Morningside Care Ltd

Morningside Care Ltd

Inspection report

Imperial House
Barcroft Street
Manchester
Greater Manchester
BL9 5BT

Date of inspection visit:
02 February 2017
03 February 2017

Date of publication:
13 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an announced inspection which took place on 2 and 3 February 2017. The inspection was undertaken by two adult social care inspectors. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection; this was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office to answer any of our questions.

Morningside Care Ltd is a domiciliary care agency which at the time of our inspection was providing personal care to 19 people who lived in their own homes.

The service was last inspected in April 2016 when we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014; this resulted in us making two requirement actions. Following the inspection in April 2016 the provider wrote to us to tell us what action they intended to take to ensure they met all the relevant regulations. During this inspection we checked if the required improvements had been made. We found that some improvements had been made and one of the requirement actions had been met. However we found a continued breach of regulation 19.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems for recruitment of staff were not safe and staff did not receive all the training they needed to enable them to carry out their duties effectively.

You can see what action we have told the provider to take at the back of the full version of the report.

Systems for recruitment of staff were not always safe. We found that the application forms in three of the staff personnel files we looked at did not detail a full employment history, and did not include a written explanation for any employment gaps. Two staff personnel files did not contain any references. We also found that for five staff the provider had not undertaken the required additional checks when applicants had worked previously with vulnerable adults or children in order to find out why the person's employment in those positions had ended. This meant the required checks on staff's suitability to work with vulnerable people were not made. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

Staff received an induction when they started to work for the service and told us they felt supported. However we found that staff had not had all the training necessary to enable them to carry out their duties effectively.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that some improvements had been made in how the quality of the service was monitored. Systems were in place to monitor the quality of the service but they were not all robust enough. We have recommended the service reviews its monitoring and auditing systems to ensure they are sufficiently robust.

People told us they felt safe using Morningside Care Ltd. Staff aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service. They told us they were certain any concerns they raised would be taken seriously by the managers in the service.

Care records contained assessments that had been completed before people started to use the service.The assessment process ensured staff could meet people's needs. The assessments were used to develop care plans and risk assessments. People told us they had been consulted about their care records and felt involved in how their care was provided.

Care records contained detailed care plans and risk assessments that guided staff on the support people needed to meet their health and social care needs. Care records were reviewed regularly to ensure they reflected people's needs. There were also detailed risk assessments about risks around people's homes.

Continuity plans that highlighted risks and events that may disrupt the service did not detail action staff should take. We recommend the service reviews its emergency plans to ensure clear guidance is available for staff.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection and staff received training in infection prevention and control.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). People told us they had been consulted about their care records and felt involved in how their care was provided. They said that staff always consulted them before providing support. Staff were able to tell us how they supported people to make their own decision. The registered manager was aware of the process to follow should a person lack the capacity to consent to their care.

People told us that the service was reliable and that visits were never missed. People were complimentary about the quality of the care and support they received and the way the service was managed.

All the people we spoke with said the service was very caring. Everyone was positive about how they were supported and the kind and caring attitude of staff. People said of the staff, "They are very, very nice" and "They are star players."

We found that the registered manager and all the staff we spoke with were able to tell us about the people who used the service. They knew their likes and dislikes and things that were important to them. They all spoke respectfully and with warmth about people who used the service. Staff placed great importance on promoting and maintaining people's independence.

During our inspection we found the registered manager to be friendly caring, kind and committed to providing a person centred service. Staff were very positive about the registered manager and working for the service.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected.

The service had notified CQC of incidents and events they are required to. Notifications enable us to see if appropriate action has been taken by the service to ensure people have been kept safe.

There was a complaints procedure for people to voice their concerns. People told us they had no complaints but were confident that they would be listened to and action would be taken to resolve any concerns they had.

The CQC rating and report from the last inspection was displayed in the office and on the providers website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment processes were not sufficiently robust to protect people from the risk of being cared for by unsuitable staff.

People felt safe. Staff were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

Risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence.

Is the service effective?

Requires Improvement

The service was not always effective.□

Staff had not received all the training they required to ensure they were able to carry out their roles effectively. Staff received an induction when they started to work for the service and felt supported.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA.)

People told us that the service was reliable, visits were never missed and they were usually supported by staff who knew them well.

Is the service caring?

Good

The service was caring.

All the people we spoke with were positive about how they were supported and the kind and caring attitude of staff.

The registered manager and staff knew people well. They all spoke respectfully and with warmth about people who used the service.

Staff placed great importance on promoting and maintaining people's independence.

Is the service responsive?

Good

The service was responsive.

