Roses Socialcare Ltd

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Inspection report

Burntwood Community Centre
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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**

Overall summary

The inspection took place on 8 October 2015 and was an unannounced inspection. The last inspection was in April 2014 and the service was found to be compliant in all the areas we inspected.

Roses Social Care provides support for people in their own home. At the time of inspection there were twenty three people using the service.

Some of the people we spoke with and their relatives told us they felt the care given by Roses Social Care was safe. However, one person told us they had experienced an incident when they did feel safe.

The staff we spoke with had a good understanding of what constituted abuse and what actions they would take in the event of any concerns being raised. Staff training in safeguarding was up to date. However, we found the registered manager had failed to make alerts to the local authority when there were concerns that people may have been subject to abuse.

Care plans had risk assessments in place but not all of these had been signed by the people who used the

Summary of findings

service or staff within the service to evidence their involvement. This meant care and support was planned and delivered in a way that reduced risks to people's safety.

The Registered manager did not routinely carry out audits of safeguarding concerns and incidents so they were not able to identify themes and take the necessary action when alerts had not been raised in line with the West Yorkshire Multi-Agency Safeguarding Procedures.

Staff had been trained in the administration of medicines. The staff we spoke with felt confident in administrating medicines and knew how to report any errors.

Staff we spoke with felt staffing levels had been poor in the past. They were aware new staff were in the process of being recruited. They told us the staffing levels had improved in the month prior to our inspection.

There was a registered manager in place however they were changing their roles within the organisation and the provider was was in the process of registering a new manager with the Care Quality Commission. 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.

Staff had training in a variety of subjects and felt the skills and knowledge enabled them to their job effectively.

Staff had not received supervision or an annual appraisal for over a year and this was confirmed by some of the staff we spoke with. The service did have a schedule in place to address this issue.

The service had a period of induction for all staff to prepare them for their roles. Staff felt the induction was effective.

We looked at some care records of people who used the service. The pen picture in the care plans was person centred. None of the care plans we looked at had been signed by the person so there was no evidence they had been involved in the development of their care plan. However the relatives we spoke with told us were aware of and felt involved in care planning for their relative. People who used the service told us they were aware of their care plan.

Each care plan had a summary of needs in the front of the plan which made it easier for staff to establish the care and support needs of people who used the service

People who used the service and the relatives we spoke with felt staff were very caring and respectful. They told us staff were consistent which meant that they got to know people and understand their needs.

The service carried out annual satisfaction surveys. We looked at the most recent survey which showed people who used the service were happy with the support their received. They did not see late calls were an issue.

People we spoke with told us they felt staff treated them respect. They told us staff always knocked on the door before they went into their house and they always wore an identity badge so people knew who it was supporting them.

There was evidence most complaints were investigated and responded to within the time specified within the policy of the service. However, we did see one complaint where there was no record of the investigation just the outcome.

The people we spoke with and their relatives told us they felt the manager listened to them and acted on their concerns.

The service carried out its own self-assessment which involved a tick box sheet to show when specific areas had been assessed. The tool was not effective as it did not show what the manager had looked at to make their assessment, what they had found or what they were doing to rectify any issues found.

Spot checks on staff had not been carried out consistently and in some cases where spot checks had been carried out the outcome had not been recorded. This mean the service was not able to monitor staff performance and identify areas of training or development.

Staff felt things had changed since new manager started. They told us things feel smoother now and they had a clearer understanding of their role and responsibilities

There was a lot of paperwork in the care plans which were not needed and this made finding information in relation to the care and support of the person difficult to find.

Summary of findings

There were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Details of these breaches can be at the back of the full version of this report found at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe

People we spoke with felt safe and knew what they would do if they had any concerns.

Relatives felt the care staff knew what they were doing and felt comfortable their relative was being cared for by them.

Staff training in safeguarding was up to date.

Staff had an understanding of what constituted abuse and knew how to raise concerns, however , the registered manager was not reporting incidents to the local authority safeguarding team

Is the service effective?

