

Elmar Home Care Limited

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

On the 10 February we inspected Elmar Home Care Limited and made phone calls to people and their relatives on the 22 February 2017. At the time of our inspection, there were 71 people using the service. This was an announced inspection which meant we gave the provider 48 hours' notice of our visit.

Elmar Home Care Limited is registered to provide personal care to support people who want to retain their independence and continue living in their own home. The agency office is located in Silsden and staff provide support and personal care to people living in Craven and the surrounding areas.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run. The registered manager was present throughout the inspection.

At the last inspection on 16, 22, 23 and 24 August 2016 the service was rated Inadequate and in 'Special Measures'. We asked the provider to take action to make improvements in a number of areas and this action had been completed.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However although the service had improved overall, we found there was still some work required to improve further. Areas where the service had addressed our concerns needed time to show the changes were sustainable.

People and their relatives were satisfied with the service they received and commented staff were kind and caring and treated them with respect. People felt safe when staff were around. All staff had undertaken training in safeguarding adults. They were able to describe what actions they would take if they suspected abuse.

The provider had risk assessments in place. Records showed risks to people had been identified, assessed and were reviewed on a regular basis.

We found people received their medicines when they needed them and the provider managed medicines safely and appropriately.

People were supported to eat and drink enough to help keep them healthy. Staff understood people's food preferences and acted in accordance with their wishes.

Staff received regular training and supervision and they felt supported by the registered manager.

There were systems in place to ensure staffing levels were appropriate to the needs of people using the service.

The provider had an effective recruitment procedure to ensure only suitably qualified and experienced staff were employed. However staff only had their criminal backgrounds checked when they started employment.

The registered manager and staff understood the principles of the Mental Capacity Act 2005. They knew how to support people if they lacked capacity to make decisions and who to involve. Some people had lasting power of attorney in place; however the registered manager was unable to show us paperwork supporting this.

People and their relatives commented positively about the care and support which were provided by staff.

We saw no new complaints had been received but the registered manager told us the actions they would take if a complaint was received.

People and their relatives told us they had been involved in the assessment and care planning process.

People received care which met their needs, choices and preferences. Staff had good knowledge of the people they supported and they encouraged people's independence.

Staff were clear about their roles and we found care plans identified people's needs and staff supported them in a person centred way. They were supported to maintain their health and wellbeing and had access to a variety of healthcare professionals when needed or requested.

The staff team had an open, supportive and transparent culture and people felt they were listened to.

The registered manager had introduced a number of systems to monitor the quality of the service provided and also completed regular audits. Staff had access to policies and procedures to inform and guide them in their roles.

We found one breach of regulation. 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.

There were safeguarding policies and procedures in place to protect people from possible harm.

Risk assessments had been completed and staff were trained to support people safely. Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced.

Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service. However, staff only received a criminal background check upon employment.

Medicines were managed safely. People received their medicines when they needed them and as prescribed by their GP.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had the appropriate knowledge and skills to provide care and support to people. There was an on-going training programme for staff.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. The registered manager told us some people had family members who had legal powers to act on their behalf; however they were unable to produce this documentation.

People were supported with their daily nutritional needs when this was needed and had access to health and social care professionals when required.

Requires Improvement ●

Is the service caring?

The service was caring.

People had good relationships with staff and their privacy and dignity was respected.

Good ●

People and/or their representatives were involved in planning and reviewing their care plans.

Staff had a good knowledge of people and their needs.

Is the service responsive?

The service was not always responsive.

People's needs were assessed prior to receiving a service and were reviewed. Staff knew people's routines and provided the support they needed in the way they preferred.

People had access to information advising them how they could raise concerns if they were unhappy with any aspect of the service.

At the last inspection we raised concerns with care plans and reviews. We saw improvements had been made although we needed more time to check the sustainability of the documents.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The service had a registered manager in post. Staff told us they felt supported by them.

Although the service had improved, the service had not always identified areas of concern that we raised.

People and staff spoke positively about how the service was run. The service was structured around the needs of the people using it and was able to adapt to their changing needs.

The management team ensured a robust auditing process was in place or planned to be introduced following other areas of improvements. People and their relatives were encouraged to provide feedback on the quality of their care and this was acted on.

