Norfolk County Council

NCC First Support - Northern & Norwich

Inspection report

County Hall
Martineau Lane
Norwich
Norfolk
NR1 2SQ

Tel: 01603217663
Website: www.norfolk.gov.uk

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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 14 September 2017 and was announced.

NCC First Support - Northern and Norwich is a service that provides intensive support to people in their own homes to help them re-gain as much independence as possible. At the time of our inspection, there were approximately 200 people using this service.

The service had two registered managers. One to manage the Northern team and the other the Norwich team. 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 registered managers managed a team of re-ablement practitioners across their designated areas of the county. These re-ablement practitioners then in turn, managed a team of support workers.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people's safety had not always been sufficiently assessed. Records in relation to people's medicines did not support they had always been managed safely. Furthermore, some systems in place to assess and monitor the quality of care provided had not been effective at identifying and improving these areas of practice.

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

There were enough staff to meet people's needs and the provider had ensured staff were safe to work within this type of service before they had been employed. Systems were in place to protect people from the risk of abuse.

Staff had received training in a number of different subjects. They were competent to support people in a number of areas. However some staff needed further training in risk and medicine management which the registered mangers agreed to implement.

The staff obtained consent from people in line with the relevant legislation before providing them with support. Where required, people received support to eat and drink enough to meet their individual needs and with their healthcare.

The staff were kind, caring and polite. They treated people with dignity and respect and people valued their relationships with the staff. People's needs and preferences had been assessed and were kept under review to ensure they were being met.

People were able to make decisions about their own care. They were listened to and empowered by staff to

do this. Any concerns they raised were investigated and resolved.

There was an open culture within the service. People and staff felt able to raise concerns without fear and the service learnt from any complaints that people made.

Staff received good leadership. They understood their roles and responsibilities. Systems had been put in place to ensure staff felt valued and appreciated and they were supported in their roles.

The registered managers worked with other services to share best practice and improve the quality of care people received.

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 consistently safe.

Risks to people's safety had not always been adequately assessed or managed appropriately.

Records did not support the safe management of people's medicines.

There were enough staff to meet people's needs and they had been subject to the appropriate checks before working for the service. This was to ensure they were safe to work within care.

Systems were in place to protect people from the risk of abuse.

Is the service effective?

Good

The service was effective.

Staff had received training and support to enable them to provide people with effective care.

Staff obtained consent from people in line with the relevant legislation before providing them with care.

Where required, staff supported people to eat and drink enough to meet their needs and with their healthcare.

Is the service caring?

Good

The service was caring.

The staff were kind and caring and treated people with dignity and respect.

People were involved and encouraged to make decisions about their own care.

The staff supported and encouraged people to be as independent as they could be to increase their sense of wellbeing.

Is the service responsive?

Good

The service was responsive.

Care was being delivered to meet people's individual needs and preferences.

Concerns and complaints were encouraged and thoroughly investigated.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Some quality monitoring systems had not been effective at identifying errors or driving improvement.

There was an open culture within the service. People, relatives and staff felt comfortable raising concerns or questioning practice without fear.

Staff felt valued and were happy in their job. They were given opportunities to progress within the organisation.

Good links with other services had been established to share best practice and enhance staff knowledge.

NCC First Support - Northern & Norwich

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 14 September and was announced. The provider was given approximately 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to answer our questions.

The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included notifications that the provider has to send us by law about important events such as serious incidents or accidents. The registered manager has completed a Provider Information Return which they sent to us prior to the inspection. In this they detail how they are meeting the five key questions we ask during an inspection and how they are improving the service. We also reviewed this document.

During the inspection we spoke with 11 people using the service and six relatives. We also spoke with seven staff and both registered managers.

The records we reviewed included four people's care records and three people's medicines records. We also looked at four staff recruitment files, staff training information and records regarding how the provider and registered manager's monitored the quality of care people received.

Requires Improvement

Is the service safe?

Our findings

We found that risks to people's safety had not always been documented appropriately within people's care records. Some staff told us they sometimes provided care to people they were not familiar with, for example if they were asked to cover a shift in another team. Therefore it is important that there is sufficient information within people's risk assessments to guide them on how they can support people to reduce risks to their safety.

Two of the four people whose care records we looked at had experienced falls prior to receiving support from the service. There was a generic risk assessment in people's care records relating to their risk of falls however, these did not always give staff specific information about how to support the person in relation to their individual risk of falls. For example, it was recorded within the care record for one person that they needed to hold onto furniture to help them maintain their balance whilst walking. There was no information in the risk assessment regarding what staff needed to be aware of to ensure the person was safe. Another person was noted as having a history of seizures but no risk assessment had been completed regarding this.

