

Tynedale Care Ltd

Tynedale Care - Unit 1 Burnhaugh Estate

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Tynedale Care is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit, the service provided care and support for 180 people.

This inspection took place over five days. We visited the office on 27 May 2016 and 27th June 2016. We visited people who used the service in their own homes on 8, 14 and 17 June 2016.

The service was last inspected in June and July 2015 where we found the provider was not meeting the regulation relating to the management of medicines. At this inspection we found that improvements had been made and people were supported with managing their medicines in accordance with their individual care and support needs.

The service had a registered manager in place. 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.

There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns people may have. Staff were aware of the agency's whistleblowing policy and told us they would not hesitate to raise any issues they had.

People had individual risk assessments to support them with promoting their independence and safety. In addition to individual risk assessments, the service also had a range of environmental risk assessments in place. There were systems in place for reporting and recording accident and incidents but limited evidence of any follow up in relation to accident and incident prevention.

Records within staff files demonstrated proper recruitment checks were being carried out. These checks included employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is a report which details any offences which may prevent the applicant from working with vulnerable people. They help providers make safer recruitment decisions.

We checked the numbers of staff employed at the service. We found that people who needed the support of two care workers were not always provided with sufficient staff to meet with their care and support needs.

Staff told us they did not have opportunities for staff meetings and communication across the agency was poor. Staff told us and records confirmed that staff did not have access to regular supervision schedule did not demonstrate regular planned supervision sessions for staff.

People who used the service told us they felt that staff were well trained however staff told us and records did not demonstrate staff being offered regular training updates.

The manager and staff were aware of their responsibilities relating to the Mental Capacity Act 2005. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'.

Care records contained detail that related to the care and support needs for each person. People who used the service were supported with promoting and maintaining their health and wellbeing and with access to the local community. Where people needed support to eat and drink they were supported by staff that followed care planning guidance.

There was a system in place to ensure that people's opinions and views were sought in order for the agency to make improvements. The provider had a complaints policy in place and we saw evidence of complaints being resolved in line with the agencies policy and procedure.

The manager had notified the Care Quality Commission (CQC) of reportable events and incidents in accordance with our statutory notifications, such as safeguarding referrals.

The service had a quality assurance process in place which covered areas of monitoring which included care records and risk assessments. Observations of staff practice were not carried out for all staff and other areas of the service including medicines management and accident and incident records were not subject to a systematic process of audit.

During the inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). These related to staffing and good governance. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe.

People assessed as requiring two care workers were not always supported with two staff.

The management of people's medicines had improved and care planning and risk assessment processes had been implemented to ensure information was available to direct staff practice.

Procedures were in place to ensure all staff were subject to employment checks before commencing employment.

Safeguarding procedures were available and staff were knowledgeable about what action they would take if abuse were suspected.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not always supported in their job role through regular supervision and regular training updates.

Staff were aware of the Mental Capacity Act (2005) and some staff had received training in this area.

People were supported to access health professionals to maintain and promote their health, wellbeing and nutrition

Requires Improvement ●

Is the service caring?

The service was caring

People were supported by staff who were kind and caring.

Staff ensured people's privacy and dignity was respected, and their independence was promoted.

Relatives were very positive about the care and support people received by their care workers.

Good ●

People were complimentary about care staff and the level of care they received.

Is the service responsive?

Good ●

The service was responsive.

Care records were clear and included detail that related to the care and support needs of people.

There was a complaints policy in place and people had information about who they could contact with any complaints or concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well- led.

Quality audits relating to medicines and accident and incident records were not always carried out.

Communication systems were not effective and staff did not have regular opportunities to meet as a team.

Surveys were carried out to gather the views of people who used the service and feedback was positive.

The manager had notified the Care Quality Commission (CQC) of all reportable events and incidents that occurred in the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was 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.

This inspection took place over five days. We visited the office on 27 May 2016 and 27th June 2016. We visited people who used the service in their own homes on 8, 14 and 17 June 2016.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present at the office to assist with our inspection.