Requires Improvement ●

Elmar Home Care Limited

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 on the 10 and 22 February 2017 and the visit was announced. This meant we gave the service 48 hours' notice of our inspection. This was to make sure the registered manager was present during the inspection.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. We had not asked the provider to send us a Provider Information Return (PIR) since the last inspection. 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 looked at how people were supported throughout the day with their daily routines and activities by reviewing care documentation and speaking with people and staff. We reviewed a range of records about people's care and how the service was managed. We looked at five care records for people that used the service and four staff files. We spoke with one family member, seven people who used the service, the registered manager, a care co-ordinator and two support workers. We looked at quality monitoring arrangements and other staff support documents including supervision records, team meeting minutes and individual training records.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One relative told us, "Oh it's a very good service, we always feel safe with the staff." One person said, "The girls are very nice, I'm always safe."

At the last inspection we found the service was in breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) as we raised concerns about the services ability to recognise and report potential safeguarding concerns. At this inspection we found improvements had been made. We saw information on display in the office which provided advice for staff as to the action they should take in the event they had any safeguarding concerns. Information was available to people who used the service as well as to their representatives. The provider had safeguarding policies and procedures in place. These advised staff on what to do if they had concerns about the welfare of any of the people they were providing care and support to.

We saw no safeguarding incidents had occurred since the last inspection although the provider had discussed one potential safeguarding incident with the local authority adult protection team. We saw documented evidence of this. From speaking with the registered manager we were assured any safeguarding incidents would be referred appropriately to the local authority safeguarding team and notified to the Care Quality Commission. Staff understood how to protect people from the risk of abuse and had a clear understanding of safeguarding procedures. One staff member told us, "I would ring the office straight away if I had a concern." Another staff member described to us what action they would take if they thought a person was being abused financially. Staff were able to describe the types of abuse and the signs to look for.

The provider also had a whistle blowing policy and procedure in place. A whistle blower is a person who raises a concern about a wrongdoing in their workplace. Staff were aware of the whistle blowing policy and told us they would not hesitate to report if they witnessed any wrong doing at work. They told us they felt confident to report any concerns to the office and/or to other relevant authorities.

At the last inspection we found the service was in breach of Regulation 12 (Safe care and treatment) as we raised concerns about the lack of reviews and the content of risk assessments. During this inspection we found improvements had been made. People's care records contained risk assessments which identified risks in relation to their health, independence and wellbeing. There were detailed assessments in place which considered the individual risks to people such as moving and handling, falls, cross infection, skin integrity, mental capacity, nutrition and hydration, personal care and the use of bed rails where appropriate. We saw risk assessments had been reviewed and updated since our last inspection.

Where access to people's houses was obtained using a key safe, we saw specific instructions in the care records about ensuring these were secured properly upon leaving and the numbers scrambled. We saw where a person had expressed concern about a staff member having their entry code this was immediately changed and their relatives informed. This meant the risk of unwanted entry to people's property was minimised.

The service provided care to some people with complex needs. Staff were aware of the risks to those people and were able to describe the actions they took to manage and mitigate them. One staff member told us, "If I feel something has changed (with their needs) I would contact the office." Staff were able to describe the actions they took, in making sure people were safe. This helped to ensure people were receiving safe care and support.

At the last inspection we found the service was in breach of Regulation 19 (Fit and proper person's employed) as we raised concerns about the way staff had been recruited. During this inspection we found improvements had been made. The provider had an effective recruitment procedure to ensure suitably qualified and experienced staff were employed. We reviewed four staff files to check the registered provider had followed safe and effective recruitment procedures. We found relevant checks had been completed before staff worked at the service. Staff files included application forms, copies of passport or driving licence, references, health checks and Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions and prevent unsuitable staff from working with people who need support, including children. However we noted the service only completed a DBS check prior to staff working with people and not at regular intervals.. We mentioned this to the registered manager who told us they asked staff to sign a declaration form to say they had not received any cautions or convictions. The registered manager then agreed to make routine checks through the DBS in future. We saw documentation to show people had signed a declaration form.

At the last inspection we found the service was in breach of Regulation 18 (Staffing) as we raised concerns about the way staff had been deployed and the lack of travel time in-between calls. During this inspection we found improvements had been made. There were sufficient numbers of staff available to meet the needs of the people. The registered manager explained they had consulted with people and staff to make sure people were getting what they wanted and staff were making shorter journeys between calls. The registered manager told us staffing numbers were determined by the needs of people and their routines and this was calculated through the initial assessment or reviews. We looked at the staff rotas over a four week period and noted people were visited by the same staff or group of staff. This helped people to receive care and support from staff who knew them well and also promoted consistency. One person told us, "Recently it's been the same people coming to see me." A relative said, "It used to just be anyone coming; now it seems more consistent." People and their relatives told us they felt there were enough staff around and never had a missed call. One person told us if staff were running late for any reason, they would be informed although this had not happened since our last inspection. We saw staff rotas were planned in advance and this helped the registered manager to cover any sickness or annual leave. People and their relatives told us staff stayed for the duration of the time they expected and they did not feel rushed.

