

Ms Amanda Gaunt

Alpha Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6, and 10 November 2017 and was announced. Alpha Care Services is a domiciliary care service which provides services to older adults and younger disabled adults. They provided personal care to 15 people living in their own houses. This was our first inspection of the service since they had registered with the Care Quality Commission.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's level of support was varied and tailored to meet their needs. People's needs were assessed to ensure the service could meet their needs. Staff worked closely with health care professionals and people's families. People's risks had been identified and were being managed by staff who knew them well. However people's care plans did not provide staff with sufficient guidance in managing people's risks, medicines, consent to care or information about people's background and well-being. Relevant health and social care professionals were involved with people's care when their needs had changed. Arrangements were in place to make sure people received their medicines appropriately and safely, although people's records relating to the management of their medicines were not clear.

People and their relatives were overwhelmingly positive about the caring nature and approach of staff. People told us they were supported by staff who were kind and compassionate. They were confident that any concerns would be dealt with promptly. People were supported by appropriate numbers of staff who arrived on time. Staff stayed for the designated amount of time to deliver the care and support people required.

Staff felt trained and supported to carry out their role. The registered manager was involved in the delivery of personal care which allowed them to monitor the well-being of people and management of staff. The registered manager acted on concerns to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on.

The recruitment processes of new staff did not always ensure people were cared for by suitable staff. The registered manager had a good insight into the quality of care being delivered and monitored the service personally. However effective systems were not in place to monitor the quality of care being delivered and staff support and development when the registered manager was unavailable. Staff felt supported and could seek advice from the registered manager and staff team. The registered manager and staff were passionate about the care they delivered and were driven to improve the service. They communicated and engaged with others to improve the lives for people.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were sufficient numbers of staff to support people. Staff had not always been recruited following safe recruitment procedures.

People received their medicines as prescribed, although there was limited recorded guidance in the management of people's medicines for staff to follow.

People's risks were monitored and known by staff. Lessons were learnt and shared to improve people's safety.

People were safeguarded from abuse and harm. Any concerns or accidents were reported and acted on.

People were protected by the prevention and control of infection.

Requires Improvement ●

Is the service effective?

The service was effective

People needs were holistically assessed. They were encouraged to make decisions about the care they received.

People were supported with their personal care by staff who were trained to meet their needs.

Staff worked effectively with other organisations to ensure people's needs were met. People were referred appropriately to health care services if their care needs changed. They were supported to plan and eat a healthy diet.

Good ●

Is the service caring?

This service was caring.

People and their relatives were positive about the care they received. Staff had a good relationship with the people they cared for.

Good ●

Staff were respectful of people's own decisions and encouraged them to retain and develop in their confidence and levels of independence.

Is the service responsive?

The service was responsive.

People were supported by staff who were knowledgeable about their support needs and were responsive to any changes in their well-being.

People and their relatives were confident that any concerns would be dealt with promptly.

Staff had supported people to have a comfortable and dignified end of life.

Good ●

Is the service well-led?

The service was not consistently well-led.

The registered manager had a good understanding of all aspects of the service, however there was not an effective system in place to record and monitor the care being delivered and the governance of service.

The registered manager and staff were passionate about the care they delivered and were driven to improve the service.

They worked as a team and engaged with others to improve the lives for people.

People and staff felt supported and were confident in the management of the home. Communication between people, staff and the managers had improved.

Requires Improvement ●

Alpha Care Services

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 checked 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 6 and 10 November 2017 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection we examined information that we held about the service. This inspection was carried out by one inspector and an expert by experience. Due to technical problems the provider was unable to complete the Provider Information Return. This is information we require the provider to send us to give some key information about the service, what the service does well and the improvement they plan to make. We took this into account when we inspected the service and made the judgements in this report.

On 6 and 10 November 2017 we visited the main office and spoke to two staff members and the registered manager of the service about the management and governance of the service. We looked at staff files including the recruitment procedures and the training and development of staff as well as the management of the service. We looked at the records relating to four people who receive personal care in their own home. After the inspection we spoke with two people and two relatives by telephone about the service they received. We also received feedback from two staff by email.