Before the inspection, we reviewed information we held about the service. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that providers are legally obliged to tell us about. We did not ask the provider to complete a 'provider information return' (PIR) prior to this inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received from third parties. We contacted the local authority safeguarding team and the commissioning and contracts team. The service provided us with contact numbers of relatives of people using the service. We visited 10 people who used the service after the site visit took place.

During the inspection we met with the director of the service, the nominated individual, the registered manager, the area manager and some members of the office team. We also met with two care workers during our visit to the service and contacted 15 care workers by telephone after the inspection took place. We managed to speak with eight care workers about what it was like working at Tynedale care.

We looked at 16 people's care records and viewed the recruitment records of five care workers. We also reviewed records which related to the registration and management of the service which included training records, supervision schedules, quality assurance and audit records, and registration and insurance certificates.

Is the service safe?

Our findings

During our inspection, we received information that related to people not being supported with appropriate levels of care and support, particularly where people required two care workers, to ensure they were supported with moving and handling safely. People we spoke with told us they were not always provided with two members of staff at all times. Staff told us there was not always enough staff. One member of staff said, "I just do it on my own". In addition staff informed us that there was no travel time provided between each visit. One care worker told us, "It's ridiculous, our rota does not give any time for travel, and we have to flee around all over". Another care worker said, "People we care for understand why we are late but it's not right that we let people down". We viewed staffing rotas and spoke with managers and care workers about the deployment of staff. Staff were structured into teams and covered areas, where possible, linked to post codes and were provided with their rota each week via their company mobile telephone.

We talked with the director and the area manager about the feedback we had received from people using the service, their relatives and care workers. They acknowledged the concerns and told us about their on-going recruitment drive to secure additional staff. They felt the pressures were as a consequence of the volume of referrals being received from the Local Authority contract. They told us this contract had since been terminated by the provider to allow them time to look at areas such as staffing.

We raised these concerns with the local authority commissioning and safeguarding team. The commissioning team had carried out some work with the provider to ensure people were provided with care and support as an interim measure whilst the provider was recruiting new staff.

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

Other people who needed one care worker told us their care was delivered in a safe manner and said they felt safe with the staff who supported them. One person told us, "They are very professional; they always make sure the key safe is secure before leaving" and "If I was worried I would tell (name of care worker), she would sort things out". A relative told us, "I'm confident my family member is safe with them. The carers will let me know if there are any concerns" and "I have no worries at all when they (staff) are in the house".

There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns people may have. Staff were knowledgeable about recognising the signs of abuse and knew how to report any concerns. Not all staff had received training linked to safeguarding procedures. Where staff had received safeguarding training, some staff had not been provided with an update of this training. The organisational training matrix indicated some staff had not received an update since 2008 and 2009. One care worker told us, "I haven't received any training linked to safeguarding but I know what to do". We spoke with the nominated individual and the registered manager about the gaps within the training provision; they told us they were currently reviewing all areas of training.

Staff told us what they would do if they had any concerns about people's safety. One staff member said, "Any concerns about people's safety would be dealt with by the managers" and "I would report it straight away, I have no problem with that". We reviewed the registered provider's safeguarding records which confirmed that concerns had been reported to the local authority's safeguarding team and investigated in line with the policy and procedure.

The service kept electronic and paper based records that related to any accidents /incidents that involved staff and people who used the service. Staff told us they would report all accidents and incidents to office staff and managers, and information would be stored within each person's care records. The area manager told us each record was reviewed individually, as and when the accident/incident had occurred and changes would be made to the risk assessment where appropriate.

We looked at accident/incident records and some records did not always show information that related to the actions taken by the provider for example, the review or development of risk assessments were not recorded, and accident and incident records were not easily retrieved. For example, one person had experienced a fall and there was no evidence of further analysis to clarify if the risk assessments had been reviewed. We read that the lid of a freezer had fallen on a member of staff and information that related to any injuries was not recorded. One care worker had been involved in an accident whilst carrying out care and support that related to moving and handling.