There was a complaints procedure for people to voice their concerns. People told us they felt any concerns they had would be dealt with promptly.

Care records contained detailed care plans that guided staff on the support people needed to meet their health and social care needs.

A system was in place to ensure care records including risk assessments and care plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems in place to assess monitor and improve the quality and safety of the service provided had improved but were not all sufficiently robust and a requirement from the last inspection had not been addressed.

The required notifications had been made to CQC.

The registered manager was enthusiastic, caring and committed to providing a person centred service. Staff felt supported and enjoyed working for the service. People spoke highly of the quality of the care and support they received.

Morningside Care 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 was an announced inspection which took place on 2 and 3 February 2017. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides domiciliary care and we needed to be sure the registered manager would be at the office. The inspection team consisted of two adult social care inspectors.

Prior to the inspection we looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority and Healthwatch Bury for their views on the service.

With their permission we visited three people who used the service in their own homes to gather their opinions about the service. We also spoke with two relatives during these visits. In addition we spoke by telephone with a further two people who used the service and one relative. During our inspection we spoke with the registered manager, office administrator and four care staff.

We looked at four people's care records. We also looked at a range of records relating to how the service was managed including nine staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe with Morningside Care Ltd. One person said, "I feel safe with them." Another person told us staff always followed correct procedures when using hoisting equipment. They said, "There are always two carers when they are hoisting."

During our inspection in April 2016 we found systems of recruitment were not always safe. A requirement action was made. During this inspection we looked to see if the required improvements had been made. We found that the required improvements had not been made and the systems of recruitment remained unsafe.

We looked at nine staff personnel files. We saw that a record was kept of disclosure and barring service checks (DBS) the provider had made. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. It helps to protect people from being cared for by unsuitable staff.

All staff files contained proof of identity including a photograph and an application form that asked for information about each applicant's employment history. We found that the application forms in three of the files we looked at did not detail a full employment history and did not include a written explanation for any employment gaps as required under current CQC regulations.

Two staff personnel files did not contain any references and three staff files contained only one reference. We also found that for those five staff the provider had not undertaken the required additional checks when applicants had worked previously with vulnerable adults or children in order to find out why the person's employment in those positions had ended. This meant the safety of people who used the service was placed at risk as the required checks on staff's suitability to work with vulnerable people were not made and the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

We found this was a continuing breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

We saw policies and procedures were in place to guide staff on the company's expectations about recruitment, code of conduct, sickness and disciplinary procedures. This information should help ensure staff know what is expected of them in their roles.

We were told that when staff start to work for the service they are given a copy of the employee handbook. The handbook contained information about the service, key policies and procedures, rules for working at the service, codes of conduct, induction and training, complaints and compliments, confidentiality, equality and diversity, health and safety, working practices such as personal hygiene, wearing the right uniform and identification. It also contained information about the rights of service users, consent and capacity and safeguarding. This should help staff follow what the service considered to be good practice.

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse in addition to when and how to report any incidents. There was also a whistle blowing policy in place. The registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff were confident that if they raised any incidents the managers of the service would deal with them appropriately. One staff member said, "We need to make sure people are not put at risk. I would go straight to the manager." Others said, "Yes they would do something, but if I had to I would call the police" and "I would tell [Registered manager], she would do something. But there is always social services."

People we spoke with told us that the service was reliable and that visits were never missed. They told us that if staff were going to be late either the staff member or staff from the office would telephone to let them know. People told us they always received the care they were assessed for. They told us staff did not appear rushed and were always willing to complete any tasks they requested of them. People we spoke with told us, "They've never missed one visit", "They are not so bad. If they are very busy or have an emergency they let me know", "I haven't had any missed calls and they come when they should" and "They are usually in time and I have had no missed visits."

Staff told us they had time to provide the care people needed and usually had time between visits. Staff said that sometimes rotas showed calls finishing and the next visit starting at the same time. One said, "Sometimes there isn't much time [between visits], but they [managers] are looking at it." The registered manager told us that visits always happened within 30 minutes of the planned time and the service had an electronic system that alerted the managers of the service if a visit was five minutes late. This system allowed the provider to be sure that people received the support and time commissioned.

We looked to see if there were safe systems in place for managing people's medicines where the service was responsible for administering them. We found that people received their medicines as prescribed. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training matrix and staff files we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked regularly.

We looked at two people's Medicines Administration Records (MAR).We found that all MAR were fully completed to confirm that people had received their medicines as prescribed.

