Grade A Care Limited

Grade A Care

Inspection report

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Date of inspection visit: 04 December 2015
Date of publication: 22/02/2016

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 04 December 2015 and was announced. 72 hours' notice of the inspection was given so that the manager would be available at the office to facilitate our inspection. Grade A provides domiciliary care services to people who live in their own home. At the time of our inspection there were six people using the service, with a variety of care needs, including people living with dementia.

The service was last inspected on 16 September 2013 and at the time was meeting all the regulations assessed.

There was a registered manager in post. 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.

During this inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.These were in relation to; Safe Care and Treatment, Good Governance and Staffing. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

We found the registered manager was unable to demonstrate how they captured, reviewed and monitored any trends or patterns for accidents and incidents or shared information about them with the care workers to prevent re-occurrence and to promote learning. This was a breach of 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

People told us they felt safe and relatives had no concerns regarding their family member's safety. Care workers understood the need to protect people from harm and abuse and knew what action they should take if they had concerns.

People were complimentary about the care and support they received. People spoke highly about the care workers and valued having care workers who were consistent and with whom they had built relationships. People and their relatives spoke positively about the skills of the care workers and felt they were efficient and well trained.

We saw employment checks had been conducted prior to care workers commencing with the agency and current staffing levels were sufficient to meet the care packages. People had not experienced missed visits and when visits were late people were contacted and given a reason.

Care workers received an induction and shadowed experienced care workers until they felt confident to provide care independently. We saw care workers undertook mandatory training but there were shortfalls in the training as it did not cover specialist topics which were required to enable care workers to fulfil the requirements of their role. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Staffing.

People were looked after by care workers that were kind and caring and promoted people's privacy and dignity. Despite not receiving MCA training, people's rights in making decisions and suggestions in relation to their support and care was valued and acted upon. People and their relatives were involved in the initial assessment process to ascertain people's needs and how they wanted care to be provided.

We found care plans were not person-centred and did not identify people's individual goals as specified in the agencies policy. The care plans were prescriptive detailing how care was to be delivered and did not incorporate individualized, measurable and achievable goals. We made a recommendation about person centred care planning.

During the inspection, the registered manager was unable to find the policies and procedures in the office. The computer advisor was a volunteer at the agency and accessed these on-line and printed copies during our visit. We found the policies did not reflect the current regulations and lacked detail to guide staff on what procedure to follow when met with certain circumstances. This was a breach 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager had no formal auditing process to ensure they consistently ensured the delivery of high quality care. We saw that people had been asked for their views about the agency and people had made positive comments regarding the care workers and the care provided. However, we saw one person had suggested the service could be improved by strengthening communication between carer workers when shifts changed. The registered manager was unable to demonstrate how they had actioned this recommendation to drive improvements. This was a breach of regulation 17 (1) (2)(a) (e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were aware of the agency's shortfalls and had capped the number of people receiving support to enable them to concentrate on the improvements needed and recruitment. The management demonstrated a commitment to address any issues identified in a planned and structured way.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Accidents and incidents were not analysed to prevent future re occurrence.

Medicines were managed appropriately.

The service had effective recruitment process to ensure care workers were suitable for the roles in which they were employed.

We found the agency did not have sufficient safeguarding procedures in place but care workers had received training and demonstrated they understood their responsibilities and the alert processes to follow.

Requires improvement

Is the service effective?
Not all aspects of the service were effective.

Care workers were not fully trained to meet all the care needs of people.

People's consent to care and treatment was sought prior to providing care.

People's health was monitored and any concerns were reported and acted upon.

Requires improvement

Is the service caring?
The service was caring.

People and their relatives were enthusiastic about the care provided. People told us care workers were caring and respected their privacy and dignity.

People felt involved in decisions about their care and told us they were involved in decisions about their care.

Care workers had developed positive relationships with people and had a good understanding of their needs.

Good

Is the service responsive?
The service was not always responsive.

People's needs and preferences regarding their care had been assessed and their care plans were prescriptive and not person-centred.

People and their relatives were encouraged to provide feedback, but the agency could not demonstrate how feedback had been used to develop the service.

Requires improvement

Is the service well-led?
The service was not always well-led.

Requires improvement

Summary of findings

People, their relatives and care workers felt the management were approachable and addressed any issues they raised.

Quality assurance systems were not in place to identify and address areas of concern.

Policies and procedures did not reflect the current regulations and were not available in the office for care workers to consult.