This was a breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

The area manager told us that accident/incident records would be reviewed on an individual basis and risk assessments implemented and/or reviewed where appropriate.

There were procedures in place to identify and manage risks associated with people's care and support needs. An initial assessment known as a care/risk support assessment was undertaken that identified any potential risks, linked to individual areas of care and support. We saw that risk assessments had been completed within care records which included for example, moving and handling, falls, lone working, pets, and the environment. Records we looked at also included an assessment of risk linked to rural locations, severe weather conditions and emergency situations. For example, where care workers may not be able to visit a person because of severe weather and the rural location, risk assessments were in place to identify measures to be taken.

We spoke with staff about risk management and staff were knowledgeable about individual risks to people, and were able to tell us how they supported people to reduce and manage risks. Comments from staff included, "I keep an eye out for any risk areas and report back to managers"; "We have access to care plans and risk assessments" and "I know where the risks are for my clients".

There were recruitment procedures in place to help ensure staff were suitable for their role, and to support the provider in making safe recruitment decisions. Staff told us about the checks that were carried out before they started their employment. Records within staff files demonstrated proper recruitment checks were carried which included verification of identity and reference gathering. This also included, gathering information through references and a Disclosure and Barring Service check (DBS). The DBS provides information about any criminal convictions a person may have and whether they have been barred from working with vulnerable adults. This helped prospective employers ensure prospective staff were suitable for employment in their organisation.

During our inspection process and after the site visit, we were made aware of an allegation of discrimination within the recruitment process, which had allegedly occurred. We spoke with the investigating authorities and found that the matter had been thoroughly investigated and appropriately dealt with. We confirmed that no further actions were being taken and we were also able to confirm that there had also been no impact on the people using the service.

People were provided with support to take their medicines. There were policies, procedures, risk assessments and care plans in place to support people to do this. Staff told us they had completed medicines training and certificates were available to confirm this. We saw information related to prescribed medicines, along with specific instruction for staff to follow to prompt people with their medicines. People told us they were supported with their medicines.

The registered provider was currently piloting an electronic recording system for the administration and audit of medicines. The provider told us he hoped the new process would support a more effective and efficient way of medicines administration and audit procedures.

Is the service effective?

Our findings

We talked with people who used the service and their relatives and feedback we received included, "Staff are confident and seem to know what they are doing. I have no concerns with them" and "Yes, I think they are well trained" and "They do everything right when they come here".

Newly recruited staff were provided with an organisational induction programme. This included a handbook and overview of operational policies and procedures such as, confidentiality, record keeping, equality and diversity. In addition to the induction training, new staff had opportunities to shadow more experienced staff. This enabled care workers to observe experienced staff and meet with people who used the service and to get to know them and establish their care and support needs. The induction programme covered awareness raising training linked to moving and handling, safeguarding, care planning, infection control, first aid, food hygiene, fire awareness, medicines management and dementia.

The provider told us he had recently reviewed induction and training processes and sent out questionnaires to all staff to gather information linked to their individual training needs. This information was to be used in the review and planning of training needs throughout the service.

Records that related to training information were stored electronically and provided information linked to areas of training staff had participated in, for example, moving and handling, first aid, health and safety, equality and diversity. The majority of training that had taken place had not been refreshed to ensure staff were up to date with their skills and knowledge. The training matrix highlighted where staff were required to attend training updates. For example, we noted two care workers had not undertaken refresher training linked to fire safety and safeguarding since 2008 and 2009. The provider was aware of the gaps within training and told us he was currently using an interactive process to support staff in this area. We saw certificates in other areas of training staff had participated in linked to dementia, palliative care, confidentiality and mental health awareness.

