dignity were respected by care workers at all times. Care workers knew about people's individual needs and preferences and were respectful and caring in the way they spoke with us about people they cared for. One care worker told us, "We always make sure that our service users are comfortable. We respect their privacy and close doors and curtains when giving personal care." Another care worker said, "We always ask for consent or ask if it is ok for me to do something and inform them what I am doing. We respectfully ask the family to excuse us when we are doing a personal care task. With children, often the parent is with us when we are giving personal care."

Care workers told us it was important that they saw the same people as this enabled them to build up positive relationships. A care worker said, "It is important to have a relationship with people. We are going into their homes so we have to also be friendly and caring, treat people properly." One person told us that care workers were "very friendly and we have a laugh and a joke sometimes." Other comments from people who used the service complimented staff on how they were "very considerate" and "had smiles on their faces, cheerful." One care worker said, "I love caring for people and love what I do."

Adults, children and their relatives told us that information was shared by the service with them. We looked at records held in the office and saw that consent was confirmed with people and relatives and the contents of care plans were agreed. Records showed that people signed care plans prior to receiving care and support and that people had been involved in their care planning.

People's care records identified people's specific needs and how they were met. Files held in the office indicated when reviews were due. Records also provided guidance to care workers on people's preferences regarding how their care was delivered. For example, one person's care plan informed the care worker that, "I want to maintain a high level of personal hygiene and look smart." Where people's needs or preferences had changed these were reflected in their records This ensured people received support which reflected their current care needs.

Good

Is the service responsive?

Our findings

Adults, children and their relatives told us the service was responsive to their needs for care and support. One relative told us, "Yes, the service responds when we contact them or if we request something." Each person had a care plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

Adults, children and their relatives told us that their care visits were usually on time and they were contacted if the care worker was going to be late. However, some people told us about occasions when their regular care workers were on annual leave or were not available and having a number of different carers. One person said, "It is better to have a regular carer most of the time but sometimes I don't always get my regular and I have to explain my needs to someone new." Another person said, "The service can be a bit frustrating when carers arrive at different times. I'd like them to come at the same time, so I know when to expect them." The registered manager told us, "Of course, there will always be problems and our service users might not be happy about something. The important thing is to try our best to resolve them and have open lines of communication."

The service received referrals from local authority placement teams or from the Clinical Commissioning Group (CCG) for people who required emergency support following their discharge from hospital. The service also received referrals for children with disabilities who required assistance with personal care. The service ensured that they had the staff available to provide care before agreeing any personal care packages for both adults and children. During our inspection, we saw that an initial assessment established the specific care needs of the adult or child, including any risk assessments. This was supported by completed assessments which were discussed with people and their relatives.

A personalised care plan was then developed from the discussions which outlined their needs with the involvement and agreement of the person and their relatives. Adults and children, who received care, had a care plan in their homes and a copy was held in the office. We saw that care plans were reviewed periodically and updated to reflect people's changing needs. The care plans held personal details about each person, for example, their personal interests, likes and dislikes and details of significant relationships, friends and relatives. The service delivery manager told us that this was particularly important for people suffering from dementia.

We saw that care plans contained brief but concise information of what support people preferred for each part of the day when a care worker was scheduled to visit; for example in the morning, at lunchtime and in the evening. People told us they were involved in the development of their care plan and they had involvement in it being reviewed and updated. We asked family members if they felt involved in decisions about care and one relative told us, "Yes I am involved and agree what care my relative needs."

People told us that they were happy with the care they received from care workers. Care workers were able to outline the needs of the people they were supporting and how they would check if there had been any changes to their needs. People's wishes were listened to and acted upon by staff. We looked at daily records

and found that they were hand written by staff and contained detail about the care that had been provided. Any issues that other members of staff needed to be aware of were recorded.

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints within documents that were left in their homes. People confirmed that they knew how to complain. A person told us, "Yes I know that I can contact the service. Sometimes it takes a while for them to answer the phone but I have not got any complaints at the moment." A relative said, "I often call, the service is not perfect and I have been frustrated at times. They try to help with any concerns I have."

The service took all issues and concerns seriously and took the appropriate action. For example, the service had investigated complaints relating to care workers arriving late or at the wrong time. We saw that each complainant was written to formally and provided with an explanation or apology with details of any investigatory work that was undertaken by senior managers.

Good

Is the service well-led?