For one person, their moving and handling risk assessment stated their relative supported them to move when needed. However, staff had recorded in the person's daily notes that they often helped the person to get out of bed, to walk or to transfer from their bed to a chair. The information within this person's moving and handling risk assessment was therefore incorrect. There was no guidance in place to tell staff what they needed to do to support this person to move safely. This person was also noted as having a pressure sore. There was no information about what staff needed to do to decrease the risk of the pressure sore deteriorating. For example, whether they needed to ensure the person used any specialist equipment.

It had been noted in one person's care record that staff had arrived at their home to find a hot plate had been left on. The staff member had noted this as a 'potentially nasty incident.' The registered managers told us this should have been recorded as an incident for their investigation. This was so they could assess this risk to the person and take any appropriate action. However, they confirmed there was no record the incident had been reported. The registered managers said they would look into the matter.

All four people whose care records we looked at had received support from staff with their prescribed medicines. We looked at three people's medicine administration records (MAR) to see if they indicated that people had received their medicine correctly. The fourth person's was not available although the registered managers said it should have been returned to the office for auditing.

For one person there was a gap in the MAR in respect of three of their medicines on one day in July 2017 and one medicine on two separate days in August 2017. For another person, there was a gap for their eye drops on two days in June 2017. We checked these people's daily records and saw that staff had recorded they had given these people their medicines. Therefore, we concluded that they had given the medicine but had omitted to update the records as is required.

For the third person staff had noted within the person's care records, that they needed support to apply

prescribed creams to assist the healing of a pressure sore. It had been recorded on the MAR that one cream had been prescribed for occasional use only. However, the other creams did not have any information about whether they had been prescribed for regular use or occasional use. Therefore, it was not clear how often they should be applied. The MAR showed that all of the prescribed creams had been applied on an 'occasional basis'. There were no records within the person's care record to confirm whether this was correct. The registered managers' could not ascertain from the records how staff should have been applying this cream. Therefore, they could not be assured the person was having their creams applied when they needed them.

There was a lack of robust care planning in place regarding people's medicines. None of the care records we looked at had a clear list of what medicines people had been prescribed. Risk assessments had been completed in respect of the management of people's medicines. However, these were not always clear as to who was responsible for the administration of medicines and did not clearly reflect when changes had occurred. In one case the risk assessment had been completed incorrectly.

For example, we noted that the medicine risk assessment for one person stated that a relative was responsible for giving the medicines and not the staff. The registered managers said that due to this, the person did not need a MAR and could not explain why staff had been completing one. Following a review of this person's care in August 2017, it had been agreed that the person would benefit from the staff giving them their medicines for their own safety. However, the risk assessment in relation to this had not been reviewed sufficiently.

For another person, the risk assessment stated that staff did not need to assist the person with their medicines. However, they were receiving support with the application of prescribed creams. The registered managers agreed this was incorrect. There were brief instructions for staff about how to apply two of the creams and a body map to guide staff when doing this. However, there was nothing about how to apply a third prescribed cream. We noted that a further cream had been added to the MAR but there was no explanation as to why this was the case or how and when it needed to be applied.

For a further person, their risk assessment stated they required support with eye drops as they were not able to do this for themselves. However, the person's care record also stated that staff were applying a cream. It was not clear from the records whether this was a prescribed cream or a cream the person had purchased themselves. The registered managers stated that all medicines and creams that staff were administering should be recorded as part of the risk assessment process.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people we spoke with told us they felt safe when staff were in their home providing them with support. One person told us, "I have every confidence in the staff and I put my trust in them. I am unsteady on my feet but they assist and watch me going downstairs." Another person said, "I feel very safe when they (staff) are around." A further person told us, "When they have been at night they make sure the property is all secure and I feel happy about things. Yes they are very good." The relatives we spoke with agreed with this. One relative told us, "My husband is very safe when the care staff are here." Another said, "The time we have seen the care staff with my mother in law they are all brilliant. She is safe with them in her home."

All of the staff demonstrated they knew how to protect people from the risk of abuse. They understood the different types of abuse people could experience and said they would report any concerns immediately to their manager. Both registered manager's understood their responsibilities to investigate and report any

concerns they received. Staff also knew who to report concerns to outside of the service if they felt this was necessary. Training records showed that staff had received training relating to safeguarding. The registered manager's had provided people who used the service within information regarding abuse and how to report this if they were concerned.