One care worker told us, "I have done loads of training but I can't remember what." Another care worker told us, "I have done lots of training like moving and handling and safeguarding but I know my training all needs to be refreshed". Another care worker told us about the moving and handling training carried out and said, "It was a really good day. We practiced on each other using pieces of equipment (handling belt) and it was really useful" and "I haven't done any recent training. The only training I have done is fire safety and moving and handling. I haven't been shown how to use any pieces of equipment".

We spoke with the registered manager about providing staff with practical elements of moving and handling training and she told us all staff were provided with observational and practical moving and handling training during their shadowing. She also told us that information that related to this element of training was not recorded.

We talked with the managers and staff about yearly appraisal, supervision and support arrangements, and

we looked at supervision planning records. Annual appraisals take place once a year and are opportunities for managers to meet with staff and review their yearly work related performance, and can include, for example, objectives or targets to achieve within particular timeframes. Supervision is a meeting where a manager and a member of staff will meet more regularly to discuss areas linked to their role and responsibilities, and discuss their training and development needs.

Staff told us supervision sessions were not always carried out regularly. Comments included, "I can't remember the last time I had a supervision, it's a long time ago," "I have had supervisions, but not in a while" and "I haven't had any supervisions". Another care worker told us however, "I am well supported in my role, there is always someone to contact should I need any guidance or support".

Staff told us they had been provided with an annual appraisal which gave them an opportunity to review issues topics that related to their current practice, training needs and to plan for future development. However, there were no records to evidence staff being provided with regular opportunities for supervision. We spoke with the provider regarding staff support and he told us he was aware of the gaps within supervision processes. This meant that although staff received annual appraisals, regular support via supervision sessions was not always available.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The organisation would refer to the Court of Protection with any concerns relating to a person's capacity or consent in order to keep them safe from harm. The organisation had not been required to make any referrals to the Court of Protection.

We saw that some staff had completed awareness training that related to the Mental Capacity Act 2005, and some staff had completed more formal training that related to the Mental Capacity Act 2005 (MCA) and Human Rights legislation and the Deprivation of Liberty Safeguards (DoLS).

We viewed records which indicated that people's capacity was assessed at the point of referral by their care manager or social worker. Any concerns that related to a person's capacity would be discussed with their care manager to support best interests decisions, when required. Staff told us how they always asked people's consent before carrying out any care and support interventions. Care records we viewed showed that when able, people had provided their consent in areas that related to care planning and the administration of medicines.

Staff told us about the links they had with medical professionals to support and promote people's health and wellbeing and we saw information within care records related to healthcare professionals and visits completed. We saw referrals to health care professionals such as occupational therapy to maintain and promote people's independence and wellbeing. For example, to the falls team if people were experiencing a

high number of falls.

Staff supported some people with food shopping and meal preparation and told us they knew about people's preferences in relation to meal choices. People we spoke with were happy with the support they received with their meals. One person told us, "The staff make me whatever I ask for" and "They make my breakfast for me and a nice cup of tea".

We spoke with relatives and they said, "Staff keep me up to date with anything about my (relative's) health". Another relative said, "The staff are very proactive in dealing with my relative's health issues, they always let me know."

Is the service caring?

Our findings

People who used the service told us staff always treated them with dignity and respect. They told us, "They shut the door when changing me" and "They always ask if I'm alright." Staff were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One care worker told us, "I take people to their bathroom, assist with undressing or they do this for themselves if they are able to. I wait outside but am right there if they need help. I make sure people are covered with a towel and doors and curtains are closed."

People agreed in advance how staff should access their home. This included whether they wanted staff to knock at their door or had allowed them to let themselves in by using a key safe. People told us staff were respectful of their homes and belongings. Staff understood their responsibilities and professional conduct when supporting people with personal care in their homes.

People told us that they usually had the same care staff and knew them well. One person told us, "I've been with my carer for a long time; she knows what to do and gets on with it. She knows where everything is. She's great. I'm very satisfied with my carer." People also told us their decisions and choices were respected. One person said, "My carer is very respectful to me. She is patient and kind, she helps me with anything". One care worker told us, "I always try to treat everyone as an equal. I give the same standard of care to everyone".