Is the service safe?

Our findings

People could not be assured that they were being cared for by staff who were of good character. New employees were not always appropriately checked through robust recruitment processes to ensure their suitability for the role. The criminal backgrounds of new staff had been checked using the Disclosure and Barring Service and the registered manager had requested references from previous employers. However they had not always confirmed the conduct of staff when previously working for other health or social care organisations or verified the reasons for the termination of their previous employment. There was no recorded evidence that there had been satisfactory explanations of the gaps in the previous employment of staff. Information about staff's physical or mental health conditions which were relevant to their capability to carry out the role had not been documented. Although the registered manager had made adjustments to staff's medical needs when required.

New staff were required to shadow experienced staff during their induction period. Records showed in some instances, new staff had shadowed staff without their recruitment checks being fully completed. The registered manager had risk assessed the staff member and ensured people were safe and not left alone with the staff member. Although this risk had been identified, the outcome of this risk assessment had not been documented to evidence that mitigating action was being taken whilst the conduct and character of staff were being verified.

Effective systems to ensure staff employed to carry out a regulated activity were of good character were not in place. This is a breach of Regulation 19, Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines as prescribed by staff who had been trained in administering their medicines. However the support people needed to manage their medicines was not fully recorded. For example, it was not consistently recorded who was responsible for the reordering, collection, administering and disposing of people's medicines when staff shared these responsibilities with family members or other agencies. This may lead to confusion and put the person at risk of not receiving their medicines. There was no guidance recorded for staff on how people preferred to take their medicines or any additional information which may support staff in administering the medicines. No clear protocols were in place to give staff guidance on when people occasionally required their prescribed medicines such as for pain relief. For example, there were no records of the reasons people required pain relief; alternative approaches to consider before administering pain relief medicines or how a person may express their pain. Staff had correctly recorded when they had administered these medicines however, the reasons why these had been administered was not always recorded. Some people were supported by staff to have medicinal creams applied to their body; however the location of where the cream needed to be applied was not recorded which increased the risk of these creams being administered incorrectly.

There were no clear records on the management of people's medicines. This was a breach of Regulation 17 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The support the staff provided to people to manage their medicines varied according to their levels of independence and the support they received from others such as family members. Staff were observed in their care practices and the administration of people's medicines by the registered manager. People and their relatives told us they felt staff safely managed their medicines and that staff raised any concerns if there were any discrepancies in their prescribed medicines. The registered manager had a good relationship with the people's families and relevant and local health care professionals. This allowed them to have a good understanding of any changes in people's medicines especially if people returned from a stay in hospital or had been prescribed additional short term medicines.

People's health and well-being risks were discussed with them during their initial assessment. Staff supported people to minimise their personal risks as well as encouraging people to retain their levels of independence with their personal care or carrying out activities in the community. For example, staff were able to describe the support they provided to minimise the risk for one person who was at risk of developing pressure sores. However, this preventative action had not been recorded in this person's care plan. Some improvement was needed to ensure staff would always have detailed information about people's risk management to follow.

Staff also told us they were able to determine people's well-being by asking them about their health or observing their body language and facial expressions. Staff were familiar with people's emotional well-being needs and told us they observed for changes in people's behaviours or triggers which may cause them to become anxious. Relatives explained that staff were very receptive to changes in people's behaviours and mood and always reported any concerns to them. Staff acted promptly if they identified a change in people's needs such as referring people to health care professionals or requesting a change in equipment if their mobility needs had changed. The service had built up good links with local health care professionals and shared information of concern when appropriate such as a change in people's needs or an incident.

The registered manager was passionate about ensuring that the team provided safe and effective care for people. Any incidents relating to the safety of people or staff were investigated by themselves. The outcome of their investigation and the actions taken to prevent further incidents were discussed and shared with staff during meetings, training and through the service's electronic communication system. As the service was small, they could easily identify any trends or patterns relating to people's safety and act on them promptly. One relative said, "I like that the service is small. It means that they know their clients well and can quickly pick up on any changes. The staff always seem well informed if there have been any changes made."

