

Age UK Medway

# Age UK Medway

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

### Overall summary

We inspected the service on the 07 and 10 December 2015. This inspection was announced.

Age UK Medway is a domiciliary care agency which provides personal care to older people, including people with dementia and physical disabilities. The agency provides care for people in the Medway area and the office is situated in Chatham Dockyard. There were 192 people receiving support to meet their personal care needs on the day 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.

People's views about the service they received were positive.

# Summary of findings

Recruitment practices were not always safe. Gaps in employment history had not always been explored.

Risk assessments lacked detail and did not give staff guidance about any action staff needed to take to make sure people were protected from harm.

There were suitable numbers of staff on shift to meet people's needs. However, when people's planned care had been allocated to another member of staff and at a different time, people were not always informed. We made a recommendation about this.

Topical medicines and creams administered were not adequately recorded to ensure that people received their medicines in a safe manner. We made a recommendation about this.

Audit systems in place were not always operated effectively to monitor and improve the quality and safety of the service.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there were effective procedures in place to keep people safe from abuse and mistreatment.

Staff received regular support and supervision from the registered manager. Staff had received training relevant to their roles.

People were supported and helped to maintain their health and to access health services when they needed them.

People told us staff were kind, caring and communicated well with them. People's information was treated confidentially, paper records were stored securely in locked filing cabinets.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements.

People's view and experiences were sought through review meetings and through surveys.

People were supported to be as independent as possible. People had access to additional resources through the service to prevent loneliness.

People told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's behaviour.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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?

The service was not consistently safe.

Effective recruitment procedures were not always in place.

People's topical medicines were not well managed and recorded.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

There were enough staff deployed to meet people's needs.

People were protected from abuse or the risk of abuse.

Requires improvement



### Is the service effective?

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People gave us positive feedback about the choices they were supported to make and the support they received at meal times.

Staff had a good understanding and awareness of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Good



### Is the service caring?

The service was caring.

People were treated with dignity and respect. Staff knew people well.

People's confidential information was respected and locked away to prevent unauthorised access.

People were involved with their care. Their care and treatment was person centred.

Good



### Is the service responsive?

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

The service provided additional support to people when they recognised they suffered from loneliness. A range of support was available from befriending to a pen pal service.

Good



# Summary of findings

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy, people were aware of how to make a complaint. The registered manager had responded to complaints appropriately.

## Is the service well-led?

The service was not consistently well led.

There were systems in place to assess the quality of the service, however these did not pick up the concerns relating to recruitment, risk, medicines and staff deployment.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The registered manager and nominated individual were aware of their responsibilities.

The service had a clear set of values and these were being put into practice by the staff and management team.

**Requires improvement**



# Age UK Medway

## 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.

We inspected the service on the 07 and 10 December 2015. This inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in.

Before the inspection, we asked the provider to complete 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 also reviewed notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law.

The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for people who use this type of care service.

We telephoned 15 people to ask them about their views and experiences of receiving care. We spoke with five relatives on the telephone. We sent surveys to people, relatives, professionals and staff. We received survey responses from 37 people, eight staff, three relatives and three professionals. We spoke with seven staff during the inspection, which included the registered manager and the provider and telephoned one staff member to interview them.

We looked at records held by the provider. These included 13 people's care records, risk assessments, staff rotas, eight staff recruitment records, meeting minutes, policies and procedures.

We last inspected the service on the 23 August 2013 and there were no concerns.

# Is the service safe?

## Our findings

People told us they had regular staff that provided their care and support. Six people told us that their regular staff turned up on time but at weekends the time of care and support changed. This often results in telephone calls because people had not been notified. People that we surveyed all told us they felt safe from abuse or harm.

Relatives we surveyed all told us that their family members were safe from abuse or harm. All of the staff we surveyed told us they knew what to do if people were at risk of abuse and harm.