Everyone we spoke with told us there were enough staff to provide them with the support they wanted. One person told us, "I have never had any missed calls they are always here." Another person said, "They are all lovely people and there have never been any missed calls." A further person told us, "They never rush me and they will sit down and chat as socialising is important." A relative told us, "There is no rushing, they take their time and they record when they arrive and when they leave." Another relative said, "There have been no missed calls and they come on time and are never in a rush. I would be lost without them."

All of the staff agreed with this. They said they had enough time to spend with people and that they could increase the time if people required more support. The registered managers told us that any staff absence was covered by existing staff or relief staff who were employed for that specific purpose.

Records showed that there had been five missed calls within the Northern team and none in Norwich within the last six months. The registered manager for the Northern team had thoroughly investigated each missed call and had taken steps to reduce the risk of this happening again in the future. The registered managers told us that an electronic monitoring system was being introduced within the service in October 2017. They said this would enable them to identify missed or late calls more effectively so they could take immediate action to resolve the issue.

Processes for recruiting staff were robust. The recruitment records we viewed showed that staff had been subject to the appropriate checks. These included references in relation to their character, a Disclosure and Barring Service Check (DBS) and a health check. A DBS is carried out to enable the provider to see if the prospective staff member has any criminal records or other issues in relation to their character, which may make them unsuitable to work within care.

Good

Is the service effective?

Our findings

All of the people we spoke with told us they felt staff had the necessary skills to provide them with effective care. One person told us, "I have one carer that comes. They hoist me and I feel safe when they are moving me in the hoist." Another person said, "I feel safe when the staff are here, they are very skilled." The relatives we spoke with agreed with this. One relative told us, "They use a slide sheet to move [family member] in bed and they are well trained in moving him." Another relative said, "They always do as requested. They are very well trained and obliging."

All of the staff we spoke with told us they had received enough training and supervision to enable them to provide people with effective care. They said the training was delivered face to face and via e-learning. Staff confirmed they had received training in a number of different subjects including but not limited to; supporting people to move, protecting people from the risk of abuse, food safety, infection control and first aid. Some staff told us they had received training in other subjects so they could meet people's needs. For example in catheter care, stoma care, and how to administer eye drops. They told us they attended supervision meetings regularly where they had the opportunity to discuss their training needs and care practice.

Most of the staff we spoke with said they provided support to people who were living with dementia. However, some told us they had not received any training in this area. The registered managers said that most re-ablement practitioners had received training in this area and the staff training records we saw confirmed this. The registered managers had plans in place for all re-ablement practitioners to complete this training and then cascade this to the support workers whom they managed.

The registered managers told us that all staff had received training in risk assessment. They also said that staff should have received checks on an annual basis regarding their competency in medicine management. The four staff records we looked at confirmed staff had received this. However, we found issues in both of these areas suggesting that all staff may not have been fully competent. Shortly after the inspection visit, the registered managers confirmed they were arranging further training for all staff in these subjects.

Records showed that most staff had attended training to update their skills and knowledge in line with the provider's requirements. Any who had not, had this training booked for the near future. Staff who were new to the service received induction training. This involved them spending time shadowing a more experienced staff member and having their care practice assessed. This was to ensure they were competent before they could provide people with care on their own.

All of the people and relatives we spoke with told us staff always asked for their consent before they performed a task and that they were polite at all times. One relative told us, "My husband has Alzheimer's and they are a huge support to me as his wife. They talk nicely to him and tell him what they are doing." The staff we spoke with demonstrated they always sought consent from people as appropriate. They told us that some people they supported lacked capacity to consent to their own care. This meant they had to work within the principles of the Mental Capacity Act (2005).

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.

The staff we spoke with demonstrated a good knowledge about the principles of the MCA. They told us how they assumed people could consent and therefore asked for this. They added that they always offered people choice. If people could not consent to certain aspects they would use techniques to help them make a decision. For example, showing them items of clothing to help them choose what to wear or food so they could choose their own meal. One staff member told us how a person often refused personal care. They said they used various techniques to help the person have personal care such as going back to them later or showing them towels or flannels to help stimulate their memory.

People's care records demonstrated that staff had assessed whether people had the capacity to consent to their care. However, there was little information in place within people's care records to guide staff on how they should support people where they may have found it difficult to consent to aspects of their care. This area could be improved.