Requires improvement

The service was not always effective

The service did not always work in accordance of the Mental Capacity Act (MCA) 2005

Mandatory training was up to date and staff felt the training gave them the skills and knowledge to do their job.

Staff supervision was out of date and the new manager had put in place a supervision timetable.

Is the service caring?

Good

The service was caring.

People felt staff treated them with respect.

Relatives felt staff were respectful and caring.

Staff felt the consistency of the rota helped them maintain good relationships with people and their relatives.

Is the service responsive?

Requires improvement

The service was not always responsive

Care records were detailed but not always completed consistently.

Care records contained information that was not always required when supporting the individual. This made it difficult to find the relevant information quickly.

Staff felt the care plans reflected the need of the individual and were not always easy to follow because they contained so much information.

Summary of findings

Is the service well-led?

he service carried out its own self-assessment but the assessment did not highlight issues identified or action taken.

Safeguarding referrals not were not being made and the registered manager did not have a clear understanding when referrals should be made.

Relatives and people we spoke with found the registered manager easy to talk to and felt they listened to their concerns.

Staff we spoke with felt management of the service had improved over the past couple of months.

Requires improvement

Roses Socialcare Ltd

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 on 8 October 2015 and was unannounced. The inspection was unannounced because we had received information of concern.

Before an inspection we usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not aks for a PIR because the inspection was brought forward in response to concerns that had bene raised with the Care Quality Commission.

The inspection team consisted of two adult social care inspectors. We spoke with six staff members, four relatives and two people who used the service. We looked at four people's care records. We reviewed the policy file and looked at three staff files, the training matrix, and complaints file and supervision schedule.

Requires improvement

Is the service safe?

Our findings

Relatives and people who used the service knew what to do if they had any concerns. One person who used the service told us, “Some staff have the skills and knowledge and some don’t.” When we explored this further, the person told us of an incident where they felt unsafe with a particular staff member when they were using a hoist to transfer the person. They felt the staff member didn’t have the training and skills to use the hoist appropriately. They told us, “Fortunately, there was another carer who did know and they were able to help me. I told the manager and they didn’t send that carer to me again.” We checked this with the registered manager and they told us they had taken steps to prevent any further incidents. Another person who used the service told us, “I feel very safe with the carers.”

Staff we spoke with told us they had safeguarding training. The service stated staff should have annual safeguarding training. The training matrix we looked at showed training for six staff members was out of date. However, the staff we spoke with showed a good understanding of what constituted abuse and were aware of how to raise any concerns. This showed staff recognised their own personal responsibilities for safeguarding people who used the service.

The registered manager was not referring incidents to the local safeguarding team or the Care Quality Commission (CQC). They told us they were not aware incidents such as medicine errors should be referred to the local safeguarding authority when there had been no impact to the person involved. We spoke with the registered manager about this and they told us they would update themselves wth their legal reaquirement to notify the cqc of any incidents.

Theis was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us there had been issues with low staffing levels over the past few months but felt this had little impact on the quality of care people received. Staff members told us, “We worked extra hours to fill gaps in staffing; we worked hard to ensure people had the support they needed.” All the staff we spoke with were aware new staff were completing their induction and hoped the increase in staffing would reduce the need for them to work extra hours.

Relatives we spoke with did not have any concerns regarding staffing levels and felt the service tried hard to ensure their relatives had the same care staff visit them regularly. People we spoke with told us there bene no issues with carers being late. One person told us staff at the office would always ket them know if the carer was going to be late.

Risk assessments covering environment were in place in people’s care records. This meant care and support was planned and delivered in a way that reduced risk to people’s safety and welfare. Although risk assessments were in place they had not been signed by people or their representatives.. We spoke with the registered manager about this. They told us some people were not able to take part in the development of their care plan due to problems with communication. This meant the provider was not able to demonstrate people had agreed to the actions required to help keep them safe.

Staff at the service recorded incidents but there was no audit of the incidents by the registered manager or provider to identify trends and/or patterns. This meant staff at the service was unable to learn from incidents and accidents to prevent a reoccurrence and reduce the risk of harm to people.