Recruitment practices were not always safe. The registered manager told us that robust recruitment procedures were followed to make sure only suitable staff were employed. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked. Six out of seven application forms did not show a full employment history. One staff file had no application form, therefore it was not possible to identify if there had been gaps in employment. Interview records evidenced that the provider had only explored 10 years of employment history rather than a full employment history. This meant that the provider had not carried out robust checks to evidence that staff were suitable to work with people.

The failure to carry out safe recruitment practices was a breach of Regulation 19 (1) (a) (b) (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments had been completed for activities that could pose a risk to people and staff. However, the actions required to reduce and minimise the risks had not been documented. For example, risks had been identified relating to people using oxygen. Risk assessments had not been completed to give staff guidance about safe working practice in relation to storage and monitoring of oxygen, such as ventilation, use of oxygen near fires and naked flames and dangers of tubing becoming trapped. The fire risk assessment relating to one person who used oxygen did not detail that there were any potential hazards. Risks

had been identified with regards to clinical waste, guidance had not been made clear about the control measures that staff should follow whilst handling soiled bedding and clinical waste. This meant that staff and people were not always protected from harm because safe systems had not always been identified.

The examples above were a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. There were clear medicines procedures in place which had been updated in January 2015. The procedures set clear directions for staff about administration of medicines, this included information about over the counter medicines, medicines refusals and self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. For example, repackaging of medicines in medicines compliance aids and giving invasive medicines without additional training. Staff were clear about their responsibilities regarding medicines.

Staff told us that they were not able to administer medicines that were in a family filled compliance aid and that medicine could only be given if it was in a pharmacy filled compliance aid or original packaging. Staff made accurate records of medicines taken in their daily notes. For example, it listed the medicine and a code which evidenced that the staff member had seen the person take their medicines. However, prescribed creams and lotions had not been recorded within this medicine record. Staff had written, 'Creamed legs' in people's notes but this didn't detail what cream had been administered. This meant that there were inconsistent records of prescribed topical medicines that had been administered.

**We recommend that the service considers the Royal Pharmaceutical Societies' guidance on the handling of medicines in social care.**

There were suitable numbers of staff on shift to meet people's needs. The staffing roster showed that when staff were off sick or on training people still received their care and support. Feedback from people and staff detailed that during weekends there were less staff working which meant that the times of care and support changed. People didn't always know about this which resulted in them

## Is the service safe?

becoming frustrated and calling the office to find out when they would receive their care. During our inspection, people rang the office to ask questions about their support and tell the office staff about any changes that were needed to enable them to attend appointments. The office staff responded well to these calls and gave people time to communicate and explain any changes. This meant people were reassured when changes were needed. The service used a computer program to record all of the contact that people and their relatives made with the service. This made it clearer for the management team to check on variations of support times.

**We recommend that the service communicates changes to staffing rosters effectively with people and their families (when necessary).**

There was a clear plan in place outlining steps that should be taken in case of an emergency. People were provided with an out of hours contact number which could be used to gain access to the management team when the office was closed. The service had an emergency plan which detailed how the service would operate in bad weather. A team leader explained that the management team meet annually during the autumn to establish who would need priority calls during severe weather. This meant that there were suitable arrangements in place to ensure that staff were safe and that people would receive the care and support they needed.

We reviewed completed incident and accident reports over the last year. They were detailed and included information about the steps staff had taken to support people following an incident or accident. The registered manager told us that the management team reviewed accidents and incidents and took action which included emailing the person's care manager and other agencies if required. Staff meeting records evidenced that discussions had taken place in order to learn lessons from accidents and incidents.

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager understood their responsibilities and knew to report safeguarding concerns to the local authority. The training records evidenced that 42 out of 45 staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm.