People were protected from harm because staff had a good understanding of how to recognise abuse and where to report any allegations and incidents of abuse. Staff were clear about the actions they would take if they suspected a person was at risk of harm. The registered manager was aware of their responsibility to investigate and immediately act on any concerns. Information about the services safeguarding processes and keeping people safe was reinforced during staff meetings. Copies of the service's safeguarding policies had been made available to staff and people. Staff regularly communicated with the relatives of people who lived alone and kept them informed of any concerns of people's safety. Relatives confirmed that staff supported their loved ones in their best interest and monitored their safety. Systems had been agreed and put in place to improve people's safety such as the use of key safes to allow staff to have secure access to people's houses if they were unable to answer the door. A financial record audit trail was in place where staff had shopped on behalf of people as part of their care package. Most staff had received training in equality and diversity and told us how they would support people with a range of diverse needs. Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. One staff member said, "I wouldn't judge anyone. I treat all people the same. I know I would, but we also receive the training in equality as well just to make sure."

A new electronic system had been implemented which provided staff with their visit schedules. It also allowed the registered manager to locate the staff while they were on duty. More information was being uploaded into the new system which would provide the registered manager with reports about the management, training and shifts of staff. Staff told us the times allocated for each person's visits and the travel times scheduled between the visits were realistic and achievable. One staff member said, "We have the right amount of time to achieve what we have to do without being rushed. If it is becoming tight then we contact the manager and she tries to increase our time." People were made aware that there was a 15 minute leeway to the start of their agreed visit time to allow for any delays. If staff anticipated being late for their next visit, they called ahead and informed the person. This practice was confirmed by staff and people's relatives. People and their relatives confirmed that staff arrived on time or informed them if they were going to be late. A 'floater' member of staff was made available daily to help to cover any emergencies or unforeseen staff absences. An on -call system was in place to ensure staff had the support they needed when working alone. Staff provided us with examples of how the on call system had effectively worked to ensure staff had the support they needed to support people in emergencies.

Staff were aware of their responsibilities to wear personal protective equipment (PPE) such as disposable gloves and aprons to help to prevent the spread of infection to others when supporting people with their personal care. Guidance was in place in people's care plans to remind staff about effective hand washing techniques. People's relatives confirmed that staff maintained a high standard of hygiene while supporting their loved ones in their home. Staff were aware of their duty to report any incidents or situations which may put people or themselves at risk such as the management of people's soiled clothing or expired foods. Ensuring staff wore PPE was part of the registered managers checks when they worked with staff to support people, however staff understanding and practices around the management of people's risks associated with infection control and was not routinely recorded.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their role. People and relatives told us they were confident about the skills of the staff and felt they had the expertise and experience to do their jobs well. Staff felt trained and supported and told us they could always seek advice and support from the registered manager or their colleagues. Staff were required to attend a training session every six weeks to update their skills and practices. We were told that the theme of the training session was based on the needs of the staff or any skill areas that needed to be addressed. The recommendations from health care professionals about the care and support of specific people were reinforced by the registered manager at staff meetings. The registered manager had a 'hands on' approach to assessment and delivery of care of people using the service which gave them an insight into people's needs. They frequently worked alongside staff and observed their conduct and assess their skills and competencies of caring for people.

New staff were required to undertake an induction period which included shadowing experienced colleagues so they understood people's care needs and the expected care practices. New staff were introduced to the care certificate which is a set of national standards that health and social care workers adhere to in their daily working life. As part of the induction schedule, new staff were required to familiarise themselves with the service's staff hand book which provided them with guidance in relation to their duties. This information was also reinforced at staff meetings and other training including first aid.