We reviewed the accidents and incidents file and saw new documentation in place including an accident tracker. Three accidents and two incidents had been documented since the last inspection in August 2016. We saw improvements had been made in the quality of the documentation which included information on the investigation, outcomes, if the care plan or risk assessments had been reviewed following the accident/incident and who had been informed such as relatives, the local authority or the Care Quality Commission. However, conclusions and outcomes were not routinely documented and the registered manager agreed this was an area for further improvement.

At the last inspection we found the service was in breach of Regulation 12 (Safe care and treatment) as we raised concerns about the way medicines were documented and recorded. During this inspection we found improvements had been made. Some people managed and administered their own medicines whilst others needed support from staff. We looked at some completed medicines records which were in people's folders in the office and found they had been signed by staff to indicate people had taken their medicine. People's

care plans had information as to the medicines people were prescribed. Staff had received training on the management of medicines. They received regular updates to ensure their practice was up to date and safe. The registered manager audited the medicines records to ensure they were completed correctly and to make sure that people received their medicines when they needed them.

Is the service effective?

Our findings

People and their representatives felt staff had the skills and experience to provide the care and support they needed. One person said, "The staff are very good, they know what to do." A relative told us, "I'm happy with the job they do."

At the last inspection we found the service was in breach of Regulation 18 (Staffing) as we raised concerns about staff having not received all the training they required to complete their roles. During this inspection we found improvements had been made. We looked at the records of staff training which showed staff had received training in a wide range of topics. Areas covered included food hygiene, infection control, equality and inclusion, person centred care and the Mental Capacity Act 2005. We noted staff had also received specific training to meet the needs of the people they supported for example, in dementia care and challenging behaviour. Staff commented the training was good and helped them in their roles. They said they could ask for additional training if they knew that they might need to care for a person who had a certain medical condition such as epilepsy. We saw training certificates in the staff files we looked at and these confirmed staff had undertaken additional courses since the last inspection. The registered manager monitored the staff training and was aware which staff needed to update themselves. This helped to make sure staff updated their skills in a timely manner.

We saw evidence new staff had completed a detailed induction when they started working for the service. This included completing the provider's mandatory training and completing at least two full days shadowing a more experienced member of the team. New staff had an induction checklist to ensure they had completed all aspects of their role. Staff had their competency in supporting people checked each year.

At the last inspection we found the service was in breach of Regulation 18 (Staffing) as we raised concerns about the level of support staff received from management. During this inspection we found improvements had been made. We looked at staff files and found staff had received at least one supervision since the last inspection and had a planned appraisal date. The registered manager showed us they had planned supervisions in up to October 2017. Staff told us they had received supervision and this helped to ensure the care and support they provided to people was to a good standard. We saw staff received on-site supervision (spot checks) whilst they provided care to people in their homes. This helped the registered manager to continually monitor and review staff performance and attitude towards people using the service. We saw during supervision sessions staff were given the opportunity to talk about people they were caring for and any training they would like to undertake. They were also informed of training they needed to update.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We checked whether the service was working within the principles of the MCA and found no restrictions in place. The registered manager assumed people's mental capacity to ensure that they were able to make appropriate decisions and where needed, supported them to do so. They understood the principles of the MCA and the importance of making decisions for people who lacked capacity in their best interests by liaising with people's representatives and other relevant professionals.

We noted all staff had received training in the MCA and on what a deprivation of liberty safeguards meant. Staff were aware of what to do to ensure people's rights were protected. This involved supporting people to make decisions for example of what they would like to wear or to eat. They would support people to make choices if the person had capacity. One person said, "They always ask before they do anything." One relative told us, "They check if we are happy and need anything else before they leave." Through speaking with staff and reviewing people's care records we saw people's consent was sought. However, we saw some consent forms were not signed by the person or their legal representative and the registered manager agreed to ensure these were completed.

At the last inspection we raised concerns about the lack of lasting power of attorney (LPA) documentation. During this inspection we found improvements had not been made. We saw in some people's care records where their relatives acted as their legal representatives and had LPA over their affairs. However, we did not see paperwork about this in people's care records. The registered manager told us this had been highlighted at the previous inspection and they were addressing the matter.