Staff had received training in the safe administration of medicine. The staff we spoke with told us they felt confident in the administration of medicines and were aware of what medicines prescribed were used for. This meant people received their medicines from people who had the appropriate skills and knowledge.

There was no evidence that audits were carried out in relation to the management of medicines. Any medication errors were recorded in an incident file at the service’s office. We looked at the incident file and saw there had been an error in the safe administration of medicines. The service investigated the incidents and had taken steps to address the issue. However, the incident had not been referred to the local safeguarding team or the Care Quality

Requires improvement

Is the service safe?

Commission. The registered manager told us they did not realise they had to refer this incident as they had investigated it themselves and the family did not want the incident to be referred.

Medicines taken as needed or as required are known as 'PRN' medicines. Some prescription medicines are controlled under the Misuse of Drugs Legislation 1971 and these medicines are called controlled medicines. Some people who used the service had been prescribed PRN controlled medicines for the relief of pain. The registered manager told us they had advised care staff not to administer controlled PRN medicines because in some cases the registered manager felt the person who required the medicines did not have the capacity to ask for them and they felt staff were not qualified to assess whether people were in pain. In such cases, the registered manager relied on a member of the family to give the medicines. The registered manager told us they had asked the district nurses to administer the pain relieving medicine as they were adamant the care staff did not have the skills and knowedge to administer a controlled drug. They were waiting for a repsoinse from the district nurse team. This meant there was a risk people did not have timely support to take their medicines as prescribed.

We asked the registered manager whether a capacity assessment in line with the Mental Capacity Act 2005 had been carried out to determine people's ability to make a decision when they wanted pain medication. They told us they did not know whether a capacity assessment had been carried out. This meant people's right to make decisions had not been respected and risked them experiencing unnecessary discomfort and pain.

This demonstrates a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they were aware of the whistleblowing policy and although they had not used it would have no hesitation in doing so if they had any concerns.

Requires improvement

Is the service effective?

Our findings

People's experience of staff skills varied, some people felt staff had the right skills to do the job but one person told us, "one carer did not have the skills to use the hoist and I felt unsafe when they were tryng to move me.". Another person who used the service told us "The girls are all very good; they know who to look after me". All the relatives we spoke with were positive about the skills of the care workers. One relative told us "They have good skills and knowledge; I find they have a nurturing quality". Another relative told us "They [carers] know what they are doing; My (relative) is always well cared for".

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. Not all the staff we spoke with had received training in the MCA and were not able to give us their understanding of the MCA. When we looked at the training matrix, we saw that out of 23 staff only eight had received training in the MCA. We asked staff what they would do if people refused to let them in or refused personal care. They told us if people wouldn't let them in the house they would contact the office immediately to let the manager know. If people refused personal care, they would record this in the person's daily record but wouldn't force them into having personal care if they didn't want it. This showed staff were respecting people's right to refuse personal care.

The care plans we looked at did not contain any mental capacity assessments. Our discussions with the manager showed they did not have a good understanding of the MCA and issues relating to consent. For example, when we asked them about people who required pain relief in the form of a controlled drug, the manager told us they left this to the family to decide when the person needed pain relief. They told us this was because they felt staff were not trained to assess pain levels. We asked the manager why staff would not ask the person to ascertain how much pain they were in. The manager told us some people did not have the capacity to tell staff when they were in pain and this is why they had relied on relatives to give out the medication. As no capacity assessments had been carried out to ascertain the person's ability to consent there were no suitable arrangements in place to obtain and act in accordance with the consent of the person who used the service. This meant the service was not acting in line with legislation because decisions were being made for the person without first having their capacity assessed.

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

Training in subjects such as dementia, end of life care, infection control, fire safety and health and safety was up to date for all staff. The staff we spoke with were positive about the training opportunities offered by the service. One staff member told us "I am happy with the training there is lots of it". Another staff member told us "I wanted some extra training, about choking and they have organised it for us." The training matrix showed staff had completed the Care Certificate. Induction for new staff consisted of three days training and up to three days of shadowing with more senior care worker. Staff who were new to post felt the induction was good. One staff member told us "I feel felt shadowing another care worker is a good way to learn." This meantstaff had the appropriate knowledge and skills to perform their job roles.