# Is the service effective?

## Our findings

Most people told us that staff were good at their jobs and had the necessary skills. Comments included, "My carer always asks if I'm ready to make a start before we do my wash in the morning and if I'm not she will wait for me to be a bit more steady before we do that. There are always plenty of other jobs that need doing while she's waiting for me"; "Because my carer has known me so long, I don't think she actually needs to ask me any more if I'm ready or can she start to do something, because she knows me so well now, that she just picks up when I'm okay to begin things" and "My carer never rush's me or forces me to be doing something if I'm not ready to do it. I don't think I really expect her to ask me each time whether I'm ready to start because I think it just happens the way it does now because we've done it this way so long". People we surveyed told us 86% of staff arrived on time and 92% of staff stay the agreed length of time.

Relatives we surveyed all told us that they would recommend the service to other members of their family and that the staff supported their family members to be independent. One hundred percent of relatives said that staff completed all their tasks before leaving and had the correct skills and knowledge to meet their family member's needs. Only 67% of relatives said that staff arrived on time and stayed the agreed amount of time.

Staff had received training and guidance relevant to their roles. Staff demonstrated that they had a good understanding and awareness of their job roles. Training records evidenced that staff training attendance was mostly high. For example, 43 out of 45 staff had attended training in person centred care, 42 out of 45 staff had attended training relating to lone working and 43 out of 45 staff had attended moving and handling training. The training records also evidenced that 41 out of 45 staff had attended dementia training. People received care and support from staff who had been trained to meet their needs.

Staff told us that they had an induction when they started work. The registered manager and staff explained that this included shadowing experienced staff, completion of an induction folder, training and observations carried out by team leader or mentor. The provider had introduced the care certificate as part of induction, experienced staff including the registered manager and team leaders were in

the process of completing this. Records evidenced that staff received regular supervision. This was done in a variety of ways such as one to one meetings, spot checks and observations.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Forty three out of 45 staff had attended Mental Capacity Act 2005 (MCA) training. Staff evidenced that they had a good understanding of the MCA. Staff explained how they supported people to understand information to enable them to make decisions. One staff member said they broke the task up into small pieces. For example, if someone required assistance with personal care, they first started by asking and prompting the person to wash their face. People were prompted and reminded about advocacy services within their 'service user agreement'. This meant that if people needed help to make a decision, there was information available to enable them to find appropriate support. The care files all followed the principles of the MCA, they followed the assumption that people had capacity, there were no capacity assessments to evidence that people's capacity had been assessed in relation to decisions. One person's care plan had been signed by a relative which could indicate that the person did not have capacity to sign and agree to the care they were receiving. We spoke with the registered manager about this, they showed us records of discussions held on the computer system which evidenced that best interest discussions had taken place and agreed to make this clearer.

Staff explained how they supported people to maintain independence when preparing meals. One member of staff said they "Worked with people to prepare vegetables at a lunch call". Two staff told us about people who needed to have their meals mashed to enable the person to swallow. One person told us, "I have my breakfast made for me each morning as my son gets worried that I might slip up in my kitchen. She [staff] will usually ask me what I fancy and it could be some cereal or toast depending on how I feel. She will usually sort it out for me and then bring it through on my trolley for me".

Care records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. Care plans encouraged staff to offer

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plenty of drinks and to ensure that staff left drinks in reach of people before leaving. People were referred to their GP if there were concerns about their food and fluid intake or if they had lost weight.

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. We checked the computer system and saw contact was recorded to show that the service had responded to people's changing needs as they had

contacted the GP, district nurses, Occupational Therapists (OT's), relatives and local authority care managers when necessary. Staff gave examples of the action they would take if they were concerned about a person's health such as if someone was not acting in their usual manner or that they were showing signs that the person had experienced a stroke. This meant that people's health needs were met by staff. A local authority care manager told us, "They [the service] responded very well to the clients changing needs, especially when he was near to dying, this was important as the client did not have any family".

