Care & Connect Solutions Ltd

Care & Connect

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**

Summary of findings

Overall summary

The inspection was carried out on 19, 24 and 25 April 2016. The first day was unannounced. We gave notice of the second and third day because we needed consent from people who used the service and family members to support our inspection.

Care & Connect is a domiciliary care agency, providing personal care and support to people living in their own homes. The service operates from an office based in St Helens, close to the town centre. There were 57 people using the service at the time of our inspection.

The service has a registered manager who was registered with CQC in October 2016. 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.

This was the first inspection of Care & Connect since the service was registered with the care Quality Commission in July 2016.

At this inspection we found 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 the report.

Recruitment of new staff was not always safe and thorough. The required reference checks were not always obtained for staff employed. References obtained for some staff employed did not correspond with their employment history and other references obtained had not been verified. The lack of robust recruitment checks put people at risk of receiving care and support from staff of unsuitable character.

Aspects of the service were not monitored to ensure all risks to people were identified and mitigated. Checks had not been carried out ensure records were properly maintained and complete. This included checks on recruitment and accident and incident records. The lack of robust record keeping put people at risk of not receiving safe and effective care.

We have made a recommendation about staff training on the subject of moving and handling. Although staff had completed moving and handling training the practical element of the training was delivered by a person who was not suitably qualified, which meant people's safety was put at risk.

We have made a recommendation about staff supervision. Staff had received one to one supervisions whereby they met with the registered manager at the office to discuss their work and training and development needs. However there had been no direct observations carried out on staff performance in the workplace as a way of assessing their competence and learning and development needs.

People were kept safe and protected from abuse and avoidable harm. Staff had access to training and policies and procedures which provided them with information and guidance about how to keep people safe. Topics covered included; safeguarding people and health and safety procedures in the work place such as first aid, fire awareness and risk management.

People received their medication at the right times by staff that had completed the relevant training. The support people needed with taking their medication was clearly documented in their care plan and staff were provided with training and guidance in relation to the safe management of medicines.

New staff were inducted into their role and they received ongoing training in key topics relevant to people's needs, their roles and responsibilities. Staff told us they benefited from the training ndertaken and they said they could always rely on the registered manager for support. They described her as being approachable and supportive.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA). Staff were aware of the need to obtain people's consent prior to them providing any care and support.

People received support by the right amount of suitably, skilled and experienced staff. Staff arrived at people's homes on time and stayed for the full duration of the contracted call. People were notified in advance of any changes to visit arrangements, such as if there was a delay or a change in staff. There was an electronic system in place at the office which enabled the registered manager to monitor the punctuality and duration of calls.

People's needs which had been assessed were clearly documented in a plan of care which was kept at their homes. Care plans took account of people's wishes and preferences and they were kept under review to ensure they always accurately reflected people's needs and preferences. Visit records which were maintained detailed the support people received and they were an effective way for staff to communicate onto relevant others important information about people's needs.

People who used the service and family members described staff as friendly, patient and caring. They told us that staff were respectful of their wishes and of their home environment. People's right to privacy and independence was understood and promoted by staff. Staff encouraged people where possible to do as much as they could for themselves.

People were provided with information about the service, including how to complain. People had no worries about complaining should they need to and they were confident that their concerns would be dealt with properly. People's views about the service were obtained both on an informal and formal basis. They were given the opportunity to rate and comment on aspects of the service through the use of questionnaires and less formally by speaking directly with the registered manager.

The management structure was understood by people who used the service, family members and staff. People told us they had no difficulties speaking with the registered manager if they needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment checks did not always fully protect people from unsuitable staff.

People felt safe using the service. Staff were confident about dealing with any concerns they had about people's safety.

Risks people faced were identified and managed. Medicines were appropriately administered to people.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training and support for their role.

People consented to their care and support. Staff understood their responsibilities for ensuring this in line with the mental capacity Act (MCA).

People were provided with the support they needed with their diet and general health.

Is the service caring?

Good

The service was caring.

People's privacy, dignity and independence was promoted and respected.

People's wishes and preferences were taken account of and they were understood and met by staff.

People were kept informed of any changes made to their scheduled visit times and staff visiting.

Is the service responsive?

Good

The service was responsive.

People made choices and decisions about their care and support.

People's needs were assessed, identified and planned for with their involvement.

People had information about how to complain and they were confident about complaining.