People who had been assessed as requiring support to eat and drink told us they received this and that staff encouraged them to prepare their own meals. One person told us, "They ask me what I would like to eat and drink and make my breakfast. I have plenty to drink and the girls always leave me with plenty of drinks before they leave." Another person said, "They always ask me what I would like for breakfast and they look after me well." A further person told us, "They cook and prepare things very well and ask me what I would like."

The staff we spoke with demonstrated they understood the importance of supporting people to eat and drink enough to meet their needs where this was appropriate. One staff member told us how they monitored closely whether a person was eating as they were concerned the person was frail. They said they would report any concerns to their manager or refer the person for further support if needed. Staff also said they encouraged people to drink regularly to reduce the risk of them becoming dehydrated.

Where needed, staff supported people with their healthcare needs. One person told us, "If I want a GP to visit they will contact them for me." Another person said, "When I wasn't feeling very well they called the GP and asked them to come and visit me." A further person told us, "A few weeks ago I couldn't breath and they called the doctor and I was sent to hospital. They responded well in that situation. They are highly professional and well trained."

The staff were knowledgeable about people's individual healthcare needs. They told us they monitored this when they visited them. If they were concerned, they said they would contact the relevant professionals or their manager with the person's consent. One staff member told us how they had requested a GP to see a person who was not eating well. Another described how they had involved the person's social worker when they felt necessary.

Good

Is the service caring?

Our findings

All of the people we spoke with consistently told us the staff were kind and caring. They also said they valued their relationships with the staff and that they felt the staff knew them well. One person told us, "I feel very comfortable with them. They are a lovely lot. They are good company." Another person said, "They know me well and we are like friends." A further person told us, "The staff always tidy up after they have helped me get washed and dressed and they always listen to me when I say anything to them about how to do things. They know me well and always ask if I feel ok if I am quieter than usual."

The relatives we spoke with agreed with this. One relative told us, "I feel very comfortable with the staff. My husband and I look forward to them coming." Another relative said, "There are different carers that visit my husband but they are all very good. My husband is a very private man but he gets on well with all the care staff and has a laugh with them. They always ask me if I am managing ok at home with my husband. It is so nice to know they are there for us both."

The staff told us they were able to build good relationships with people even though they only provided a maximum of six weeks rehabilitation. They said they usually saw the same people which helped them develop these relationships and trust. All of the staff demonstrated they knew the people they were supporting well.

People told us they were involved in their care and were empowered to make decisions. Where the person was not always able to do this, relatives said they felt fully involved. One person told us, "Someone came in from the council and discussed with me my care needs. " Another person said, "We have meetings sometimes" (to discuss their needs). A relative told us, "I have had reviews of my husband's care and get involved." Another relative said, "They have been in twice to review my husband's needs."

People and/or relatives were involved in the initial assessment of their/their relatives care needs. This was so they could ensure they received support in a way they wished to receive it. Information about the service available was provided to people and the registered managers told us this could be provided in differing formats such as braille, large print or pictures if required. The staff also told us they used various techniques to communicate with people. A relative told us, "They motivate my husband well. Help him to communicate his needs with the way they interact." This demonstrated the service complied with the Information Accessible Standard to meet people's individual communication needs.

People were treated with dignity and respect and their independence was encouraged. People consistently told us that staff treated them with dignity and respect. They also said the staff either had or were helping them to gain independence which was the main aim of the service. One person told us, "They couldn't do more for me and treat me well. They have a great respect for me and a great sense of humour." Another person said, "I have become more independent now since I have had help from the staff. They are very helpful and treat me with great respect. They always close the curtains and doors for my privacy."

The relatives agreed with this. One relative told us, "They have helped [family member] become more

mobile." Another relative said, "They treat him with great dignity and respect as he is not too aware sometimes what is happening but they keep him well covered when providing personal care. They also encourage him to do things independently. He has now become a little more able to do things for himself as they are extremely good and encourage him to wash himself with some guidance."

Our conversations with staff demonstrated they had a good awareness of how to promote people's dignity and privacy. One staff member told us how they always ensured curtains were closed when providing people with personal care. Staff told us how the ethos of the service was to encourage people to be as independent as they could be. One staff member told us how they encouraged a person to walk regularly and exercise their legs so they could walk better. Another said they supported people to do their own personal care and only intervened where necessary.

Staff talked about involving other professionals as necessary to help people maintain their independence. They explained as part of their role, they could request assistance from for example, occupational therapists in relation to equipment people may need. One staff member told us how they had requested equipment for a person's bathroom so they could bathe more independently. People were also supported with the preparation of drinks and meals so they could gain independence within this area.