Grade A Care

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 the 04 December 2015 and was announced. We gave the provider 72 hours' notice of our inspection. This was to ensure the manager would be available to facilitate the inspection. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we looked at the Provider Information Return (PIR), which we had requested the registered manager complete prior to conducting the inspection. This is a form that asks the provider to give some key information about the home, what the service does well and improvements they plan to make.

During the inspection, we looked at various documentation including three care files for people receiving support and three staff personnel files. We looked at policies and procedures, staff rotas, staff recruitment information, supervision notes, training, daily logs, surveys and one medication administration record (MAR).

We visited one person at home whilst they were receiving support. This enabled us to observe the interaction between the person and the care worker. We also spoke with one relative, three care workers, the computer advisor, the registered manager and the director to hear what people had to say about the service and care provided.

We also liaised with external professionals including the local authority and local commissioning teams. We reviewed previous inspection reports and other information we held about the service.

Requires improvement

Is the service safe?

Our findings

People and their relatives told us they had no concerns for there or their relative's safety. One person told us; "I rely on them. I had a lot of falls before receiving support and was in an out of hospital. I have a falls alarm but I don't walk unless they are here. They make sure I can reach everything I need before they go and I wait until they next visit. They help me get up in a morning and in to bed at night." A relative told us; "I have no concerns for [person's] safety. It has been third time lucky getting this company. [Person] practically gets a 1:1 service. The agency has a low number of clients and staff so [person] gets continuity of care."

We looked at how accidents and incidents were managed in the agency. The service policy stated incident reports would be completed at the time of the event, or as soon as possible thereafter. It also identified incidents would be investigated and recommendations would be made to prevent similar incidents. The agency had accident and incident recording forms in people's files for completion, but we found the agency had not followed the policy. We were told of a recent incident were a care worker had conducted a visit and had been unable to gain access to the person. The person was on the floor which had resulted in the emergency services being contacted. We found there was no documentation or accident record at the office to capture what had occurred.

The director told us the incident would be documented on the daily log at the person's house. We asked the registered manager whether incidents or accidents were analysed to disseminate lessons learned to care workers. The registered manager acknowledged blank accident forms for completion were in people's files but they were not being used. The registered manager was unable to demonstrate they captured, reviewed and monitored any trends or patterns for accidents and incidents or shared information about them with care workers to prevent re-occurrence and to promote learning. This was a breach of 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

The agency had a safeguarding policy which detailed what constituted abuse, but it did not contain procedures to guide staff on what processes to follow if abuse was suspected to safeguard vulnerable adults. The care workers spoken with had attended safeguarding training and were able to identify types of abuse. A care worker told us; "Abuse could be treating vulnerable adults like children, taking advantage of them, money from houses, verbal or hitting someone." Another care worker told us; "abuse could happen by staff or families, it could be between partners, verbal, physical, mental, neglect, withholding medication or food." We asked care workers what they would do if they suspected someone was being abused and they told us; "I'd whistleblow straight away, I would. I'd go straight to the director and I'm confident they would investigate it." A second care worker told us; "I'd report safeguarding straight away to the registered manager or director." Another care worker told us; "If I had a concern that was safeguarding, I wouldn't document it in the daily log to alert the person. I'd document it at the office and inform the registered manager and the local authority." Although there were no documented procedures in place, care workers demonstrated to us they would take appropriate action and report their concerns to keep people safe. The registered manager told us the policies and procedures were currently being reviewed and updated.

The registered manager had risk assessments in place for people using the service which covered; mobilising, environment, appliances, nutrition, fire and safety to others. The risk assessments identified the risk and there was basic guidance for care workers to mitigate the risk for specific issues. For example, risk assessments indicating a person's ability to weight bare documented the mobility aids used to assist them during moving and handling or mobilising in and outside the home. When we spoke to care workers they demonstrated a good understanding of people's individual needs and how they managed people's individual risks. We saw in one person's risk assessment they were identified as being at risk of falls and the support plans identified this person had a grab stick which was to be in there reach. We saw that care workers had put the grab stick next to the person so they could reach items from the trolley without needing to lean forward which could result in them falling from the chair. The person confirmed the staff always made sure they had the grab stick before leaving. This demonstrated care workers were aware of the risks and followed the support plans to mitigate the risks.