Is the service well-led?

Requires Improvement 

The service was not always well led.

Aspects of the service were not effectively monitored to ensure risks to people were mitigated.

The management team had clear lines of accountability and responsibilities.

People and staff had confidence in the leadership if the service.

Care & Connect

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.

The inspection took place over three days; the first day which was unannounced was carried out by two adult social care inspectors. We spent the first day at the office and met with the registered manager and a company director. We checked a selection of records held at the office, including care records for six people who used the service, recruitment and training records for four staff, policies and procedures and other records relating to the management of the service. Whilst at the office we also spoke with two care staff. The second and third days of the inspection were carried out by one adult social care inspector. During those days we held pre-arranged telephone interviews with three people who used the service, three family members and four staff. With their permission we also visited the homes of three people who used the service. During the visits we spoke with people who used the service and their family members and looked at care plans and medication administration records (MARs).

Before our inspection we reviewed the information we held about the service including information which we received from commissioners and members of the public.

Requires Improvement

Is the service safe?

Our findings

People told us that staff were careful when supporting them and that they felt safe with them. People's comments included, "I feel totally safe with them [staff]" "They [staff] are always careful and I have a lot of trust in them" and "I know what abuse is and would tell someone if anyone hurt me".

Recruitment of staff was not always safe and thorough. Appropriate checks had not been undertaken on applicants before they commenced work at the service. Recruitment records for three members of staff showed that reference checks obtained from their most recent employer had not been obtained. We also saw a further two examples where reference details provided by staff employed did not correspond with their employment history. The reason for this had not been explored. We saw two examples were telephone references had been obtained for staff employed, due to a delay in the receipt of written references. However a there was no record made of the information provided over the telephone and no follow up written references obtained. We saw another example were the applicants next of kin, as detailed on their application form, had provided a written reference. We also saw an example of a reference obtained which had not been signed or dated and did not identify in what capacity the referee knew the applicant. The lack of robust checks on staff employed meant there was no guarantee of that they were of suitable character to work with vulnerable people.

This is a breach of Regulations 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as safe recruitment procedures were not followed to ensure the suitability of persons employed.

Records showed that staff were subject to a check with the Disclosure and Barring Service (DBS) prior to them commencing work at the service. A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults.

On commencing work at the service staff were issued with an employee handbook. The handbook included procedures which all staff had a responsibility to adhere to, to ensure the health and safety of the people they supported, themselves and others. For example, accident reporting, emergency evacuation procedures, safeguarding people, key holding and working in severe weather. People who used the service, family members and staff knew that they could contact the office should they need to for advice and guidance in the event of an emergency. The office telephone lines were diverted to an on call service outside of office hours, up to 11 pm each night when all visits were scheduled to have been completed. Staff confirmed that they had received an employer's handbook and they were familiar with the on call system.

Procedures which were in place were being followed to maintain the security and safety of people's homes. Some people who had difficulty using keys or answering their door had authorised the use of a secure key safe. This enabled staff on arrival to access a key to gain entry into the person's home. Key safes were fitted with a unique code so that authorised staff only could access them. Staff were aware of their responsibility to never share the code with anyone else and to ensure that the key was replaced in the safe before they left people's homes. Staff were issued with identification badges (ID) which displayed their photograph, their

name and the company logo. Staff were required to wear their ID badges and make them visible at all times during visits to people's homes. People told us that staff always wore their ID badge during visits to their home.

Risks to people were assessed and planned for. This included risks associated with people's care and support and the environment. For example, moving and handling, nutrition and hydration, falls, use of equipment, lighting and fire safety. A plan which was in place for each identified risk detailed the hazard which increased the risk and the control measures in place to minimise the likelihood of the risk occurring. Staff contacted staff at the office to report any changes which they considered as a new risk and appropriate action was taken to minimise the risk.

People were supported and cared for by the right amount of suitably skilled and experienced staff to meet their needs and to keep them safe. The amount of staff each person required to provide their care and support had been assessed and agreed prior to them using the service. People who required assistance from two staff confirmed to us that staff always arrived at their home in pairs and carried out relevant tasks together. Tasks carried out by two staff to keep people safe included transfers by use of a hoist and assisting people with personal care routines.