On one MAR chart we found that a hand written entry was only signed by one staff member, it was not signed by a second staff member to indicate the entry had been checked and was correct. The registered manager told us that two staff always checked when the MAR was not pre-printed by the pharmacy. They told us that this had been an error and would ensure that double signatures were always in place in future. The person whose medicines they were confirmed that two staff always checked those medicines.

We looked at four people's care records. They contained detailed risk assessments that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. Risk assessments we saw included risk of trips or falls, bathing and showering, nutrition, hydration, pressure sores, manual handling, mobility, and medication. They showed how the person might be harmed and how the risk was managed. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

We saw there were also detailed risk assessments about risk around people's homes. These included, cleaning, control of substance hazardous to health (COSHH), fire, infection control, pets, lighting and home

appliances such as vacuums, microwaves and cookers.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. The registered manager told us there had only been one accident since our last inspection. Records we looked at showed that the accident had been recorded in a log in the office but there was no record of action taken. The registered manager told us that a senior member of staff had documented the action taken on the record which was kept in the person's home. We discussed with the registered manager the need to maintain a central record of accidents and actions taken so they could ensure appropriate action had been taken to help prevent future occurrences. We have addressed this in the well-led domain of this report.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection;this included hand washing, the use of personal protective equipment (PPE) including disposable gloves and aprons. Most people who used the service told us PPE was always available and used. One person said, "Oh yes they always wear gloves" another said, "They didn't wear gloves, but they have this last couple of days." Staff told us sufficient supplies of PPE were always provided by the service.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care. During our last inspection we found that the service did not have a business continuity plan. The registered manager told us that either the registered manager or the care coordinator were always available via the on call system for staff to contact and would be able to advise staff. We advised that this information should be formalised in a written document. During this inspection we were shown a business continuity policy and procedure. We found that whilst it highlighted risks that may disrupt the service it did not detail action staff should take. Plans that give direction to staff in the event of an emergency such as failure of phone and computer system, breakdown of essential equipment, loss of electric and gas and severe weather should be readily available' this helps to ensure staff are able to follow the correct course of action promptly to ensure continuity of service and to keep people safe. We recommend the service reviews its emergency plans to ensure clear guidance is available for staff.

The offices were on the ground floor of a modern office building. The building was owned by a landlord. There was a fire alarm, extinguishers and emergency lighting to use in the event of a fire. The alarms and emergency lighting were tested frequently by the landlord to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The registered manager told us any faults or repairs were quickly attended to.

Requires Improvement

Is the service effective?

Our findings

People we spoke with said of Morningside Care Ltd, "They are very good, I have had no problems", "They are reliable", "I have the same three [carers]." Others told us, "They are average", "Some of the girls are really good, some just so so." A relative of a person who used the service told us, "We want to keep [person who used the service] at home as long as possible. They are helping with that."

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

The registered manager told us that when staff started to work for the organisation they received an induction. They said it included completing training, an introduction to people who used the service and shadow-working alongside experienced staff. Records we looked at showed that staff signed to say they had discussed induction topics with a manager. Staff we spoke with confirmed they had received an induction and said it had been helpful for them in understanding their roles. One told us, "They took me round, showed me what to do. I went to the office and did questions and answers about things. I did about ten courses."

We found that the training matrix used by the service to record staff training was incomplete or inaccurate. We saw that some dates for staff training on the matrix were planned for the future and the service could not tell us when staff had last attended the courses. We found dates recorded on the matrix for training attendance were not supported by other records in staff personnel files.

So that we could check the accuracy of the training matrix, we reviewed information the service held including staff training certificates. We requested further confirmation and evidence that staff had the required training in place. Following our inspection the service sent us staff training attendance records which we also reviewed. There were ten staff working for the service. Two staff had started at the service two days before our inspection and were undertaking their induction so had just started to complete their training.

Staff we spoke with and records we looked at showed that staff received training relevant to their role that included; food hygiene, health and safety, infection control, medicines, emergency first aid, moving and handling, dementia awareness, pressure care, end of life care and consent. However we found that not all staff had completed all the required training.

Staff we spoke with and the records available showed that of the other eight staff not all had received all mandatory training. We found no evidence for completed training for any staff for food hygiene or MCA (consent), only five had completed health and safety, four had completed infection control and four had completed dementia awareness.

Training is essential in ensuring staff are able to carry out their roles effectively and safely. This meant there was a breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014. Staff had not had all the training necessary to enable them to carry out their duties effectively .

Records we reviewed showed that staff received regular supervision. Staff we spoke with were positive about the support they received. They told us they received regular supervision and could contact the registered manager at any time. One told us, "Yes I have regular supervisions, I had one last week." We saw that regular team meetings were held. Staff told us, "We have meetings every fortnight. I see them [a manager] every week."