Good

Is the service responsive?

Our findings

All of the people we spoke with told us staff were responsive to their individual needs and preferences and that staff arrived to their home on time. One person told us, "They arrive on time. I sometimes have male care staff but I am happy with this and they asked me if it was okay." Another person said, "Every day at 8am they come and help me. They are very aware of my complex health conditions. The staff make sure I am clean and have a clean nightie and they will make me tea and coffee." A further person told us, "There have been lots of changes. I have got a walking frame and also I have help to do my shopping. These people have arranged all of this."

The relatives agreed with this. One relative told us, "My husband didn't mind if he had male or female carers and they help him to get washed and dressed. They are all very good. We had a choice of times in the morning. They are very flexible if we need them to be." Another relative said, "It is a very reliable service and all the equipment was organised for my husband. The staff are exceptional and never rush my husband. There was a time they were unhappy about the swelling on my husband's foot so they advised the GP should come out. They are very supportive to me which helps me to look after my husband." A further relative told us, "They are always on time and this helps to keep my husband at home and comfortable. It is amazing they are so on time with the roads but even if they are going to be late, which is not often, they let us know."

The service was requested by various healthcare professionals who made referrals to hubs across the county. The hub then contacted a support worker to advise them what care and support people required to help them become more independent. The support workers we spoke with told us they would then visit the person and their relative if applicable, to discuss the support they required. This initial assessment ensured that people would benefit from the service. Once this had been established, a re-ablement practitioner visited the person to conduct a more in-depth assessment of the person's requirements. They also discussed what goals they wanted to achieve from using the service. Records showed that these assessments had been conducted with the involvement of people and their relatives if necessary. All of the staff we spoke with told us they felt these assessments contained sufficient information about people so they could provide them with the care they needed.

However, the information within some of the care records we saw had not always been sufficiently documented. For example, one person required assistance with their catheter but there was no care plan in place in relation to this need. Another person required staff to assist them with their medicines and continence needs. Again, there was either no or limited guidance in place for staff with regards to these areas. We spoke with the registered managers about this. They agreed that people's records should contain more detail. They therefore agreed to address this immediately with the staff.

People's care needs were regularly reviewed during the period of time they received the service. The staff told us that any changes in need were communicated to them in a timely fashion so they could ensure the person received the correct level of support. The registered managers told us a new system was about to be implemented so that any changes in need could be sent to staff electronically. They felt this would reduce

any risk of staff not receiving appropriate information in a timely way.

After people had finished using the service or if they were not able to gain further independence, they were sign posted to other care providers who could continue with their care if required. The service ensured this was in place so the person continued to receive support with their care needs. Staff also told us how they regularly informed people of other services that could be of benefit for them. This included to the fire service for smoke alarms, services that could provide pendant alarms or services that could arrange companionship to reduce the risk of social isolation.

All of the people and relatives told us they did not have any complaints about the support that was being provided by the service. However, they said they knew how to make a complaint if needed and felt confident that any concern would be listened to and dealt with appropriately. One person told us how staff encouraged them to regularly express their opinion about the care they received. They said, "They always ask if they can improve on anything that they are doing for me." A relative told us, "They make my husband feel comfortable and we know who to contact if we need to discuss anything."

The registered managers recorded any concerns or complaints that were received from people or relatives. The records we viewed demonstrated they had conducted a full and thorough investigation and responded appropriately. Information on how to complain had been provided to people when they started to use the service.

Requires Improvement

Is the service well-led?

Our findings

Some of the current systems in place to monitor the quality of care provided were not effective.

The registered managers told us the re-ablement practitioners and support workers had responsibility to monitor that people received their medicines correctly whilst they were providing them with support. They said if staff found a gap in a medicine record or any other issue, they were required to report this so that it could be investigated. However, after checking the records, the registered manager's found that these had not been reported as potential errors. This meant that the registered managers could not take timely action to ensure people were receiving their medicines correctly.

The registered managers showed us a copy of an audit they had completed on some people's care records in February 2017. This showed they had identified the poor completion of some records including a lack of detail and guidance for staff in risk assessments and care plans. In response to this, they told us that all staff had received further training in this area. However, we found that some staff were still not completing risk assessments or other records with sufficient detail. We asked the registered managers if they had continued to monitor this issue. They told us they had not conducted any further audits since February 2017. Therefore, they had not effectively monitored whether the action they had taken to improve this issue had been effective. This had resulted in continued poor staff practice.