We saw care workers received annual training to support people to have their medicines and administer medicines safely. We looked at one medication administration record (MAR) and saw the record had been completed

Is the service safe?

appropriately. The director told us they wrote the MAR after consultation with the person, social worker and pharmacist. We saw creams and direction for use were written on the MAR. There was nobody receiving PRN 'as required' medicines at the time of the inspection, but the director was able to tell us the protocols they would implement if a person required PRN to be administered. We asked a relative about the administration of their family member's medicines. The relative told us; "I'm pleased to say, the medication is always given on time. It's in blister packs and there have never been any times when medication has been missed. They always sign the sheet. I'm confident in the care provided."

We found sufficient numbers of care workers were on duty to meet people's needs and people told us they knew which care worker was going to visit them as they knew the rota. A relative told us; "They are spot on. They are always on time. No issues with the visits." Whilst conducting the inspection we heard the director refuse to accept a referral to the agency. The director told us the agency needed more care workers before they could accept any more referrals. We saw there was travel time and breaks between visits and that visit times were monitored by a signing in and out sheet to ensure the person had received the scheduled support. A relative told us; "They don't miss visits, they stay for the time and they don't leave early. There are no corners cut, they've done more time when needed to get everything done." One person said, "They're not bad at being on time. They've only been much later once but they phoned to explain there had been an incident and they'd be delayed." The care worker explained when we were leaving that the incident had occurred as the care worker was awaiting the emergency services because they had conducted a visit and on obtaining no answer looked through the letter box and could see the person collapsed on the floor.

We looked at recruitment practice, but there was no recruitment policy or procedure in place. We asked the registered manager and director who told us two references and a Disclosure and Barring Service check (DBS) were obtained before staff commenced working for the agency. DBS checks help employers to make safer recruitment decisions and ensure staff employed are of good character. We were told that one of the references was required from the previous employer. We looked at three staff files and found two of the staff files contained all the documentation the registered manager had indicated was required before new members of staff provided support. However, we found in one staff file only one character reference had been sought, but no further reference or checks had been made with previous employers. There was no explanation or risk assessment in the file. We asked the director at the time of the inspection and they told us they were unsure why this had occurred but assured us they would strengthen recruitment practice. We saw the staff member had a DBS, the character reference was positive and they had completed a three month probationary period so we did not feel this had negatively impacted on people's care.

Contingency plans were in place in the event of emergencies which could affect the running of the service and the provision of care. For example, loss of use of the main office and computer or staffing emergencies to ensure care continued throughout any unforeseen event.

Requires improvement

Is the service effective?

Our findings

We saw the agency had an induction programme and shadowing check list which new care workers had to complete and involved an assessment by management to establish they were competent to provide care. The director told us the induction involved completion of the mandatory training which consisted of moving and handling, safeguarding and medication. We were also told the care worker shadowed other care workers until the new care worker and the management felt confident they were ready to undertake care tasks on their own. One care worker told us; "I went out with different carers for four weeks before providing support on my own. I felt that was long enough. It's assisted living, not caring." A relative told us; "The care worker shadowed for approximately two weeks until the management appeared satisfied the care worker could visit independently."

We asked the registered manager and the director if they had a training matrix to keep a record of staff training. We were told the only training currently undertaken was the mandatory training; safeguarding, moving and handling and medication. We were told the agency received contact from the moving and handling trainer and a notification when the online training was required. We were told the mandatory training was up to date and the care workers spoken with confirmed they had attended the training in the required timescales.

We were told, two care workers had National Vocational Qualification 3 (NVQ), one care worker had an NVQ 2 in health and social care and the remaining care workers were working towards an NVQ 2. We noted the commitment to this additional training, but the statement of purpose described the nature of the service as providing personal care to adults with dementia, mental health needs, sensory difficulties, terminal illness or physical disabilities. However, none of the care workers had completed specific training in caring for people with dementia, mental health, sensory difficulties, terminal illness or physical disabilities. The director and registered manager explained they had identified this and had been working to provide relevant training, but were trying to find an approved provider and were considering the logistics of how to prioritise which staff attended which training. We saw the service was supporting two people with dementia and one person with a sensory impairment. This meant the registered manager had not provided care workers with the required training to enable them to fulfil the requirements of their role. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Staffing.

The director told us supervision was conducted every six months and care workers had an annual appraisal. We looked at three staff files and saw records that regular supervision was being undertaken and two of the care workers had received an annual appraisal in the files that we looked at. Care workers told us they felt supported and they felt they could contact the director or registered manager anytime to discuss any concerns they had.

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our visit there were two people receiving support that were subject to a court order. The people were supported by family members and we looked at one of the care files to confirm the relevant information was documented.