This was a breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence people's individual dietary needs and preferences were being planned for and met. Care records contained good information of people's dietary preferences and the level of nutritional support people required. For example, one person's care records noted, 'I like the carers to offer me a choice of meals as I get bored of eating the same foods', and continued to say what the person liked to eat and drink, including enjoying a cup of tea with one sugar and milk served in a mug, medium strength. We saw information on the correct positioning of their dinner plate and mug to allow them to eat and drink independently. We saw evidence where people were encouraged to drink plenty of fluids both in their care plan and daily notes. This meant people were being supported to consume a healthy and balanced diet. Staff we spoke with were able to describe to us how they supported and encouraged people to eat and drink when appropriate. One staff member told us they tried to get people to eat and drink when they were there, but if this was not possible they would leave some food out for them to eat later.

The registered manager and care coordinators had regular contact with health and social care professionals to ensure people's needs were met fully. Some people attended their health appointments independently and other were supported to attend. People and their representatives told us they received the healthcare support they needed. Care co-ordinators monitored people's health needs to ensure the care and support provided was effective. They kept staff informed of any changes in people's health so they could respond accordingly. We looked at the call logs from staff which confirmed calls to health care professionals when they had a concern about a person. This showed us people were supported effectively with their health care needs.

Is the service caring?

Our findings

People and their relatives commented positively about the service provided. One person said, "Staff are all so polite." Another person said they had, "No complaints at all, we have used them (staff) for a long time, they are all very chatty and ask if I need anything."

People were offered advocacy services if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The registered manager informed us that no one using the service had an advocate at the time of the inspection.

Staff told us they always ensured people knew what they were going to do. They said they took time to explain to people and ensure they understood what they were saying before undertaking any care task. People were encouraged and supported to do as much for themselves as possible so they maintained and developed their independence. Staff offered them support as and when they needed it. For example by helping them to wash themselves. One staff member told us, "We always try to get people to do things for themselves."

We saw people's confidential information was kept securely in locked cabinets within a locked room at the agency's offices and was accessible to people authorised to do so. We found staff were aware of their responsibilities to maintain people's confidentiality. Staff understood not to discuss about people in public places or disclose information to people who did not need to know.

From speaking with the registered manager and staff we concluded they knew people well, including their likes, dislikes and care needs. The registered manager told us they tried to have the same staff visiting people wherever possible to build up relationships and tried to match people with those who had similar personalities or interests. For example, they told us of regular staff who visited a younger person because of their personalities. The person's relative had commented on the relationship and trust built up which meant they felt safe leaving their relative with staff which they had not done with a previous service provider. This was also documented in the home visit records. The registered manager told us, "We wanted to make sure we got it right. It's about selecting the right carers with [person's name]." They also told us, "They're people; not names on a piece of paper. I like to think everyone is my family." A staff member we spoke with commented, "We all try and do what the service users require and do things they want."

We saw emphasis was placed in people's care records about treating them with respect and dignity and preserving their independence. For example, we saw one person's care records said for staff to, 'include me in all conversations'. Another person's record stated, 'I like the dark coloured towel to be placed over me to ensure that my dignity is preserved.' A third described how to place crockery to allow them to eat independently, how they liked to wash themselves as much as possible and to encourage them to mobilise with a stand aid to maintain independence rather than a hoist.

Is the service responsive?

Our findings

People and relatives said they were very happy with the service provided and praised the staff who they felt knew what they doing. People said staff helped them with their needs and they did so in a kind and caring manner. One person told us, "If I need something they help me with it, they always check if I'm okay."

At the last inspection we found the service was in breach of Regulation 16 (Receiving and acting on complaints) as people told us they felt complaints had not been fully addressed. At this inspection we saw no complaints had been received since the last inspection. The registered manager told us they took complaints seriously and responded to them appropriately.

The provider had a complaints procedure which was included in the service user's guide and was given to people when they started using the service. We saw there was a system in place to record any complaints or concerns received. This included the details of the concern, actions taken and the outcome. This showed the registered provider had a complaints system in place which was appropriate to resolve issues that had arisen.

People and their relatives told us they had not needed to raise any concerns or complaints, but said they would feel comfortable speaking to the registered manager if they had any concerns. One person said, "No complaints, I am happy with everything." A relative told us, "Nothing bad to say at all, but I know what to do if I needed too."

Care records demonstrated people's needs had been assessed prior to commencement of the service. Clear instructions were recorded to help staff assist with the required care and support such as assistance at mealtimes, washing, dressing and mobility. There was a good level of person centred information recorded within care records, for example, one person liked staff to tell them when they were turning on the light in the morning so they could pull the sheet over their head and gradually become accustomed to the light. Another person's record detailed specifically how care staff should assist them with dressing following a stroke, stating, 'I require them to put my right arm into my jumpers and tee shirts first as I have restricted movement on my right side.' Other people's records detailed the particular soap or shower gel they liked to use and the different flannels they wanted used to wash different areas of their bodies. This information was important to enable staff to deliver person centred care and demonstrated people's personal preferences were respected.