# Is the service caring?

## Our findings

People told us that staff were kind and caring and treated them with dignity and respect. Comments included, “The two or three carers that I usually see are like my second family now. They couldn't be kinder. They always make sure that I'm well looked after. Although we have a laugh and a giggle they always make sure that their priority is me” and “My daughter wanted me to have a carer for quite some time before I gave in and started using them. I always had a dread about having to get undressed to be helped to be bathed by a complete stranger. However, my two carers that I have, have made me feel so at ease and I have to say if I'd of known that there were people out there who could be so kind then I perhaps would've taken my daughters advice a lot sooner. Only don't tell her that”. All of the people we surveyed told us they were happy with their care and support and staff treated them all with dignity and respect and were caring and kind. Fifty seven percent of people we surveyed said they were introduced to staff before they provided support.

All of the relatives we surveyed told us they were happy with their care and support their family member received and staff treated their family member with dignity and respect and were caring and kind. Sixty seven percent of relatives we surveyed said their family members were introduced to staff before they provided support. A healthcare professional told us, “Staff were very kind and caring” and “The home care service they delivered was excellent”.

People were involved in their care planning and their care was flexible. Records evidenced that if people wanted to change their care and support, they contacted the office and requests were met where possible. One person's care package had been reduced down because they felt that they received too much care and support and wanted to do more on their own.

People's care plans detailed what type of care and support they needed in order to maintain their independence. For example, one person's care plan detailed that that they needed support to have a shower and change of clothes. Another person's care plan detailed they needed support with their food shopping, another person needed assistance to prepare and cook meals. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records also showed

where people had requested support to do something that wasn't on their care plan and showed that people had made choices. A healthcare professional told us, “The care team went the extra mile by delivering person centred care, with regular carers that knew the client very well”.

People that required two staff to assist them with their personal care always received this. Daily records and the staffing roster confirmed this. A healthcare professional said, “They always delivered double handed care to my client when needed”.

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us they gave people prompts and praise to ensure people were in control and encouraged people to make decisions.

Staff maintained people's privacy and dignity. Staff we surveyed all told us that people were treated with dignity and respect. Only 38% of staff surveyed told us that they were introduced to people before providing care and support. We spoke with staff about this and they said they always had information about people's care needs before the first visit, they talked with the person and read the care plan during the visit so that they were clear what needed to be done. A senior staff member explained that the management team carried out an assessment of someone's needs when they were referred and then the senior staff “Go out and do all new care calls so we know what people's care needs are”.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

All of the staff we spoke with explained how they asked people what they wanted when having support with personal care to ensure their privacy was respected. One staff member described how they gave “People space to enjoy bath”. Staff explained that they would close doors

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when assisting people to change and would wait outside the toilet when they had supported someone to use the toilet. One staff member said they, "Try and treat people as my mum and dad and as I would want to be treated".

# Is the service responsive?

## Our findings

People told us they had access to their care plans and documents and knew how to complain. Comments included, “I know just what to do if I wanted to make a complaint. I would contact the agency and ask for the manager to visit me so that I can tell her why I wasn't happy. I have the complaints leaflet in my folder where I keep it with the records that the carers fill in every day” and “I do know what I would need to do if I had an official complaint to make as I would call the office and ask to speak to the manager or I would get the manager to come and visit me. Once I had explained my problem to the manager I would probably get my daughter to put it in writing to them and expect them to look into it. I think from what I can remember they have so many days in which to respond to the problems I've detailed to them”.

Eighty nine percent of people we surveyed told us that they were involved in decision making about their care and support needs. Seventy eight percent of people knew who to complain to if they needed to and 67% of people felt that the service responded well to complaints.

Sixty seven percent of relatives told us that they were involved with making decisions about their family members care and support and 67% said that staff and service responded well to complaints.

Age UK Medway recognised the difficulties faced by older people and people living alone. There were a variety of things that the service did to help people combat loneliness and poverty. The registered manager had worked with a local school to arrange a pen pal service, where school children wrote to people and people were able to write back, this had been very successful and had encouraged contact for 100 people. Christmas cards were also starting to arrive at the offices as part of this scheme. The registered manager had received positive feedback from people about the project and told us staff had fed back that it had given people a sense of purpose.

