

Cherish U Ltd

# Cherish U Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

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

We inspected Cherish U Ltd on 17 and 16 June 2016. As this was a domiciliary care agency service, we contacted the registered manager 48 hours' before the inspection. This was so that we could ensure that staff were available at the office. At the last inspection in May 2014 we found the service met all the regulations we looked at.

Cherish U is a domiciliary care agency which is registered to provide personal care to adults who live in their own homes. The office for the service is located in Congleton and is within walking distance of the town centre. At the time of the inspection, there were 40 adults in receipt of personal care.

There was 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 two breaches of the relevant legislation, relating to staffing and governance. You can see what action we told the provider to take at the back of the full version of the report.

We found that people were very positive and complimentary about the service they received. People using the service told us they felt safe and the relatives we spoke with also agreed people were safe. We found that people were protected from the risk of harm and abuse. All staff spoken with had a good understanding of safeguarding, the signs of abuse, and how to report it. We found that the service had a safeguarding policy in place, but was out of date and did not incorporate the latest legislation. During the inspection the registered manager obtained the current safeguarding policy. However we saw that the registered manager had recently reported a safeguarding concern appropriately as per local procedures.

People, their relatives and carers told us they thought there were enough staff to meet people's needs. The rotas demonstrated that staffing levels were planned and organised, so that people received consistent care staff. People told us that care calls were never missed and were usually at the expected time. Safe recruitment practices were demonstrated.

People's medicines were administered safely. However we found that protocols were not in place for "as and when required" or PRN medicines. The registered manager assured us that these would be implemented.

Staff were skilled and knowledgeable. We found that staff completed an induction prior to starting work in the service. Staff received regular and ongoing training. However staff had not received regular supervisions as frequently as required by the service's policy.

Risk assessments were carried out and included action taken to reduce and mitigate risks around moving

and handling and the environment. However we found that more robust recording was required for other potential risks not included on the basic risk assessment documentation.

We found that staff had some awareness and had received training in the Mental Capacity Act 2005 (MCA). However we found that records did not demonstrate that the service had taken account of people's mental capacity during assessments. It was unclear whether best interest decisions had been made and recorded for people who lacked capacity to consent to aspects of their care and support. The registered provider had not ensured that the policy around MCA had been fully implemented.

People told us that staff were caring and treated them with kindness. We found that people and their relatives were very happy with the support that they received and told us that staff treated them with dignity and respect. Staff demonstrated a good understanding of the importance of treating people with compassion and dignity. They told us that the service had very "high standards."

Staff had a good understanding of people's care needs and knew how to support them to be as independent as possible.

Assessments and care plans were in place. They provided detailed information and were reviewed and updated. The care plans and risk assessments provided person centred information and included people's preferences and choices. People told us that the service was responsive and people were supported in a way that they wanted to be supported.

The service had a complaints policy and procedure which was available to people in their care folder at home. People and staff spoken with said they felt confident they could raise concerns with the manager and senior staff and that these would be dealt with appropriately. We saw that there had been one complaint which had been appropriately dealt with.

There had been some staff sickness which had impacted on the management team. The service had some processes in place to monitor the delivery of the service. The management team visited people regularly as they carried out care visits themselves and sought feedback from people on a regular basis. They also worked with staff and supervised them on an informal basis. However regular direct observations had not been carried out for a number of months and there were no reports in place to record the service findings. We found that the management team had not always kept themselves updated with changes to legislation and best practice guidance, such as the MCA.

Staff told us that there was good communication and that the management team were very approachable and supportive. The registered manager was very knowledgeable about the needs of the people who used the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Good** ●

The service was safe.

Staff understood their responsibility to keep people safe and knew how to report any safeguarding concerns appropriately. There was a whistleblowing policy in place.

The service had sufficient staff to meet the needs of people. People told us that they received their scheduled care visits on time and as expected.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

Safe recruitment systems were in place.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff told us that they felt well supported by the management team, but staff supervision meetings and appraisals had not been undertaken as frequently as required by the service's policy.