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff who administered medication had completed the required training following which they underwent a check of their knowledge. A care plan had been developed for people who required support with taking medication. The plans provided clear instructions for staff to follow to ensure people received their medicines safely. People who required their medication to be administered by staff had a medication booklet which accompanied their care plan. The booklet contained a medication administration record (MAR) which listed each item of medication prescribed, the times they were to be given and any instructions for use. Staff had signed MARs to show people had taken their medication. MARs which we viewed in people's homes were appropriately completed. The medication booklet also included guidance for staff in relation to the safe management of medication. For example the definition of 'as required' medication (PRN) and guidance about the safe storage and disposal of medication. People told us that they always received their medication on time and that staff were careful when administering them and completing records.

People were safeguarded from abuse and potential abuse. Staff had completed safeguarding training and a check of their knowledge in the subject. Staff had access to information and guidance about safeguarding which they could refer to should they need to. This included the procedures set out by the registered provider and the relevant local authorities, describing the process for reporting actual abuse or suspected abuse. Staff knew the different types and indicators of abuse and they were confident about reporting any kind of abuse which they witnessed suspected or were told about.

People were protected from the risk of the spread of infection. The registered provider had an infection control policy and procedure in place and staff had received training in infection prevention and control. Staff knew what their responsibilities were for ensuring they followed safe practices to minimise the spread of infection. For example they used personal protective equipment (PPE) including gloves and aprons when assisting people with personal care to help minimise the spread of infection. There was a good stock of PPE and hand gel held at the office and staff told us they accessed it as and when they required it.

Good

Is the service effective?

Our findings

People who used the service and family members told us that they thought the staff were well trained and knew what they were doing. Their comments included, "They [staff] are very good at what they do, I have no worries on that score" "I think the staff are well trained. I have a lot of confidence in them [staff]" and "They knew I wasn't too good and called for help".

Staff received training for their role, however training required by staff for the use of moving and handling equipment was not delivered by a suitably qualified person. The practical element of moving and handling training was delivered to staff by a member of the management team under the direction of the registered manager. Equipment for the purpose of the training was in place at the office, including a hoist and bed. The registered manager had previously completed a 'Train the Trainers' qualification in the subject, however it had expired. The newly recruited care co-ordinator was about to commence the appropriate training which would qualify them to take over the role of delivering practical moving and handling training to staff. A number of people we visited had equipment in place including a hoist which staff were required to use to assist them with transfers. Whilst those people raised no concerns about the competence of staff in using equipment, the lack of appropriate training for staff put people's safety at risk. We recommend that all training provided to staff is delivered by a suitably qualified person.

Staff told us that the registered manager was supportive and approachable and that they had no concerns about approaching them for advice or guidance. Records showed that the registered manager had conducted one to one supervision with staff and facilitated staff meetings. One to one supervisions were when staff met in private at the office with the registered manager and discussed their work and learning and development needs. However the registered manager explained that they had found it difficult to carry out observational checks on staff in the workplace, due to other managerial tasks required of them. Checks on staff performance are a way of assessing their performance, learning and development needs. The registered provider had recently recruited a care co-ordinator whose role involved assisting the registered manager in providing support to staff. Part of the care co-ordinator role was to carry out spot checks on staff performance. We recommend that staff receive appropriate supervision for their role to help with their learning and development.

People were supported by staff who received induction and ongoing training for their role. Staff completed an induction before starting work at the service. Induction training and subsequent updates were linked to The Care Certificate (TCC). This is a nationally recognised qualification introduced in April 2015 for health and social care workers. TCC sets out the minimum standards expected of staff so that they have the necessary skills and knowledge in line with current and good practice. Topics covered as part of TCC included, understanding your role, safeguarding adults, duty of care, health and safety and person centred care. As part of their induction staff were also given the opportunity to read care plans and company policies and procedures. In addition they completed shifts shadowing other more experienced staff members to help build up their confidence in supporting people.

Training sessions took place at the office in rooms which were equipped for the purpose. None practical

training was video based and sourced through a recognised training provider. The training was compatible with TCC and approved by Continuing Professional Development (CPD). A member of the management team facilitated the training in line with the training provider's guidance. Staff were provided with handouts linked to the topic of learning and they were required to undertake a knowledge test to assess their competency following each element of training completed. This enabled the registered provider to assess the staff member's knowledge and understanding of the training completed and to assess whether further training was required. Staff told us that they valued the training they had undertaken and had learnt a lot from it. One member of staff told us that the training was really good and helped build their confidence and another member of staff told us the training prepared them a lot for their job.