The registered manager had an 'open door' policy in supporting staff. The registered manager told us they were in frequent contact with staff either by telephone, meetings or working alongside staff. They said, "I am very in touch with my staff. I speak to most of my staff daily and see most of them each week. My phone is on 24 hours a day so I am also available to support them." Regular staff meetings took place and these were used as group supervision to ensure staff were up to date with people's support needs and working practices. The registered manager met with staff annually to appraise and review their professional development. The provider had recently invested in a new electronic system to help monitor and plan staff activity and performance. The registered manager was uploading information about staff training and development which would assist them to monitor staff skills more effectively through individual and group supervisions.

The staff team had developed a strong support network and told us they felt supported and could contact the registered manager at any time. One staff member said, "The support from the manager and in the team is amazing. I can't fault them." This sentiment was echoed by the staff we communicated with during and after the inspection.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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 and their families were involved in the planning for the care they received from Alpha Care Services. People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). Staff asked people's permission to provide them with the care they needed. People told us they were always informed of the care being provided or given choices about the support they received. Staff used different methods of communication in order to support people to understand and make choices. For example, staff told us how they used different ways to communicate with people such as showing them a choice of foods and drink. Staff were able to tell us how they supported people in their best interest if they did not have the mental capacity to make specific decisions about their care.

People's physical and mental well-being needs were assessed and information was gained about the people's other support networks. This ensured that the service worked holistically and in partnership with family members and other agencies involved in people's support. The registered manager and staff sought advice from health care professionals when needed to ensure their practices were current.

There was good communication across the service to ensure staff were kept up to date in people's well-being and the support they required. People who lived alone and were reliant on the service were closely monitored by staff. Any changes in people's health or well-being were reported to their families or referred to their GP. Relatives told us staff knew people well and were perceptive to changes in people well-being. Staff gave us examples of how they had worked closely with relevant and appropriated health care professionals to ensure people's health and well-being was maintained. Staff supported people with appointments such as attending the GP or hospital appointments as required.

Some people required support by staff to plan, order and prepare their meals depending on their abilities and levels of independence. People were given the opportunity to contribute their ideas towards menu planning. Staff knew people well and knew their preferences and choices in their meals and told us they had all the information they needed such as their likes and dislikes of food and were aware of people's individual needs.

Is the service caring?

Our findings

People were supported by staff who were kind and put the needs of the people first. During our inspection we spoke with people and their relatives by telephone who received support with their personal care in their own homes. Everyone we spoke with was extremely complimentary about the kindness and of staff. Relatives told us staff were compassionated and treated their loved ones well. One relative said, "I couldn't speak more highly of the Alpha team. They are working out very well for us." Another relative explained that the service being small and local was very important to them. They said, "The girls (staff) are very reliable. I know I can count on them as they are local and I know she (relative) won't be forgotten. There is a real sense of community." Relatives also explained that staff kept them fully informed in people's well-being and changes in their needs. Staff ensured relatives who lived some distance away were always kept updated by telephone or emails.

People were also overwhelmingly positive about the care they received. They told us staff always consulted with them before supporting them with their personal care or household tasks. We received comments such as: "They (staff) are marvellous", "The carers are lovely to me. I have no complaints at all, they really do help me", "The girls ask me how I am and what I need" and "They (staff) are wonderful. I look forward to their visits." People told us staff were caring and treated them with dignity and respect. They also remarked that the staff often took additional trouble to make sure they were comfortable and asked if they need anything else before they left.

Staff spoke of people positively. They encouraged and prompted people to retain and improve their independence. We were given examples of how staff had supported people to improve their confidence and increase their levels of independence in activities of daily living. All staff said they considered people's privacy and dignity while supporting people with personal care. One staff member gave an example of allowing 'private' time when people used the toilet or covering parts of people's body while assisting them to wash to maintain their dignity and to keep them warm.

Staff explained the importance of good communication and listening skills and to allow people time to speak and express their views at their own pace. It was evident from speaking to staff that they knew people and their families well and had built up a strong relationship with people. They could tell us about people's backgrounds, careers, families as well as their present well-being and any recent interventions such as changes in people's medicines. Staff had a good system to handover information about people which ensured that important information about people was known and , acted upon where necessary. People's daily notes also provided staff with a summary of people's physical, emotional and social wellbeing.