Staff had an awareness of the Mental Capacity Act, however the service had not always assessed or clarified whether people had capacity to consent to their care or ensured that best interest decisions were recorded.

People told us that staff were skilled and well trained. They received an induction and regular training updates.

People had access to health and social care professionals when required.

### Is the service caring?

**Good** ●

The service was caring.

People were very positive about the support they received.  
People told us that care staff were kind and caring.

People were supported to be involved in decisions about their care and treatment.

We found that people were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care. Staff knew the people well and understood their care needs.

Care records demonstrated people's needs were assessed and people received person centred care. Care plans and risk assessments were regularly reviewed.

People were aware of how to complain and said they would feel comfortable raising any issues that they may have with the care staff or registered manager.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The management team had not ensured that they were kept updated with legislation and best practice guidance.

Some quality audits were carried out but records were not robust enough.

Staff told us that the management team were very approachable and were confident that they could raise any issues and that they would be dealt with appropriately.

People using the service knew the registered manager and felt able to express their views and that these would be listened to.

# Cherish U Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 June 2016.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that staff were available in the office, as well as giving notice to people who received a service that we would like to visit them. On the 17 June we spent time visiting people who used the service in their homes.

The inspection was carried out by one adult social care inspector and an expert-by-experience contacted people by telephone. 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 checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. We contacted the local authority contracts/quality assurance team to seek their views and we used this information to help us plan our inspection. The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However, we gathered this information during our inspection.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we visited three people who received personal care from the service, at their homes. We also spoke with people over the telephone including seven people who used the service and three relatives.

We looked at a number of records during the inspection and reviewed four care plans of people supported

by the service. Other records reviewed included staff training records and records relating to the management of the service such as policies and procedures, rotas, complaints records and staff supervision meetings. We also inspected three staff recruitment files. During the inspection we spoke with a number of staff including two directors of the service, the registered manager and four members of care staff.

# Is the service safe?

## Our findings

We asked people who used the service or their relatives if they found the service provided by Cherish U to be safe. People told us that they felt safe with the staff. One person told us that they felt safe because "They get me up in a morning and they use the hoist well." Relatives also confirmed they felt that safe care was provided, they commented "Yes very safe, they reassure him (relative) and make sure that he is steady." And "They help him out of bed, they are very good."

We found that people were protected from the risk of harm and abuse. All staff who we spoke with had a good understanding of safeguarding, the signs of abuse and how to report it. One staff member told us, "I would report any safeguarding concerns to my manager," and someone else said "I would raise any concerns or issues." Staff were able to tell us where they could report safeguarding concerns to outside of their organisation. One staff member confirmed "I would go to social services or CQC."

We found that the service had a safeguarding and whistleblowing policy in place. However, on inspection we saw that the safeguarding policy was out of date and did not incorporate the latest legislation. The registered manager informed us that they used the services of a policy provider, who reviewed and updated their policies on a regular basis. During the inspection the registered manager obtained the current safeguarding policy. The policy stated that the agency should also obtain a copy of the local safeguarding arrangements and should be attached to the policy. The registered manager assured us they would do this immediately and would ensure that all staff had easy access to the policy and procedures. However, we found that the managers and staff knew how to report any safeguarding concerns. There had been one incident and records were available which demonstrated that the safeguarding concern had been reported appropriately to the Local Authority. All staff spoken with were aware of what action to take if they had any safeguarding concerns.

Documentation reviewed demonstrated that staff completed some risk assessments which identified potential risks to people's health and safety. Where concerns were identified actions were put in place to reduce and mitigate risks to ensure people were kept as safe as possible. The registered manager told us that these were reviewed on an annual basis or sooner if any changes were required. We saw that environmental risk assessments were completed so that staff were working in a safe environment. Moving and handling risk assessments were also completed. We saw that there was a risk assessment document (RAD) which had been completed for all people who received a service, this included areas such as falls, communication, sensory impairment, skin and continence issues. We noted that this form did not allow for specific individual risks to be recorded, such as self-neglect or wandering. The registered manager demonstrated that information about any action that the service had taken regarding individual risks was recorded on an electronic recording system called Tagtronics. However, she advised us that they did have a template which could be used to record specific individual risks and would implement their use in future.