Our findings

The service was part of a franchise of domiciliary care services under the name Allied Healthcare. The Havering branch was managed by the registered manager and a service delivery manager. They were supported by field care supervisors and care coordinators who each covered one of four "hubs" or "patches", which were responsible for a geographical area within the borough of Havering, Basildon and other areas of Essex. Each hub was able to provide local support to an area and were able to follow up on any complaints or incidents. The registered manager told us, "The hubs will help us to provide better feedback and results to service users and their families." The managers and staff demonstrated a good understanding and knowledge of the people who used the service, as well the care workers who worked there.

The branch had also incorporated a children's healthcare service and the CQC received notification prior to the inspection that the branch was in the process of providing this type of service. The branch was training staff so that they were able to provide support to children that had care needs in the local community. During our inspection, we saw that the training was taking place.

The registered manager showed us the systems and mechanisms within the office that helped them monitor performance. They said, "The Basildon continuing health care branch we took on has impacted on our service delivery, performance and targets and I aim to get this back on track so that we are meeting all our targets and running at 100%. We have really good staff so I am positive." We saw that the service was supported by a Central Management Team and a Care Delivery Director who oversaw how the branch was performing and running. During our inspection, we noted that the Central Management Team contacted staff in the branch about a particular person who received care that day. We saw that staff were confident in approaching the registered manager for guidance on how to deal with the query. The registered manager said, "We have come a long way and are doing well. I encourage my staff to take the initiative and am confident in my ability to deliver results."

Office staff and care workers told us that the management of the service was organised and supportive. They told us that they liked working for the registered provider and one care worker said, "The registered manager and the staff are all very nice and helpful. We get a lot of support." People also confirmed that the service was managed well. One person said, "The staff are very caring and the supervisors are excellent." However, some people felt that there were issues that could be addressed better, such as cover arrangements for when a care worker was sick or at weekends. A relative told us, "The manager is good and the carers do a very good job but it is not the same with replacement carers. I guess they wouldn't know people as well. I think some of the carers lack experience." Care workers told us that they did not find any difficulties when providing cover care to people whose regular carers were not available. One care worker said, "All the information is in the care plan and it is easy for us to follow."

People and their relatives told us that they were treated fairly, listened to and that they could call the service at any time if they had a problem. The care workers told us they had team meetings in the branch office, every three months, which enabled them to discuss any issues or concerns and this was confirmed by the

records we looked at. Items discussed during team meetings included guidance for care workers for completing timesheets, discussions about rotas, uniforms, medicine and record keeping. We saw that minutes of team meetings were detailed and that they were well attended. The service delivery manager told us, "We have made a lot of improvements and are a very professional service. We value our carers and have introduced a Carer of the Month award."

Care workers had opportunities to discuss the support they needed, seek guidance about their work and discuss their training needs in formal supervision meetings. We saw that there was a current online system which contained information on schedules for each staff member. We also saw that there was a system to monitor that care workers were where they were scheduled to be. Care workers were required to log in to the system using a Freephone number from people's phones, with their permission, when they commenced care and support in their homes.

Adults and children were visited in their homes by field care supervisors or senior carers to ensure that they were satisfied with the care and support that was delivered. Quality audits were completed internally by the field care supervisors to identify where any necessary improvements were needed. Daily notes which included what medicines were administered were brought back to the office each month to be audited and quality checked, to ensure that care workers had completed them thoroughly. We saw that they were clear and easy to read.

The service delivery manager told us that the day to day management of the service included dealing with issues and concerns that were brought to the attention of the registered manager. They said, "We work well as a team. Everyone works hard and we aim to provide excellent care for our service users, so responding to any concerns is important." We looked at records and saw that action was taken promptly in response to concerns and complaints so that the service would continually improve.

The registered manager understood their role and responsibilities. People's records were kept securely which showed that the service recognised the importance of people's personal details being protected to preserve confidentiality. The registered manager carried out assessments as stipulated by Allied Healthcare's quality assurance procedures, to check whether the service was running as it should be. They regularly sent performance reports to the Care Delivery Director. The registered manager notified the CQC of incidents or changes to the service that they were legally obliged to inform us about. The registered provider sent surveys to people and relatives to seek their views and opinions. The branch had yet to send out surveys for this year but we saw an analysis of the previous year's returned questionnaires, which were generally positive.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity did not always receive appropriate training to carry out the duties they are employed to perform e.g. knowledge of the Mental Capacity Act 2005.