People who required it had their nutritional and hydration needs assessed and planned for. Care plans detailed the support people needed to eat and drink and how they liked to be supported. They also covered things such as any known food allergies, any adaptations needed, preferred food and drinks, likes and dislikes and how food should be served. Staff maintained a record for some people detailing their food and fluid intake. This enabled staff and where appropriate family members to monitor the diet of people who were at risk of malnutrition and/or dehydration. People told us that staff prepared their meals as they liked them and that they received all the support they needed to eat and drink. People told us that staff always prepared them a fresh drink and placed it in easy reach of them before leaving their home. Staff were provided with training and had access to written information and guidance about nutrition and good food hygiene practices.

People who used the service were responsible for managing their own health care appointments with the help of family members and friends. However, where staff were required to assist with this the details of any support people required were recorded in their care plans. Care records included contact details of the persons' GP and other relevant healthcare professionals so staff could contact them for advice and guidance should they need to. Staff were confident about what to do if they had immediate concerns about a person's health and they said they would not hesitate to call emergency services. A family member gave us an example of when staff had contacted emergency services because they had concerns about their relative's health. The family member said, "The staff knew my [relative] was unwell and acted quickly to get them the help they needed".

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 people lack mental capacity to make particular decisions, any decisions 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. In community services, where people do not have the mental capacity to make decisions on their own behalf, an authorisation must be sought from the Court of Protection (CoP) to ensure that decisions made in their best interests are legally authorised. At the time of this inspection no one who used the service was subject to an authorisation made by the CoP.

Staff had completed training in the MCA, and they demonstrated through discussion a good understanding of their roles and responsibilities in relation to the act. They knew to obtain people's consent prior to providing any care and support. Staff knew to report onto the registered manager any concerns they had about a person's ability to consent.

People were fully involved in the development of their care plans and they had signed a document consenting to the care and support outlined in them. People confirmed their involvement and consent to their care plans and they told us staff always explained what they were about to do prior to providing any

care and support.

The office was equipped to deal with the day to day management of the service. There were computers with email access, telephones and other office equipment including a photocopier. In addition to three office spaces there were rooms available for training and private or group meetings. There was a member of staff employed at the main office to deal with administrative duties including taking and responding to calls during office hours.

Good

Is the service caring?

Our findings

People who used the service and family members told us that staff were polite, kind, caring and respectful. Their comments included, "They [staff] are very gentle" "They [staff] are all very lovely" "We always have a little chat. We joke and have a bit of fun" and "They [staff] are very friendly and they always take time to sit and have a chat with me".

People's independence, privacy and dignity was respected and promoted. People and family members told us that staff were respectful of people's homes and belongings. They said staff made sure things were put away and that they {staff] left their home clean and tidy before leaving. People said staff never entered their homes without knocking first even if they had authority to enter using a code or by other means. One person told us "They [staff] have a key to get in but they always knock and shout from the hallway to let me know it's them". Another person said "They pop their head around the door and say hello before coming right in".

Care plans specified people's level of independence and how it should be promoted. For example one person care plan stated staff were to pass them a flannel so that they could wash their hands face and body independently. It instructed that staff were to assist only with washing areas which the person found hard to reach and that the person would like to remain as independent as possible. Another care plan stated that the person needed staff to assist them onto their bath chair and allow them to shower alone. People said staff never took over and encouraged them to do as much as they could for themselves. One person said that staff were considerate when helping them with personal care. They said they were never made to feel embarrassed and that staff gave them time alone in the bathroom when using the toilet. Staff provided us with examples of how they maintained people's independence, privacy and dignity. This included encouraging self-care where possible and ensuring rooms were warm and curtains and doors were closed when assisting people with personal care.

People's needs, wishes and preferences were understood and respected. Care plans emphasised things of importance along with people's wishes and preferences with regards to all aspects of their care and support. People's personal preferences and choices which were recorded in their care plans included things such as what gender of carer they preferred, how they liked to dress, preferred toiletries, how they liked their food served and where they liked to sit. Terms which were used in care plans aimed to promote people's choice and independence such as 'assist' 'I like' 'I need' 'encourage' and 'choice'. One person said "They [staff] don't miss a thing, they know exactly what they need to do and how I like it to be done and they always do it how I like it". Another person told us that they preferred female carers to provide their personal care and that this was always respected.