The care workers had not received MCA training to strengthen their knowledge but the care workers spoken with demonstrated some understanding of the Mental Capacity Act. One care worker told us; "People's perceptions of things can change and they are unable to understand the impact of certain decisions."

Care workers understood the importance of gaining consent from people before providing care. One person told us; "Yes, they ask me before doing anything." One care worker told us; "We always ask first and explain what we are doing. I treat people how I would want my nan to be treated."

People were supported with meals, but their family purchased the meals to be prepared. We saw that when care workers had concerns about a person's fluid or dietary

Requires improvement

Is the service effective?

intake, food and fluid charts were implemented to record the person's intake for the period of time care workers were supporting the person. The director told us they could only monitor what the person consumed whilst they were there but it gave them a record to be able to inform their relative. One relative told us; "[Person's] appetite has reduced so the agency have been informing me. They do encourage [person] to eat, jiggle her along and keep prompting her. [Person] forgets to drink but they'll remind [person] and give encouragement." A person told us; "They always make sure my flask is filled when they leave so I can pour myself a drink and fill my plate with biscuits and fruit." The care workers we spoke with had a good understanding of people's specific needs during mealtimes. One care worker told us, "People need a meal that is nutritious. Especially when their appetite is reduced."

Care workers we spoke with gave examples of how they had supported people with their health needs. We were told how they had reported concerns to the office or contacted GP surgeries and healthcare professionals to inform of a change in a person's health.

Additionally, we were told by one care worker that they had attended a visit and on obtaining no answer had looked through the letter box and could see the person on the floor. The care worker attempted to contact the warden to gain access but they were unavailable so they contacted the police and ambulance service which resulted in the person being admitted to hospital.

One relative told us; "The director said to me, if you visit [person] and something feels a miss let us know. If we visit and have concerns, we'll let you know straight away." The relative told us they felt comfortable texting or phoning the agency at any time of day to inform of any changes in [person's] health. Care workers told us they maintained communication logs about people's health and observations to alert family members or the next care worker of information that was important. This enabled care workers to monitor people's health effectively.

Good

Is the service caring?

Our findings

Care workers told us about the relationships they had developed with people. They told us they enjoyed meeting and caring for people, and worked hard to ensure they received the care and support they would want their family member to receive. A person told us; "They're very friendly, we have a good laugh." A relative told us; "There are two carers that visit [person], they had grandmas that they loved and have lost. They relate to [person] like they did their own grandma. They have a genuine fondness for [person]."

A relative told us they felt people benefitted from it being a small team and seeing regular care workers for their visits. They told us; "[Person] recognises the current carers and you can see [person] is comfortable with them." We visited one person whilst the care worker was providing support. We saw the conversation between the person and the care worker was relaxed and friendly. The person told us they enjoyed singing and that the care worker present at the time of our visit was particularly good at singing. They told us; when they asked the care worker, "She'll belt out a tune." The person laughed and was animated as they told us and it was evident from their expression that they valued the relationship they had with the care worker. The person went on to tell us other things the care worker did for them. They told us; "She soaks my feet and they feel lovely." The person went on to tell us that the care worker would return later to support her to bed and before leaving would sit on her bed and listen to her talk about the war and times gone by. This demonstrated care workers made people feel they mattered and listened to their personal histories.

The person told us the care worker had once visited and expressed that it was cold in the house and had discovered the boiler had stopped working. The person told us the care worker had refused to leave until it was warm in the house. They told us the care worker had remained with them half an hour longer than scheduled and had not left until they were satisfied the boiler was working and the house was warm. This demonstrated that care workers showed concern for people's wellbeing and took practical action to address this.

The director told us; "We go the extra mile, we do everything we can." We saw the director was looking after a person's dog because they had unexpectedly been admitted to hospital. The director explained a neighbour was initially looking after the dog but they were struggling and leaving the dog in the house on its own. As a result, the director had been looking after the dog for a week and was planning on taking it on holiday with them if the person wasn't discharged from hospital in time. The director told us; "The dog is 12. It's all the person has got. I was worried what it would do to the person if they returned and something had happened to the dog."

People's privacy and dignity was respected by the care workers. The person we visited told us that staff always supported them in a way which protected their privacy and dignity when receiving personal care. Care workers we spoke with told us how they protected people's dignity by making sure people were covered appropriately with a towel and not exposed when providing personal care, doors were locked and curtains were shut. A relative told us; "[Person] has a commode and care workers always make sure the blinds are shut so [person] is not visible to passers- by."