Staff told us they had not previously been in receipt of regular supervision but this had changed since the new manager came into post. The policy of the service was to provide supervision every three months but one staff member told us "I haven't had supervision for ages but the new manager is sorting things out and I have got a date booked in". In the supervision schedule we looked at we saw only one staff member had supervision in January 2015; one staff member had supervision in February 2015. From March 2015 to June 2015 no staff received supervision. Supervisions started again in July when the new manager came into post. In the supervision schedule we looked at we saw 15 staff members had received supervision up to 8 October 2015. This showed staff received management supervision to monitor their performance.

We could not see any evidence. The provider was unable to demonstrate to us that the staff had received an annual

Requires improvement

Is the service effective?

appraisal. Appraisals offer staff the opportunity to identify their future training and development needs. However, the new manager told us there were plans in place to address this over the next few months.

Recruitment and selection was in line with the policy of the service. The policy was up to date and fit for purpose. In the staff files we looked at we saw the service had undertaken appropriate checks before staff began work. We had received a concern raised by a member of the public about the recruitment practice of the service. We looked into the allegations but found the service had acted in line with their own recruitment and selection policy. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw evidence DBS checks had been carried out prior to people being confirmed into post and when there was a concern highlighted as part of the DBS process the service had carried out a risk assessment.

In one of the staff files we looked at we saw paperwork in relation to their employment had not been signed. We discussed this with the registered manager. They told us the incomplete file belonged to new staff member who were on induction and had not been confirmed into their post. It was the policy of the service that new staff members sign all the paperwork once they have passed their induction period and been confirmed into post.

People we spoke with told us the new manager had been to visit them to talk about their support needs. They felt the new manager listened to them and made changes to their care record when required. The daily notes we looked at showed people had been referred to other health professionals when care staff had any concerns about changes in people's health.

Staff told us they ensured people had enough to eat and drink on each visit and ensured drinks were easily accessible for people.

Good

Is the service caring?

Our findings

People who used the service told us they felt the staff were caring. One person told us, “Care and support is pretty good”. Another person told us, “They (staff) are all lovey, I get on well with them. They often sit and chat to me and we have a laugh.” One of the relatives we spoke with told us, “Care is excellent, I have no qualms” and “I have seen the interactions between staff and my [relative] and it is always very positive”. Another relative told us, “The care and support is excellent.”

The staff we spoke with told us they saw people on a regular basis and felt this was important because as one staff member told us “I have built up a relationship with the people I support because I see them all the time”. This was echoed by other staff members we spoke with and showed people were being supported and cared for by staff who knew them well.

One of the people we spoke with told us they felt involved in their care plan. They told us, “Care staff ask what I want and the plan reflects my support needs.”

The staff we spoke with told us people who used the service were treated with dignity and respect. One staff member told us “I always knock on the door before I go in and I always let people know it’s me”. One relative we spoke with told us “Staff treat my [relative] with respect, I wouldn’t have it any other way and neither would my [relative]”. Staff told us that before they carried out any personal care they would talk to the person and explain what they were going to do. One staff member told us “It’s important to explain to people what you area about to do. It helps them feel less anxious.”

Staff were aware of the need to protect people’s dignity. One staff member told us “I always make sure people’s bedroom curtains are closed before I carry out any personal care”. Another staff member told us,“It’s important people are covered up when I carry out care and ensure people have the privacy they need.” Staff also felt people who used the service were treated with respect. One staff member we spoke with told us, “I treat people how I or a loved one wants to be treated”. Another staff member told us, “People are given time to do what they need to do, I try not to rush people.”

Staff felt people who used the service were treated well and with compassion. One staff member told us, “I would have the staff working here look after my mum”. All the staff we spoke with told us they enjoyed working at the service. They all felt the work was hard but rewarding. Some staff told us they felt the travelling in between support visits was becoming an issue with some staff having to rely on public transport to get to their support visits. They worried this could make them late for appointments. One of the people who used the service also worried about staff that didn’t have their own transport and worried about the amount of time it took staff to travel between visits when they relied on public transport . They told us “When they are late, I get a call letting me know why”.