We checked whether the service was working within the principles of the MCA. 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.

We found the service was working within the principles of MCA and people's rights and choices were respected. The registered manager told us that most people currently using the service had capacity to consent to the care they were receiving. They told us that they had taken part in a "best interest" meeting for one person who did not have capacity prior to the person starting to use the service. Records we looked at showed that people who used the service had given consent to the support they were receiving including support with medicines administration. People we spoke with told us they were always consulted about the care they received and staff always sought their consent before providing support. People told us, "I tell them, they always listen", "They do ask me. I tell them what I want", "They ask me what I want doing."

The registered manager knew their responsibilities under the MCA and staff we spoke with understood MCA and were able to tell us how they involved people in decisions about the care they received and how they ensured people gave consent before care was provided.

We looked to see if people were supported to maintain a healthy diet. People lived in their own homes or with family support and could eat what they wanted. Records we looked at showed that a nutritional risk assessment was completed for each person who used the service and where people were at risk from poor nutrition, with their agreement, staff documented what people had eaten and encouraged people to eat and drink.

Care records contained detailed information about people's health needs and showed that people had access to a range of health care professionals including G.P's and district nurses. People we spoke with said that the service worked with the health care professionals involved in their care. One relative told us, "They work really well with the district nurses."

Good

Is the service caring?

Our findings

All the people we spoke with said the service was very caring. Everyone was positive about how they were supported and the kind and caring attitude of staff. People said of the staff, "They are very, very nice", "They are usually caring and kind" and "They are star players."

Staff we spoke with told us they had time to get to know people and supported the same people regularly. Staff said, "You need to make sure you take the time. It's not just about getting jobs done, you could be the only person they see that day", "I love it. You see the same service users every day. You get to know people, it's like a family." Other staff said, "Oh yes you have time to sit with people" and "Clients get to know you. When you sit down, they tell you their stories"

During our inspection we found that the registered manager and all the staff we spoke with were able to tell us about the people who used the service. They knew their likes and dislikes and things that were important to them. They all spoke respectfully and with warmth about people who used the service. One staff member described how a person they supported made their own names up for certain foods; the staff member described how they had got to know what the words the person used meant. They described this respectfully and acknowledged how important it was to communicate with the person using the words the person understood.

The registered manager told us the service placed great importance on promoting and maintaining people's independence. Care records we reviewed contained information about how staff could support people's independence. Staff we spoke with described how they encouraged people to remain as independent as possible. One staff member described how they supported someone with bathing and gave them time to wash themselves where they could. People who used the service told us, "They don't hurry you", "They don't rush you", "I do what I can, they don't take over" and "They help me with my bath, they take their time."

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality.

The service had a policy and procedure detailing how the service would ensure people's wishes about their care were respected if they were at the end of their lives.

Good

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to their needs. Comments people made included "If you need anything they respond immediately" and "If I am busy, they come back again later."

The registered manager told us that all the people currently using the service had an assessment from the local authority before they started to use the service; this assessments was used to see if the service could provide the support people required. The registered manager told us they then met with each person and completed their own service assessment. Care records we reviewed showed this assessment was detailed and covered all aspects of a person's health and social care needs. The assessment identified the support people required and how the service planned to provide it. The assessment process ensured the service could meet people's needs and staff knew about people's needs and goals before they started to use the service. We saw that the assessments were used to develop care plans and risk assessments.

The registered manager told us that before people started to use the service they also completed a compatibility form with each person. This gathered information about their interests and the sort of staff people would like to support them. The registered manager told us they tried to match people with staff who had similar interests. When staff started working with someone new they worked alongside experienced staff for some visits first and then the person who used the service was asked if they liked the person. One person told us, "[Registered manager] came with the carer and introduced them." Another said, "The ones I usually get are good, I don't like one of the others. But [registered manger] is sorting it."

We looked at four people's care records. We found care records included contact details of relatives and health care professionals, planned visit times, routines, preferences, health conditions, allergies and medicines. We saw these records included information about nutrition, hydration, mobility, moving and handling, communication, personal care and dressing, social activities and interests. They provided staff with sufficient detail to guide them on how best to support people.

People told us they had been consulted about their care records and felt involved in how their care was provided. One person told us, "Yes I looked at it when we first started" and "I don't look at it but I can if I want." Staff we spoke with told us they always read the care records before they started to work with someone new to the service. They said if they had not visited someone for a while they were made aware of any changes by looking at the daily logs or the manager from the office would ring them to let them know.

Care records we looked at had been regularly reviewed and updated when changes had occurred. We saw that people who used the service had been involved in creating the care records and in the reviews of the care and support provided.