People and family members told us that they got to meet staff prior to them providing any care and support. A family member told us a new member of staff was introduced to their relative during visits which the new member attended with other staff who knew their relative well. People said that most of the time they received care and support by the same group of staff who they were familiar with. People said they were notified in advance of any staff changes and were given an explanation as to the reason why the change occurred. People told us that the consistency of staff was very important to them as it helped to build up a

positive and trusting relationship.

People told us that staff were patient and gentle and that they took their time and never rushed things. People also told us that staff spent time chatting with them about things of interest. One person said, "We regularly have a laugh and a joke which I enjoy a lot" and another person said, "We often have a chat over a cup of tea and a bit of banter". People told us that staff ensured they were comfortable and offered them with refreshments before leaving their homes.

People told us that staff were reliable, arrived at their homes at the agreed time and remained there for the full duration of their contracted call. People and family members said there had been occasions when staff were late but they had contacted them with an explanation and assurances that they would arrive as soon as possible.

People were provided with information about the service. Documents containing information about the service were held in people's personal files kept at their home. This included a welcome pack and the services statement of purpose (SoP) which contained pieces of key information such as what the service does, its values, and what people should expect from it. Other information and guidance within the document included how people could complain and make contact with the service both during and outside of office hours.

The registered manager was aware of the circumstances of when a person may need the help of an advocate and they held details of services which they would share with people who may require assistance from an independent advocate. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

Personal information about people which was held at the office was locked away when not in use. People confirmed to us that staff put their care records away safely before leaving their homes. Staff had completed training in relation to data protection and confidentiality and they demonstrated a good understanding of their responsibilities for ensuring people's right to confidentiality.

Good

Is the service responsive?

Our findings

People who used the service told us that staff knew them well and provided them with all the right care and support which they needed. Their comments included; "They [staff] complete everything they need to do". "They always ask me if there's anything else they can do and make sure I'm ok before they leave" and "I'm completely satisfied with what they do for me". Family members commented that their relative's needs were well met and understood by staff. Their comments included; "The assessment captured everything they needed to know about [relative] and made sure they could provide [relative] with all the care they need" and "They understand my [relatives] condition and manage it really well".

People's needs were assessed prior to them using the service to make sure it was right for them. Care plans were developed based on the outcomes of assessments carried by the registered manager in addition to assessments obtained from other health and social care professionals. Care plans were developed on the basis of the assessments carried out and they were checked for accuracy and agreed by the person and/or their family members. People who used the service or where appropriate those acting on their behalf confirmed that they were involved in the assessment process and the subsequent development of care plans. One family member said "The manager visited us at home and we went through everything which my [relative] needed" and another family member said, "They [registered manager] met with us here [relatives home] and we answered questions and filled in paperwork about [relative] and the help and care they needed. It was very thorough". This ensured that people's needs were fully understood and appropriately planned for.

Care plans were kept at people's homes and a copy was held at the office. We looked at a selection of care plans held at the office and the care plans belonging to the people we visited at their homes. The plans provided clear instructions for staff to follow on how to best to meet people's needs in a way that the person preferred. Monthly reviews had been carried out on care plans to ensure they remained accurate and up to date. However if there was a sudden change in a person's needs reviews were held sooner. People and family members confirmed that care plans were a true reflection of people's needs and they confirmed that staff read them and followed them correctly.

A visit record was in place at people's homes and completed by staff prior to them leaving the persons home. Staff were required to record a summary of the tasks and activities which they carried out during the visit in addition to any significant observations, which needed to be communicated onto other staff and relevant, others such as family members. Details of any contact staff had with family members, the person's GP or other health and social care professionals involved in their care was also entered onto the visit records. These records demonstrated that people had received the care and support in line with their care plan.

Visits made to people's homes were monitored from the office. Staff were required to log in and out of people's homes from their mobile phones using an electronic system which was linked to the office. This system was used to ensure visits to people's homes were punctual and lasted for the full duration of the contracted visit time.

The registered provider invited people and/or family members to provide feedback about the service through the use of questionnaires. Questionnaires which were sent out to people at different intervals invited them to rate and comment on aspects of the service including; the quality of care, staff performance and efficiency of the service. We looked at a selection of responses and comments made by people who completed and returned questionnaires in January 2017. Responses were all positive and included comments such as; "All do what they need to do" "I am completely satisfied with this service and my carers" " All staff are very friendly and always provide care according to my [relative] needs" and "I like the continuity of care. It's nice to know who is coming".