People were encouraged to be independent. The director told us; "We encourage people to wash themselves. We assist people but only provide support where needed. We make sure zimmer frames are accessible for people to mobilise independently." A person told us; "Staff encourage me to continue doing the bits I can do. I still do all my own medication. It's my legs that I have problems with, not my mind." A relative told us; [Person] can still dry self, brush own teeth and although [person] needs support to get on to the toilet, they can still attend to themselves and the care workers continue to encourage this. [Person] is still proud].

We saw people's confidential records were kept in their own homes and a copy was stored securely in a main office. Only relevant people were able to have access to the records and the registered manager worked within the guidance of the Data Protection Act to ensure people's confidentiality was maintained. The director told us; "If somebody broke confidentiality that would be instant dismissal. That goes for social media too."

Requires improvement

Is the service responsive?

Our findings

We saw evidence in people's files that their needs were assessed prior to them using the service. The director explained an assessment of a person's needs was received from the local authority in some cases but relatives or people themselves approached the service requesting support. The registered manager and director would visit the person and their family to conduct an assessment to ensure their care needs could be met. The support plan was developed using the information from both assessments and from speaking to the person and their relatives. A relative told us; "Yes, I was involved in the initial assessment. The registered manager and director visited [person] and we discussed the care needs."

The care files contained information about the person's personal history, likes and dislikes. A relative told us; "I was asked if I could write down a comprehensive list, background history of [person], what [person] liked, what [person] liked to do, what jobs [person] had done. The director explained it provided a framework of what was required and they could use the information to instigate conversation with [person]."

We looked at three care plans for people using the service. We saw their care plans were not person centred and were prescriptive and task led. It focused on what had to be done and didn't account for people's individual needs and promoting people's independence. We discussed this with the registered manager who told us they had started to address this and amend the care plans in attempt to make them more person centred. We looked at the care plan the registered manager had started to edit and saw that some attempt had been made to personalise the care plan but they still remained prescriptive and task focused. The registered manager had not adhered to the agency policy as the care plans did not reflect client-centred goals with a target date or identify goals that were individualized, measurable and achievable.

We recommend that the registered manager seek advice and guidance from a reputable source, about person centred care planning.

We were told by people and their relatives they had been involved in reviews of their care and care packages had changed as a result of these reviews. However, care plans did not indicate if a review had been conducted and if any changes to the person's support needs had been identified.

People told us that, whilst they had care plans in place to guide staff, members of staff were also willing to help out in other areas, if necessary. One person told us, "Every now and again they do a bit of cleaning if it needs doing, they put all my Christmas decorations up." Relatives also felt that staff worked with people, to ensure all the areas they needed were covered. One relative told us, "They are communicating with me all the time." Each person had a copy of their care plan in their home for care workers to follow and a copy was kept in the office. A relative said; "They know what the guideline are and they work within the remit."

We asked people if they felt staff understood them and their needs and offered them choice in the way their care was delivered. One person said, "They always ask me what I want". A relative told us; "They give [person] choice around what they would like to eat, the clothes they want to wear." A care worker told us; "People are always given choice. We provide support but people choose how that is given."

Care workers completed a record for each visit detailing what support they had provided, any issues or concerns on the communication log. This ensured there was a continued dialogue between care workers and families. We saw copies of completed daily logs for the person we visited and we saw these were stored in the person's support folder. The completed communication logs were reviewed by the director when they completed their care visits to ensure care workers were providing support in line with the care plan.

People told us they knew how to make a complaint and would feel confident to do so. People felt issues were taken seriously and resolved in a timely manner. People using the service confirmed they knew how to make a complaint in relation to the care provided. We saw there was a complaints policy and procedure in place. Information on how to make a complaint was included in peoples' care file. A relative told us; I've never had to make a formal complaint. I can only think of one minor issue which I emailed the director about and they apologised and it was sorted. They just sort it."

Requires improvement

Is the service well-led?

Our findings

We received positive feedback regarding the registered manager and director of the agency. One relative told us, "I have no worries. I have met the manager a couple of times, I speak to the director regularly and I would absolutely recommend this agency to other people looking for support." A care worker told us; "I feel like I'm working for friends and not bosses. They are very approachable people. I feel relaxed as an employee."

There was a registered manager in post. 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. The nurse manager was registered to provide personal care. The director facilitated the inspection as the registered manager was only available in the afternoon of the inspection.