Age UK Medway shared information with people about Age UK's national work and services. People were able to benefit from ‘A call in time’ which was a free telephone friendship service to support the needs of people living

alone who were lonely and isolated. A ‘Befriending service’ was also available to people. A befriender is a volunteer who has been fully trained to visit older people in their own homes. This too relieves social isolation for people.

A dementia outreach service was also available which enabled people living with dementia to access the local community and undertake activities of interest to them. A staff member told us they regularly took one person out who had a diagnosis of dementia as part of the outreach service. They described how the person liked to watch out the car windows and loved to be in the countryside. The person had been seen to smile which showed that they enjoyed their regular trips. The staff member had worked with the person and family to find activities which the person had previously enjoyed, they explained they tested out places where the person might like to go based on their previous interests, such as shopping. The staff member built a good rapport with the person so they knew how they communicated and watched their reaction – this showed they no longer liked busy places such as shops. A health care professional told us, “When I have referred clients to the dementia outreach I also found them helpful”.

The service was piloting new technology to support the service and encourage greater communication between people and their relatives. The aim was to ensure that all people involved in the care of each person had up to date relevant information and so relatives could have more input into their family members care. Relatives and staff involved in the pilot could access the care records online. Three people and their families were involved with using a hand held tablet computer which staff recorded care, support and health concerns. It was too early to review how successful this was but the service was looking to increase the amount of people using the devices as part of the pilot scheme. The registered manager explained that the people currently using the hand held computer were “Really happy with it”.

Staff told us that when they started to provide support to people there was always a care plan and risk assessments in place and they had all the information they needed to provide care and support. They explained that the senior staff team conducted an assessment visit prior to the care package starting. During assessments people were asked if they would prefer a male or female staff member and their preference was noted and respected where possible. People's care records contained care plans, risk

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assessments, and care reviews. The care plans included information on; personal care needs, medicines, leisure activities, nutritional needs, as well as people's preferences in regards to their care.

Six monthly reviews were carried out with people to determine whether they were happy with the care package that they received or if they had any comments to make. The form asked questions such as 'Does your carer use gloves/aprons for all your personal care?'; 'Are you happy with the service?'; 'Have you ever had a carer not turn up?' and 'Do you have any issues with any of your carers'. Comments received included 'I would like continuity of care for (person), regular staff'; 'Very happy with all of it, The staff are very friendly and respectful'; 'I think they are all lovely, excellent service'; 'I have no complaints, I couldn't recommend them highly enough'. One person had written that they had once not had a member of care staff turn up to provide their care. It had been acknowledged and noted that the office were aware and had dealt with it. There were written records to evidence where the management team had followed up on comments made.

People were encouraged to provide feedback about the service. People had been sent surveys. The results showed that 100% of people said staff gave them the food and

drink they preferred, 100% of staff encouraged people with their independence and 100% of staff treat people with kindness and compassion. The registered manager had analysed all of the completed surveys and had responded to any negative areas.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the 'service user guide'. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider's response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO).

Complaints records showed that issues had been fully investigated and responded to by the registered manager and provider within appropriate timescales, people had received an apology when one was required. Compliments records were maintained. These records contained letters and cards from people and their relatives. One read 'Thank you so much for all the loving care that you have shown mum'. Another one stated 'Thank you to all the ladies at Age UK who cared for my mum during the last few months of her life'.

# Is the service well-led?

## Our findings

People told us the service was well managed. They knew who was in the management team and confirmed that someone from the management team visited them in their homes to check on the care and support they had received. Comments included, "I don't think they do a bad job, but I do think at weekends they could do something to make sure that the times are stuck to more than they are at present"; "I have to say I have been pleasantly surprised by the efficient way that they seem to run to the service. But I still think they need more staff to work at weekends so that times can be delivered on as they tend to do during the week"; "Unfortunately their organisation at the weekend sometimes lets them down because they do a really good job in the main during the week but I can't stop myself feeling a bit concerned every weekend to make sure that somebody is going to arrive at a time when I'm expecting them"; "(Staff name) comes to visit me every six months to see how the carers are doing and to check that they are filling in the records correctly" and "I have a visit from (staff name) every six months, regular as clockwork to check up on things".