The service recorded compliments made to the service. One relative commented “Thank you [staff member] for all your superb organising and work to adjust your workers to meet changing situations. Thank you too to all the carers or ‘girls’ as my mam called them. I know she would want me to thank them for all their care.”

Each person who used the service had a communication book where staff and relatives left messages for each other. One staff member we spoke with told us “We have a good relationship with the families; they let us know if [the person] needs anything.”

Requires improvement

Is the service responsive?

Our findings

People felt their care record reflected their needs. One person told us,"They ask me what I want and the care plan reflects that. They write up notes every time they visit. I Check this." The relatives we spoke with all felt involved in the care planning for their relative. One relative told us, "The care plan is perfect and works well". Another relative told us, "The care plan was recently reviewed and changed to reflect the changing needs of my (relative)."

People's care records had an up to date assessment of need with a 'pen picture' of the person. This helped staff understand what was important to the people they supported. Each care plan had a summary of care needs which helped staff quickly identify each person's support needs. Whilst the care plan itself was very detailed and person centred, there was a lot of unnecessary paperwork within the file. This meant information was difficult to find and could have an impact on staff finding the relevant information regarding the care of the person in an emergency.

In the care records we looked at there were no reviews of the care and support being given. This lack of review meant the registered manager was unable to ensure the care records were up to date and reflective of peoples current needs.

Care staff recorded all their visits in a daily record which were part of the care records. One of the people we spoke with told us they had seen care staff writing in their daily record following each visit. The daily records were archived into people's care plans. We looked at the daily records for three people. They detailed what tasks the care worker had carried out during the visit. They also recorded if people had refused care. In one of the care plans we looked at there were no daily records and we have asked the registered manager to send us a copy which we received following our visit. The daily records were up to date and detailed.

People were aware of the complaints system. One relative told us "I know how to complain, there is a folder in my [relatives] house with all that type of information in it". Another relative told us "I can always talk to [registered manager] f I have any concerns and I know how to make a complaint, we were given the information in a folder."

We looked at the spreadsheet compiled by the service that had recorded complaints made to the service from January 2015. Between January 2015 and October 2015 two complaints had been recorded. We saw the registered manager responded to these complains within the time specified within their policy, which was seven days. However, during the inspection, in a different file we saw a complaint from December 2014 that had not been investigated appropriately. The registered manager was unable to tell us why this was the case. This meant that although complaints had been responded to within the time scales specified by the service, not all of them had undergone the appropriate investigations.

The service carried out annual satisfaction surveys on the people who work within the service and people who used the service. We looked at the results of the most recent survey. Out of the five responses from people who used the service four were positive with one person having issues with pots not being washed. We did not look at the care record of this person as part of the inspection so it was nto possible to establish whether washing pots was part of the perosns support plan. In the staff survey out of the seven responses four were positive with issues around not being paid for travelling between calls being highlighted as an issue. In the minutes we saw the registered manager had addressed this with the staff. it was the policy of the service not to pay care staff for tine spent travelling between calls.

One of the people who used the service told us "I wanted to change my morning visit from 7 to 8, getting up so early makes the day feel very long. I told the manager and they are doing something about it."

People who used the service told us they were able to contact staff at the office when they needed to. One person told us "If staff are late I get a call from the office letting know so I don't have to worry". Relatives we spoke with felt communication with staff at the office was good and if they had to leave a message someone would always call them back as soon as possible.

Staff felt communication with the office was good and this was important to them as they were out most of the day on calls. Staff we spoke with told us communication between themselves and the managers in the office had improved since the new manager had started. They appreciated the fact the rota was available one month in advance as this had not happened for a while. This gave them time to organise work and their home life.

Requires improvement

Is the service well-led?

Our findings

Relatives of people who used the service told us, "[New manager] is excellent and understands what we want". Another relative told us "We have a good relationship with managers at the office. Communication is good". People who used the service told us they felt the registered manager listened to them.