We asked for a variety of documents to be made accessible to us during our inspection. The director encountered some difficulty finding some of the documents requested and we found the records we looked at were not consistently organised in a structured way. We were told the office was in the process of moving downstairs and the registered manager had also transferred care files and records from lever arch files to paper dividers so things were unorganised and sometimes difficult to find.

We asked the director for the agency's policies and procedures. The director was unable to find copies of the policies and procedures in the office and the computer advisor told us they were stored on the computer. We asked how care workers were able to refer to the policies and procedures if they were not accessible to guide staff. We were informed by the director and the computer advisor, a file containing the policies and procedures had been in the office but they were unable to find it during the inspection. We were told some of the policies and procedures were in the process of being updated. We asked the computer advisor to print the policies and procedures and we got them promptly. We were told the computer advisor was a volunteer and was the only person with the computer knowledge to navigate the system. This meant the management and care workers would not have been able to access the policies and procedures independently if they needed to refer to them.

There was no index attached to the policies and procedures to inform staff of the policies available. The policies and procedures did not reflect the current regulations and we found the policies lacked detail to inform staff of processes to follow. For example, the safeguarding policy defined what constituted abuse but it did not detail procedures for staff to follow if they suspected somebody was being abused.

We spoke to the registered manager and director about changes to the regulations and we found they were not familiar with the changes and a copy of the regulations was not available to guide practice. The computer advisor accessed these on-line during our visits and assured us the regulations would be available for reference in the office.

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

We looked at the arrangements in place for quality assurance and governance. The registered manager had failed to implement and operate quality assurance procedures to monitor the quality of care being delivered. The registered manager did not undertake internal audits and although the director continued to provide care and informally audited the communication log there was no formal process to evaluate the findings. This meant shortfall in service provision were not being identified and addressed. Any accidents or incidents were not being analysed to minimise further occurrences.

The Grade A policy states that people would be sent an annual survey asking for feedback on the quality of the care provided. We saw the survey was not dated and there was no process to monitor the frequency surveys were sent. We saw copies of the most recent survey in two of the care files we looked at but the registered manager had not analysed the responses or identified any actions to address concerns raised. We saw two surveys and the responses were positive about the care provided. However, one person had suggested on their survey, the agency could be improved by strengthening communication between carer workers when shifts change. The registered manager was unable to demonstrate how they had actioned this recommendation to drive improvements.

Requires improvement

Is the service well-led?

Systems or processes were not established and operated effectively. This was a breach of regulation 17 (1) (2)(a) (e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers expressed positive views about the leadership and told us they felt supported. We saw the care workers had received supervision and an appraisal but the registered manager did not conduct team meetings. We were told the management team communicated regularly but there were no minutes of these meetings and the registered manager could not demonstrate how they cascaded information or shared learning to the team.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, safeguarding and deprivation of liberty safeguard applications. Records showed the agency had an ongoing safeguarding and an incident which was notifiable but had not been submitted to CQC. We discussed this with the registered manager who acknowledged they had misunderstood their responsibilities regarding notifying CQC. The confusion had occurred because the agency had not raised the safeguarding and had themselves been informed by the local authority. The incident had occurred prior to the agency visit but they had attended the property to provide care and found the person on the floor. We clarified these points and following our inspection, CQC have received relevant notifications.

The registered manager told us they were aware of the agency's shortfalls and acknowledged they had no relevant experience to be a registered manager. The registered manager had enrolled on a level 4/5 NVQ leadership management programme. They told us they were committed to improving the service and had capped the number of people receiving support to enable them to concentrate on the improvements needed. We found a culture of openness and accountability within the service. The registered manager and director were keen to learn and demonstrated they had implemented improvements following feedback from the local authority and made constructive suggestions for how they were going to address the areas identified during the inspection to develop the service.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met:Incidents that affect the health, safety and welfare of people using services were not reported to internal and to relevant external authorities/bodies. Incidents were not reviewed and thoroughly investigated or monitored to prevent further occurrences. Staff who were involved in incidents did not receive information about them to promote learning. Incidents include those that have potential for harm. Regulation 12(2)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: systems or processes to improve the quality of the service provided were not established and operated effectively. Regulation 17 (1) (2)(a) (e)(f) Policies and procedures lacked detail to guide staff and did not reflect the current regulations. The policies and procedures were also not accessible to staff. Regulation 17(2) (d)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Care workers were not receiving the required training to enable them to fulfil the requirements of their role. Regulation 18 (2)(a).