Ninety two percent of people we surveyed told us that they knew who to contact in the service if they needed to and 84% of people said they were asked for their views about the service and that information from the service was clear and easy to understand. Sixty seven percent of relatives told us they knew who to contact in the service if they needed to and 67% of people said they were asked for their views about the service.

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support as they should be. Review meetings took place six monthly and people were asked their views. The management team had checks in place to ensure that people received the care they were supposed to. We looked at records of spot checks had taken place. Two records had highlighted issues about staff performance which had been challenged with the staff member at the time. However, the supervision meetings that the staff members had received with their line manager after the spot check made no reference to the concerns found during the spot check. We spoke with the registered manager about this and they identified that this had happened because the spot check had been carried

out by another senior staff member and not the staff member's line manager. The registered manager identified that communication in this area needed to be strengthened. The registered manager had redesigned the spot check form by our second day of inspection to ensure that spot check findings were discussed at supervision. The provider's audit systems had not identified the areas of concerns relating to recruitment records, risk, recording of topical medicines and staffing deployment. This meant that the audit systems in place were not always operated effectively to monitor and improve the quality and safety of the service.

This was a breach of Regulation 17 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had identified areas of improvement within their provider information return (PIR) and detailed how they planned to achieve these. For example, they identified that they needed to make improvements to trial new technology and to ensure that people received personal feedback and needed better systems to learn from accidents and incidents. They had set themselves timescales to achieve this and had been implementing these to ensure that changes were made.

Staff felt that they had good support from the management team and providers. They were given opportunities to grow within the organisation and develop themselves. Staff told us that they received regular newsletters from the service. One staff said they got "Newsletters from the office to tell us about service user issues and Age UK information". Another staff member told us, "I think I have good support. Communication is very good, there is always a backup always on call person". A health and social care professional told us, "The management were very helpful and always communicated any concerns".

Staff also received support and guidance by attending staff meetings. These were held regularly, records of these evidenced that staff discussed practice issues and explored other ways of providing support following good practice guidance.

The registered manager explained that they had registered with Skills For Care to carry out the social care commitment. This is a promise to provide people who need care and support with high quality services. Employers and employees across the whole of the adult

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social care sector sign up to the commitment, pledging to improve the quality of the workforce. The registered manager explained that they carried out regular checks on the service to ensure that they were meeting the promises made.

The service had a clear management structure in place led by an effective registered manager who understood the aims of the service. The management team encouraged a culture of openness and transparency. Their values included an open door policy [anyone who wanted to bring something up with them just had to walk through the door and ask], management being supportive of staff and people, respecting each other and open communication. Staff demonstrated these values by being complimentary about the management team.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The providers kept the registered manager up to date with new developments in social care. The registered manager kept themselves up to date with developments in social care by being an active member of local forums, attending national conferences and working

with safeguarding boards. The aims and objectives of the service were clearly set out; they fostered accountability, respect and honesty. The registered manager of the service was able to promote these values with the staff.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to. The registered manager was well supported by the provider. The nominated individual for the provider was based in the same office, so that they could provide informal and formal support to the registered manager. The nominated individual explained that they kept themselves up to date with what was happening in the care sector by receiving weekly bulletins from Age UK, learning from other inspections across the country and by following CQC on social networking websites such as Twitter.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Risks to people had not always been appropriately managed.**

**Regulation 12 (2) (a) (b)**

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**The provider had not operated recruitment procedures effectively.**

**Regulation 19 (1)(a)(b)(2)(a)(3)(a)**

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider had not operated and established effective systems and processes to monitor and improve the quality and safety of the service.**

**Regulation 17 (1)(2)(a)(b)**