Although there was a registered manager in post, the service was in the process of registering a new manager. This was to allow the current registered manager to take on a new role in the organisation.

The service had an up to date policy file that had been reviewed. Reviewing policies enables registered providers to determine if a policy is still effective and relevant or if changes are required to ensure the policy is reflective of current legislation and good practice.

The new manager felt they had a clear vision of the service and how it was going to develop. They felt it was important staff felt supported; this would help retain the staff in the service and maintain good staffing levels. They told us it was important to keep open communication with families and this was confirmed by what relatives and people who used the service had told us.

Staff we spoke with felt the new manager was easy to talk to and felt they listened to them. This meant the manager was open to new ideas to ensure the best possible outcomes for the people who used the service.

The minutes from staff meetings were held in a file titled 'Staff meetings'. Within this file, we saw confidential information relating to individual meetings where poor practice was addressed and a staff member's resignation letter. We brought this to the attention of the registered manager

Each new staff member had a handbook that detailed their role and responsibilities. Staff we spoke with had a good understanding of their role. They felt the new manager had brought about a period of stability. Staff told us prior to the appointment of the new manager they had received no supervision otr appraisal and their rota was given to them just one week in advance. The rota was now available a month in advance, making it easier for staff to organise their work. They felt the new manager was far more approachable and supportive and felt the service was less chaotic.

In January 2015 eleven spot checks had been carried out, in February this dropped to five and three in March. No spot checks were recorded between April 2015, and June2015. In July three spot checks had been carried out, four in August and none recorded for September. The outcome for the spot check in July stated 'see spot check for details'. No other information could be found to confirm the spot check had taken place. This showed staff compliance with the service's procedures was not being monitored consistently.

The service carried out its' own self-assessment in essential standards and quality and safety. This involved ticking the areas assessed. It was not clear from these self-assessments what was being assessed and how they were being assessed. We asked the registered manager if they carried out any other type of audit; such as audits of medicines and incidents. They told us they only used their self-assessment and this was their audit. It was not clear how they would identify patterns or trends within this self-assessment. Although it was clear from the incident file each incident was investigated, it was not clear how the registered manager used this information to identify areas of training or development and improvement of the service. This meant the service could not not demonstrate they had an effective quality assurance and governance system in place to drive continuous improvement. We spoke with the registered manager and the new manager about this. The new manager was developing an action plan to change the way audits were being recorded. They hoped the new way to record and monitor audits would enable them to ensure the service developed and improved.

These examples demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager felt the service delivered good standards of care to people who used the service. They felt it was important staff had the knowledge and skills to carry out their role effectively. It was apparent from talking with the registered manager they were passionate about the work they do and the service they managed. However, it was clear they did not have a clear understanding of their responsibility in reporting incidents to the local

Requires improvement

Is the service well-led?

safeguarding authority or the Care Quality Commission (CQC). For example, we looked at an incident where a member of staff had given a person the wrong dose of medicine. This had been recorded as an incident and we saw the registered manager had carried out a thorough investigation with a clear outcome. However, they had not notified the local authority safeguarding team or the CQC. The registered manager assured us they would update their knowledge of the CQC statutory notifications guide and send in notifications as appropriate

We saw evidence whole staff team and whole managers meetings had taken place. In the minutes for the whole staff meeting we looked at we saw discussions had taken place about confidentiality and group supervision. In the whole managers meeting minutes w saw manager had discussed the importance of ensuring staff sign their probation forms.

Staff felt communication with the office was good and this was important to them as they were out most of the day on calls. Staff we spoke with told us communication between themselves and the managers in the office had improved since the new manager had started. They appreciated the fact the rota was available one month in advance as this had not happened for a while. This gave them time to organise work and their home life.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance These examples demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance The systems in place were not used effectively to monitor the quality and safety of the service.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The service was not acting in accordance with the MCA 2005 because they were not carrying out assessments of people's capacity to make a decision in relation to their pain relief medication..

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The service was not offering care and treatment in a way that was meeting the needs of people who used the service.