Relatives were positive about the care people received. Comments included, "They are very caring," "The carers are really good, they do their absolute best," "The staff have been brilliant. Our usual carers always contact me if they are going to be late, but it's not their fault," "My carers are great, they do everything that I need them to do" and "They are great, they always have a smile on their face, even when they are running about all over".

Staff spoke about people in a positive manner, and talked about their commitment to ensuring people were treated as individuals. Staff told us how they supported people to ensure that the care they provided was centred around each person. Staff said, "I know all my clients well, it's better when you know people, you can help them with what they want" and "We have to meet their personal care needs but where possible we try and have some social time with them, it's difficult though as we are always in a rush."

Care records were written in such a way as to promote people's independence. For example, one care plan described the care and support staff were to provide, and stated staff were to encourage the person to choose their own clothing each day as a goal to retain and promote independence, choice and dignity.

We looked at the care records and found evidence that people and their family members had been involved in the development of their care plans. People we spoke with told us they had been involved in the development of their care plans and were happy with the support in place. One person told us, "Staff have talked to me and asked me if I was happy with things" and "The manager has been and visited to talk about my care, I think she looked at my care record".

We spoke with relatives of people who used the service. Most of them told us they had also been asked about the support in place for their family member and if they were they were happy with it. One relative however said, "I think one thing they could do better is involving me in the review of my relatives care and support needs".

We asked the managers if they had supported anyone to use advocacy services and they told us no one had needed advocacy as the majority of people had their relatives to support them.

Is the service responsive?

Our findings

At the point of referral, the agency carried out an assessment for each person which covered areas that included communication, finance, eating and drinking, mobility and medicines. This information was then used to support with identifying people's care and support needs and to support with the development of care planning and risk assessments. We looked at care records and found assessment information to be in place.

Care records contained information about people's medical history, family information, emergency contact details, current needs as well as their wishes and preferences. We saw evidence of people's records being reviewed, with records being updated as and when required. This ensured the information staff had about people's needs reflected the care and support they required. People told us they had received copies of their care plans and a service user guide which provided people with useful contact numbers for the service. A number of risk assessments were in place, for example, falls, moving and handling, the environment and nutrition. Information was clearly recorded and included measures for staff to follow to mitigate risk.

One care record identified where a person had experienced a recent change regarding their mobility. The manager had reviewed this person's care record and made a referral to the occupation therapy service for additional equipment, to support this person with their independence and safety. One relative told us the care plans were updated if there was any change in their relative's condition, and staff always knew about the changes and families were kept well informed.

Staff we talked with told us how they supported people to access community facilities as part of their planned care and support arrangements. One staff member said, "I take (name of person) to get a haircut and shave at the local barbers. Previously this person hadn't been out for a while but now he looks forward to going, it's really good for him to get out".

The service had received two complaints since the previous inspection. Records showed the service had addressed each complaint in accordance with their policy and procedure. People we spoke with told us they knew how to raise any concerns if they were unhappy about anything. People we spoke with said "I would talk to (carers name) if I needed to".

Family members knew who to go to with any concerns about their relatives. One relative said, "I have had no concerns about (relative's name). The carers are very good at communicating with me; however I do think the office could get better with communication".

The service had received a number of complimentary letters and cards, detailing expressions of thanks from people and their relatives, who had used the service.

Is the service well-led?

Our findings

The service had a registered manager, an area manager and office staff to support with the running of the service. The director, nominated individual, registered provider, registered manager and area manager were present during our inspection of the service.

We spoke with staff about how the service was run and they told us there had been a lot of changes within the service. One staff member told us, "I have regular contact with the manager, she keeps me informed about things" and "I think the managers are trying to change things for the better". However, other comments from staff included, "There is no communication," "We are kept in the dark" and "Morale is low, there is no communication."

Staff told us they did not feel fully informed about what was going on within the service and did not have opportunities to meet as a staff team. Staff told us they did not have regular opportunities for staff meetings.