Staff supported people equally and without discrimination. Where known, people's cultural and religious needs were supported. We were told that staff would speak to people and their relatives and researched people's religion to gain a better understanding of their beliefs such as the refusal of certain medical treatments or dietary preferences. People were supported to maintain relationships with their family and friends.

People's relatives had written to the registered manager to express their gratitude and praise for the service. We were shown samples of the compliments they had received. For example, one relative had written to the provider and said, "You have been professionally proactive when there has been an emergency or a decision to be made. We would have no hesitation in recommending Alpha Care Services."

Is the service responsive?

Our findings

The registered manager and staff were passionate about supporting people to stay living in their own home and in the local community. People received care from staff who focused on individuals care and were aware of their personalised needs. Staff were very knowledgeable about people's support requirements, preferred routines, backgrounds and levels of independence. As part of people's initial assessment, the registered manager met with people and their families to ensure that Alpha Care Services could meet these needs. They discussed and assessed their physical and mental well-being and gained an initial understanding of the level of support they required and their personal backgrounds.

Most people had the ability and mental capacity to be involved in their care planning and express their wishes and views of how they wished to be supported by staff. The registered manager often carried out people's initial support visits to get a better understanding of their needs and levels of independence. They then provided the staff team supporting the person with a verbal handover and written summary of their needs and started to develop their care plan. For example, staff were initially provided with information about how they should access a person's house, their communication and support needs and their preferred name. Staff were introduced to people before they provided people with support. One staff member said, "We never go in blind. We always introduce ourselves prior to us visiting them." People told us staff were attentive and followed their instructions and ensured their needs were met and that they were comfortable and safe before they finished their visit.

An effective system of communication between the staff team allowed staff to be aware of any changes in people's well-being. Staff gave us several examples of when they had been concerned about people's health and had contacted their relatives or health care professionals on their behalf. For example, a referral was made to an occupational therapist when staff had concerns about a person's mobility and transfers. The service had remained flexible and had provided extra support to people when requested. For example, the service extended their night visits to support a person who started to struggle with their bedtime routine. People and their relatives were confident that people's needs and risks were being managed well by staff.

At the time of our inspection, no one receiving the services from Alpha Care Services was living at final stages of their life. However the registered manager was able to tell us about the end of life care and support they had provided to one person. They told us they personally had been more involved in the person's care to help the family and staff to monitor the person's wellbeing and to give family members a break from their role as a carer. The registered manager said, "It was so important to support the person and their family and work in partnership with the family and other health care agencies when supporting the person." They shared with us how they had supported the person to remain comfortable and had responded to any of their requests and wishes such as playing CDs, reading hymns and being flexible in their visit times. Staff told us they had been invited and had attended people's funerals by the family.

People and their relative's day to day concerns and complaints were encouraged, explored and responded to in good time. People were contacted or visited regularly by the registered manager or compliance officer (who supported the registered manager with the evaluation of the service being provided) to review people's

needs and check that they were satisfied with the service being delivered. The registered manager acted promptly to any concerns raised with them. The service has received no formal complaints. Information about the service's complaints process was made available to people at the start of the service. People and relatives reported that they were satisfied with the service they received and told us their concerns and issues were always addressed immediately. Records showed that people and their relatives had complimented the staff and the service provided.

Is the service well-led?

Our findings

We found that the provider had not always maintained accurate, up to date and clear records in relation to people using the service and staff. Care records were incomplete and did not always reflect individual needs for example in relation to people's medicine. Records of people's skin condition were incomplete and did not include information about how their needs should be met. Although people's relatives had been involved in decisions about their care as appropriate; best interest decisions had not always been recorded to ensure the provider could evidence how people's rights had been upheld. Records relating to staff recruitment did not always include the required information to evidence safe recruitment practices had been followed.

The provider's quality assurance systems had failed to identify shortfalls regarding record keeping and these created a risk that people would not receive the right care to meet their needs.