We asked the registered managers how they monitored that staff were competent to provide people with good quality care. They told us the provider required that each staff member be observed once a year as part of their on-going supervision. They said the re-ablement practitioners completed this in respect of the support workers. However, the registered managers had no system in place to ensure this was being completed within this timeframe. The staff we spoke with gave us mixed views about this with some saying they had recently had their practice assessed but others not able to recall this. Therefore, there was no effective system in place to monitor that staff had received the appropriate level of supervision as deemed appropriate by the provider.

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

The re-ablement practitioners we spoke with told us that people's medicine records were returned to the office for auditing when the person had finished using the service. However, they said they did not keep a record of this audit. Although the registered managers also audited some people's medicine records at random each month, they did not have full over site of errors or concerns found by the re-ablement practitioners. This meant that they could not monitor that any remedial action had been taken where needed. The registered managers had recently identified this as an issue. Therefore, they had introduced an audit record for the re-enablement practitioners to complete when these medicine records had been audited so they could monitor people's medicines more effectively.

Since our inspection visit, the registered managers have confirmed they have introduced a further audit of

people's medicines which is to be completed whilst people are receiving support. This is so any potential issues or concerns can be identified and dealt with in a timely manner. The registered managers have also told us they are planning to arrange further training for staff in relation to assessing people's needs and completing the appropriate records correctly. They have said they will be implementing more random audits of people's care records as part of their supervision process with the re-ablement practitioners.

The registered managers monitored the completion of staff training and supervision and discussed this regularly with the re-ablement practitioners to ensure that staff skills were up to date. The completion of staff recruitment checks was also closely monitored to ensure the appropriate areas had been considered before employing the staff member.

Staffing levels were being constantly monitored and the registered managers had identified that they could do this more robustly with the introduction of a new electronic monitoring system. This was due to be in place by October 2017.

Any complaints or concerns received were analysed. One registered manager told us that from their analysis, they had identified issues with a staff member's practice which they had immediately addressed. This demonstrated they had learnt from people's complaints.

People were happy with the service they received and told us they would recommend it to others. One person told us, "It is a five star service." Another person said, "I didn't even know this type of service existed. It's wonderful." A relative told us, "My husband's care is excellent." Another relative said, "They are absolutely wonderful. I would highly recommend this service." A further relative told us, "They are a fabulous team I am so glad they are there for us." They all told us they felt comfortable speaking with staff or the managers if they needed to.

The staff we spoke with agreed with this. They said they felt able to raise any concerns they had without fear and that any they raised were effectively and efficiently dealt with. There was a 24 hour hub available to the staff that they could contact if they had a question or issue that needed to be raised. Staff also told us that their managers' were readily available with advice and help when needed. This demonstrated there was an open culture within the service.

All of the staff we spoke with understood their roles and responsibilities. The support workers were managed by the re-ablement practitioners who in turn, were managed by the registered managers. Staff told us that communication was good and they felt part of a team. They said their morale was good. Staff consistently told us that they 'loved' working for the service and that it was 'brilliant.' They felt involved and were regularly asked for their opinion about certain subjects such as training. This was so the training staff received could be tailored to their needs. Staff told us they regularly attended staff meetings where various topics were discussed or training provided.

Staff told us they felt valued and were given opportunities to develop within the service. Some staff told us how they had received internal promotions. They said they were always thanked by their managers for providing support to people. The service had received a number of compliments about the quality of care provided. The registered managers told us these were regularly shared with staff to ensure they were appreciated when they had worked well with a person.

The registered managers demonstrated they worked well with other organisations in an attempt to share best practice. They had previously worked with the local university to develop a bespoke training package for staff regarding dementia care. One registered manager was currently working with the same university to

develop training in mental health and learning disability. This was in response to staff requests for this type of training. They were also working with another service in an attempt to reduce hospital admissions. This included improving nutrition and hydration for people living in the community. Both registered managers attended regular meetings with other services such as the clinical commissioning groups to share best practice.

People's feedback was continuously sought to monitor the quality of care that was provided. When a person finished using the service they were asked to complete a questionnaire. People's responses were analysed and shared with staff in staff meetings. We looked at the results of the recent questionnaires and saw that all comments made by people were positive.

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 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks to people's safety had been adequately assessed or action taken to mitigate risks. Records did not support that people's medicines were consistently managed safely. 12 (1) (a) (b) and (g).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Not all systems in place were effective at assessing, monitoring and mitigating risks to people. A contemporaneous record in respect of each person's care had not been kept. (1), (2) (a), (b), (c).