We found the service had a policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and contact telephone numbers of other organisations they could contact if they were not happy with how their complaint had been dealt with.

All the people we spoke with knew how to make a complaint and were confident that if they raised any concerns it would be taken seriously and dealt with quickly. One person told us, "I complained once, [registered manager] dealt with it. I can phone the office. I am happy."

The service had a system for recording any complaints, their response to the complainant and recording the action they had taken. The registered manager told us there had been two complaints since our last inspection. We saw that full details of both complaints were recorded, however for one of the complaints the record did not detail the action the service had taken to resolve the persons concerns. The registered manager was able to tell us what action they had taken. Accessible systems for the recording and monitoring of complaints are important to ensure appropriate action has been taken and to look for trends or patterns and to identify and address areas of risk across a service. We have addressed this in the well-led domain of this report. The registered manager told us they would review the system for recording outcomes of complaints and ensure this was recorded in future.

Requires Improvement

Is the service well-led?

Our findings

People were complimentary about the quality of the care and support they received and the way the service was managed. One person we spoke with said, "We are so happy with the service. They are wonderful."

The service had a registered manager who was present during 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 2008 and associated Regulations about how the service is run. Everyone we spoke with was complimentary about the registered manager. People told us they were friendly and approachable. People we spoke with told us, "She is wonderful. I am delighted to see her" and "She's a diamond, she's very hands on."
During our inspection we found the registered manager to be friendly, caring, kind and committed to providing a person centred service.

Staff were very positive about the registered manager and working for the service. Staff we spoke with said of the registered manager, "She is wonderful. You can call her anytime. She's lovely", "She's hands on. She works alongside us", "She is good, she really understands" and "She works out of her hours to help." Staff said of working for Morningside Care Ltd, "They are a good company. You are working for someone who will try to sort things out", "I love it", "They are a good organisation" and "I really enjoy it."

We looked at the arrangements in place for quality assurance and governance. During our last inspection we found that systems in place for monitoring and reviewing the service were not sufficiently robust. Records were not kept of spot checks or quality audits of care records, staff performance, supervisions or team meetings. A requirement action was made.

During this inspection we looked to see if the required improvements had been made. We found that some improvements had been made and the requirement action had been met. We saw that records were kept of staff supervisions and team meetings. Records we looked at showed spot checks were completed regularly by managers of the service. Records we saw showed they included audits of care plans in people's homes, daily records, tasks completed, carers wearing uniforms and using identification. During these spot checks managers asked the person who used the service if they were happy with the service or had any issues. People who used the service told us that either the registered manager or a manager from the service regularly visited and checked their care records. They told us, "Yes [staff member] comes and looks at the books."

We found that there had been no monitioring of recruitment systems by the registered manager and they were not aware that the required improvements had not been made. Accidents and incidents were monitored by senior staff the registered manager did not have a process for reviewing them which would enable them to identify trends and patterns and mitigate future risks. Records used for auditing complaints or actions taken in response to complaints to help identify themes or lessons learned were incomplete. Quality assurance and governance processes are systems that help registered providers to assess the safety

and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We recommend the service reviews its monitoring and auditing systems to ensure they are sufficiently robust.

We found that when people started to use the service they were given a service user guide. This contained important information about the service and the way it was run. It included information about care records that would be kept, confidentiality, how the quality of the service would be monitored, complaints and details of the services provided. This should help to ensure people know what to expect from the service.

Since our last inspection the service had distributed a questionnaire survey to people who used the service and their relatives asking what people thought of the service and support they received. We saw that 13 people had returned the survey. People's responses were mostly positive; about the staff who supported them and the service they received. People had written, "I have no complaints and I hope it stays like that. I am pleased with the care I am getting", "[Registered manager] has been great. She has done everything and beyond" and "We are aware of what is in the care plan and we contributed to it." We saw that where people had raised concerns action had been taken to address the issues raised. People we spoke were able to discuss the service either with managers when they visited or by contacting the office. The service had an out of office hours on call system. This meant that people who used the service and staff could contact a manager outside of office hours for advice and support. Staff told us they were always able to make contact with a manager through the 'on call' system.

Before our inspection we checked the records we held about the service. The service had notified CQC of incidents and events they are required to. Notifications enable us to see if appropriate action has been taken by the service to ensure people have been kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the office and the rating was displayed on the provider's website, with a link to the last CQC inspection report.

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 18 HSCA RA Regulations 2014 Staffing Staff had not had all the training necessary to enable them to carry out their duties effectively.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

The enforcement action we took:

Warning Notice