The registered provider had a complaints procedure which was made available to people who used the service and their family members. People confirmed that they had been given information about how to complain and they said they had no concerns about complaining should they need to. One person said, "I've nothing to complain about but I would if I needed to" and another person said, "I'd call the office and speak with those in charge. I'm not afraid to say what I think". Staff were familiar with the registered provider's complaints procedure and they told us that they were confident about how to assist a person to make a complaint if they raised one.

People who used the service knew how and when they could contact the office for advice and support at all times. They were provided with the names and contact details of those they could contact both during and outside of office hours. People and family members told us when they had contacted the office they had always received a satisfactory response to their queries or questions raised.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and family members told us they were familiar with the management structure of the service. They knew who was the registered manager and the names of other office based staff who they could contact should they need to. People and family members described the service as reliable and consistent and they told us they had never had any difficulties contacting or communicating with the registered manager and other office based staff. One person said, "[Registered manager] is only a phone call away. If she is not at the office when I call I leave a message and she always gets back". Another person said, "The two in charge [Registered manager and a company director] are very good, they have visited me and asked how things are".

The systems in place did not fully identify and assess risks to the health, safety and welfare of people who used the service and records which were required were not always maintained and complete. Recruitment records for new staff were incomplete and reference checks for staff employed were not robust enough to fully protect people from unsuitable staff. References failed to show that every effort was made by the registered provider to gather all available information to confirm that the applicant was of good character. Recruitment documentation was not fully completed. For example, interview notes had not been completed for three staff employed and sections of their application forms had not been signed, either by the employee or the employer to confirm the information provided was factual and correct.

There were processes in place for responding to and recording incidents and accidents. However records failed to show what action had been taken to mitigate risks. Staff were required to identify on a body map the location of any marks or injuries found on a person's body or which they sustained during incidents or accidents, such as falls. Following this staff were required to contact the office to report the occurrence and any injuries noted. The information reported was to be recorded onto an electronic system as a way of monitoring any themes or trends which needed to be actioned. However we saw one example where a body map completed for one person identified bruising to their leg found by staff, yet the electronic records had not been completed as required to reflect the findings and any action taken.

There was a lack of effective monitoring of care plans and associated records which meant people were at risk of receiving unsafe and effective care. The registered manager developed care plans in conjunction with people and where appropriate their family members. The registered manager was involved in providing support to people which gave them an opportunity during those times to monitor the quality of care provided in an informal manner. However there was no formal system in place for checking care records and checks which had been carried out by the registered manager were not recorded.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because records were not complete and systems in place were not fully effective to assess, monitor and improve the service that people receive and to protect them from the risk of harm.

Staff performance was monitored and assessed through formal and informal one to one and group discussions with the registered manager and through consultation with people. However there was no

formal process in place for monitoring and assessing staff performance in the workplace. The registered manager acknowledged that they had recognised this and had addressed it. They explained that moving forward spot checks on staff performance were to be carried out by the newly recruited care co coordinator.

People and staff told us they found it easy to make contact with the office and thought the service operated an open door policy whereby they could visit the office at any time should they need to or telephone to speak with a member of the management team and office staff. People and family members provided many examples of when they had contacted to office to speak with the registered manager. They told us that she always responded to their calls and provided the advice and support they needed. People told us that on the occasions when the registered manager was unavailable she always returned their call.

Staff said they received regular updates about the service including any changes to policies and procedures and safe working practices. They said they were encouraged to put forward suggestions and ideas about improving the quality of the service and that the registered manager had always listened to their point of view.

Policies and procedures were held at the office and easily accessible to staff and staff were issued with a staff handbook, which included copies of them. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do, what decisions they can make and what activities are appropriate. Policies and procedures were reviewed on regular basis and updated when there were any changes in legislation or best practice.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns of poor practice to a senior manager in the organisation, or directly to external organisations without the fear of reprisals.

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 17 HSCA RA Regulations 2014 Good governance Records were not complete and systems in place were not fully effective to assess, monitor and improve the service that people receive and to protect them from the risk of harm.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment procedures were not followed to ensure the suitability of persons employed.