People's care records included detailed sections on dressing, bathing, continence, nutrition, social needs, sensory needs, communication, relationships, skin integrity and religious/cultural needs. A further section on people's goals and aspirations demonstrated an emphasis on people retaining their independence. For example, one person's goal was to stay at home and remain as independent as possible, to walk again, even if a few steps and to become less dependent on family.

We saw many care records had been rewritten and updated since our last inspection and were reflective of people's care and support needs. We saw the care co-ordinators were updating all plans of care and new

plans of care were detailed and comprehensive. From the information contained in people's records and from what people told us, we concluded they and/or their relatives had been involved in the planning of their care.

We saw care reviews were in place in some instances. However, some records were without evaluation dates and records of staff signing to show their understanding of the care records. We spoke about this to the registered manager who agreed to put this in place. The registered manager also told us they were trying to complete a full review of all plans before they complete reviews as they would end up reviewing old documentation for some people. From our discussions and the level of improvement seen, we concluded this would take place. Staff we spoke with were able to tell us about people's individual care and support needs.

Information within people's daily records provided evidence that care was being delivered in line with people's plans of care, such as support with washing and dressing and mealtime support. Daily records also provided evidence that people received care and support at consistent times each day. We saw the registered manager carried out spot checks to ensure these times were adhered to and they told us they were looking to introduce an electronic call monitor system to monitor consistency according to people's requirements. The daily records were regularly checked by the care co-ordinator to see if staff had completed them correctly. The information also helped them to assess how people were, and if their needs had changed.

Is the service well-led?

Our findings

The registered manager had been working at the service for a significant period of time. They had an open door policy where people and relatives as well as staff could raise any issues or concerns they had. People and relatives felt the registered manager was very approachable. They said they could talk to them at any time and they knew any issues raised would be addressed promptly. The registered manager told us they had made significant improvements since our last inspection in August 2016.

At the last inspection we found the service was in breach of Regulation 17 (Good governance) as we found the service in breach of six regulations that the provider had not recognised or acted on. We rated the service inadequate and placed them in special measures. At this inspection we found significant improvements had been made. However we raised concerns with the registered manager about DBS checks not being re-checked during employment. The registered manager told us they would review their policy for DBS checks to be completed and acknowledged regular DBS checks would minimise the risk to people. We also raised our findings that correct documentation to show people who had legal powers to act on someone's behalf was not available. The registered manager agreed these should have been in place and told us they would put appropriate paperwork into people's care records.

Staff told us the registered manager was very supportive and felt confident they would be listened to if they had any concerns. One member of staff told us, "We have a good team, and I know I can speak with the manager." Another said, "[Manager] is always around in the office." Staff told us they liked their job and were happy working for Elmar Home Care Limited. For example, one staff member told us, "I love my job and I love working here." Other staff told us they had regular contact with the care coordinators.

We saw people were given feedback surveys at regular intervals so they could share their opinion of the service received. The survey was sent out annually in March so there was no new survey for us to review. The registered manager and the care coordinator monitored the quality of the service by regularly speaking with people who used the service and their families by visiting or phone call to ensure they were happy with the service they were receiving.

We also saw telephone calls and staff observational checks had been used to gain people's views about how the service was operating. Comments in the feedback forms we sampled were positive. People and their relatives told us they felt listened to and their opinions were valued.

We saw evidence staff meetings had been held and were planned in advance. Staff took part in and contributed to this meeting. Staff told us they worked well as a team to ensure people received the care and support they needed. The registered manager gave staff current information about the service during these meetings and also informed them of any upcoming training. Staff were also reminded of their responsibilities.

The registered manager carried out regular audits to ensure the service was running smoothly. The registered manager completed a Quality Assessment Framework (QAF) which they were looking at moving

to every six months rather than annually. Checks were carried out in areas such as care plans, medicines administration records and staff training. We saw the registered manager and care coordinators undertook spot checks with staff so they could directly observe them while they were providing care and support to people. They recorded their observation of staff practice and we saw this information was held in staff files.

The registered manager understood their responsibilities to inform the Care Quality Commission of any incidents or events they were required by law to tell us about. They had submitted information to CQC in an appropriate and timely manner in line with CQC guidelines.

Staff had access to policies and procedures for the service in hard copies at the office. The provider ensured staff were kept up to date with any changes to ensure they update their knowledge and keep their practice current.

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 11 HSCA RA Regulations 2014 Need for consent The service were not able to evidence documentation that showed indicated people had legal powers to act and consent on people's behalf.