We spoke with the director and the area manager about communication within the service and they acknowledged that there had been some difficulties and felt it was linked with volume of referrals they had been receiving linked to their contract with the local authority. The nominated individual told us that they had ended this contract and the volume of referrals had decreased. They told us that the focus was now on addressing the gaps in service provision, such as training, supervision and quality monitoring and to review the deployment of staff. They also said they were aware that they were behind with the planning of staff meetings and were looking at starting them again. They told us about plans to improve communication across the service and that the structure of the team had changed to include team leader posts. It was envisaged that these roles would be linked to specific locations and would support with developing communication processes to ensure staff were kept informed about local and service wide changes.

The service had a quality assurance policy and procedure in place which had been recently reviewed and included areas where monitoring was undertaken. The managers told us they were developing and improving upon existing quality assurance frameworks to ensure continuous service improvement. Observations of staff practice were to be included in the new process as the provider acknowledged that all care staff had not had regular observations of practice to ensure they were following the correct policies and procedures. Information relating to staff observations showed that in 2014 and 2015, 26 staff had been observed in practice.

The provider talked with us about a new monitoring system that had been developed to support with observations of staff performance and practice, linked to the induction, supervision and quality monitoring process. The provider told us he had an improvement plan in place to address issues that related to quality monitoring and that he was planning to appoint two staff to roll out the new process to ensure observations of staff practice were completed on an annual basis. He told us the process would also support other quality monitoring processes such as gathering information from people about how their care and support was being delivered, and as a way of measuring staff performance and practice with links to annual appraisals.

The service had a system in place to ensure care records and risk assessment records were reviewed regularly and scheduled for further reviews. We saw care plans and risk assessments had been reviewed, and where appropriate, an action plan was in place to highlight area of follow up for example, 'Message sent to care workers regarding hearing aids and batteries'. We talked to the registered manager about the review of medicines management. The manager told us that MAR charts were reviewed when they were brought into the office. We reviewed four MAR charts and found gaps that relating to missing staff signatures on three records. We found that not all charts had been returned for the previous month.

There was no system in place to analyse accident and incident records to identify themes and trends and to support risk management and prevention. We talked with the director and the area manager about developing this area to support with accident and incident prevention and the development quality assurance process's.

This was a breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

The agency had produced a handbook for staff and for people who used the service that provided information about the organisational aims, objectives and values which were listed as, "We work to sustain the quality of services provided, while meeting the challenge of regulatory requirement. We understand all service users, their relatives and their representatives will be treated with dignity, and their privacy will always be observed". Within the handbook there was information that informed people about the team at Tynedale Care, assessment processes, policies and procedures, how to make a complaint and contact details of outside agencies, for example the local authority safeguarding team and the Care Quality Commission. Contact details for the organisation were recorded within individual care records.

We talked with people who used the service about how the service was run and about how information was shared and communicated. People who used the service told us they knew how to contact the registered manager and were happy to do so if they needed to. People told us they had contact numbers for the office should they need to get in contact with anyone and that most communications were carried out between their care workers. Comments from people who used the service included, "My carer lets me know about any changes" and "The office sometimes let me know about changes." However, one person said, "I never get informed about a change of carer from the office".

The service gathered the views of people who used the service using an annual quality questionnaire. The most recent survey had been undertaken in May 2016 where 184 questionnaires were sent out to people and their relatives. A total of 84% of people said they were satisfied with their care; 90% of people said their care workers turn up as expected; 100% said staff are competent and 96% said care workers treated them with respect.

Prior to our inspection we reviewed statutory notifications which were submitted by the provider and we found notifications had been sent to us about safeguarding referrals in line with their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>An effective system was not fully in place to assess, monitor, improve the quality and safety of the service. Regulation (1)(2)(a)(b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There was insufficient numbers of suitably skilled and competent staff deployed to meet people's assessed need. Staff had not always received appropriate support and training to meet people's identified needs. Regulation 18 (1)(2)(a).</p>