We looked at the arrangements in place for monitoring quality and risks in the service. As it was a small service the registered manager was involved in all aspects of the service including care assessments and delivery; staff development and the quality monitoring and management of the service. They told us this gave them the opportunity to identify and act promptly on any shortfalls in the service. However, their checks had been insufficient because they did not identify the shortfalls in people's care records we found or taken action to make the required improvements.

The management team still needed to develop clear lines of accountability if the registered manager was absent to ensure effectiveness of the leadership. For example, senior staff were not always clear in the actions they should take if there was safeguarding concern or serious injury had occurred and needed to be reported.

The provider's policies did not always describe current best practices and what staff's responsibility was to ensure best practice was followed when supporting people. For example, the provider's moving and handling policy did not inform staff when people's mobility needs needed to be re-assessed, who would be responsible for completing these assessments and what their duty was to report changes in people's mobility. The service's policy on equality and diversity described how these principles related to staff but not what steps staff needed to take to ensure people from protected characteristic groups were protected from any possible discrimination. Staff might therefore not always have sufficient information to enable them to meet best practice requirements and identify when people might be at risk of receiving care of an unacceptable standard.

Effective systems were not in place to manage, monitor and record the delivery of people's care and the service being delivered. This is a breach of Regulation 17, Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager recognised that they needed to focus on the management of the service to ensure that there were comprehensive systems to record and monitor the management of people's care and the

running of the service. They had a proactive and responsive approach to our concerns raised during the inspection and had promptly prioritised the shortfalls and risks to people relating to the areas which required improvement. For example, they recognised that the shortfalls found in the management of people's medicine records were a risk and started to address the recording of people's medicines and cream charts as well as reviewing the initial assessment form. They also held an urgent meeting with all staff to discuss our inspection feedback and discuss and make plans to drive the service forward. The registered manager said, "I have taken on board what has been said to me. I know I am accountable and I will be doing everything I can to ensure this is a good service. I know my team are behind me."

The registered manager had built up the service in local area and had a clear vision of the service they provided and the desired outcomes for the people they cared for. The registered manager told us, "I am proud of my service. We want to provide a high quality service to local people by local staff." They explained that running a service dedicated to a local area had many person-centred benefits such as staff being able to respond to emergencies such as being able to visit people in adverse weather conditions or if people's health had deteriorated.

The registered manager led by example to ensure that their values and vision was embedded within the practices of care staff. Their mission statement was displayed in each person's care plan which helped to ensure people were treated equally and embed their aim to deliver 'professional and sympathetic support'. They were passionate about the quality of care being delivered and were willing to learn and make improvements to the service. A compliance officer had been employed to assist the registered manager in monitoring the service by speaking to people and their relatives and identifying and acting on any concerns about the support they received. There was an open and inclusive culture amongst staff. They took opportunities through staff meetings and informal discussions to share information and address any concerns. They had formed good relationships with other health care professionals in the area which allowed them to learn from their recommendations such as moving and handling techniques.

The registered manager had plans to ensure they had access to latest evidence based guidance and keep up to date by researching and joining local provider groups. They often mentored and trained staff when working alongside staff or during staff meetings but recognised that they personally needed to attend advance training in some mandatory subjects such as safeguarding and manual handling to develop their own skills as a trainer.

The registered manager was aware of their responsibility to investigate accidents and incidents or any information of concern and to inform the appropriate authorities such as safeguarding team and CQC. Staff had reported any accidents and incidents and near misses to the registered manager who immediately took action to ensure the safety of people and staff. As the service was small the registered manager could identify patterns of concerns, however this approach was unsustainable if the service was to expand. Any areas of concern was immediately addressed and corrected. The registered manager held emergency staff meetings and training sessions to discuss areas that required improvement as a result of their investigation. A contingency plan had been developed and was implemented effectively to ensure people received the care they required in the event of emergencies or poor weather.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to manage, monitor and record the delivery of people's care and medicines and the service being delivered.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective systems to ensure staff employed to carry out a regulated activity were of good character were not in place.