Systems were in place to record any accidents, incidents or near misses that occurred on a form which was stored within an office file. We saw that there were four recorded accidents and incidents and the registered manager maintained an overview of incidents which identified action taken. However we noted that there



was no wider analysis of any accidents/incidents that had occurred and discussed the advantage of also recording lessons learnt to ensure best practice.

At the time of our inspection Cherish U was providing personal care to 40 people who were living within the Congleton area. The service employed one registered manager who was also part owner of the service. There were two other owners/managing directors who were actively involved in the operation of the agency and carried out care visits themselves to provide personal care. There were 20 staff currently working at the service. We were told that the service advertised and recruited new staff on a continuous basis to support the growth of the service. We saw that the staff group was generally stable and a number of staff had been employed with the agency since its formation in 2011.

The registered manager confirmed that the agency had sufficient capacity to meet the needs of the people using the service. We saw that care visit schedules were recorded electronically and viewed a sample. Staff were allocated travelling time in-between visits which enabled staff to arrive to people at the scheduled times. The registered manager told us that scheduled visits were planned within close proximity of each other to reduce the risk of staff being late. The registered manager told us they made sure there was always enough capacity to meet the needs of all the people using the service and would not take on new packages of care and support staff were not available to meet this. Staff spoken with told us that they felt that there were sufficient staff and they had enough time to meet the needs of the people they supported.

People told us that their care was never missed, and that staff usually arrived at the expected time, unless there had been an emergency. One person told us "They've never missed a call and stay for the full time, they do everything." People were sent a rota so that they knew who was coming to provide their care. The registered manager explained that new care workers were always introduced to people before they provided their care. One person confirmed that "They do a wonderful job; any new carers come beforehand with another carer."

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. We inspected three staff files, which confirmed that all the necessary checks had been completed before the staff had commenced work at the service. This helped to reduce the risk of unsuitable staff being employed. We saw that all staff had completed an application form which included their employment history. Recruitment checks included, obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. We saw that interview questions were thorough and covered topics such as confidentiality.

We found that people's medicines were well managed and people received them safely. We viewed five Medication Administration Records (MARs) which demonstrated that people were supported with medication, including creams. These records showed the type, route, frequency and dosage of medication. Where people were being supported with medicines information was recorded in their care plan about the support they needed.

People told us that they were satisfied with the support that they received to take their medication. One person said "They make sure that I have my pain killers at the right time, they make sure as the time is important." We saw no gaps or omissions in the records we looked at, which indicated people received their medicines as prescribed. There was a medication policy in place and staff had received training in safe administration of medicines. Their competency to support people with their medicines had been checked by the management team. We saw that people's MARs were returned to the office on a monthly basis and

senior carers audited these to ensure that they had been completed correctly. One person told us that the care staff administered their medication and commented "The boss comes to check that they are doing them correctly."

However, we saw that some medicines had been prescribed on a PRN or "as and when required" basis. We found that written protocols were not always in place to help staff to know when these medicines should be administered to people. The registered manager assured us that they would put appropriate protocols in place for all PRN medicines.

Staff confirmed that they always wore gloves and aprons when providing personal care, this helped to protect individuals from the risk of infection. During our visit we observed that staff were collecting supplies of gloves and aprons from the office.

## Is the service effective?

### Our findings

People were complimentary about the support that they received from the service. One person told us that the care they received was "Excellent" and that they "Couldn't have better carers." Other comments included "I can't fault them they have been really really good."

Staff told us that they felt well supported by the management team and told us that there was good communication within the service. The registered manager explained that staff supervisions, appraisals and direct observations had not been carried out as frequently as they should have been due to recent staff sickness issues. We saw from the provider's policy that a supervision meeting should be held with staff four times per year and direct observations of staff carried out two or three times per year. There was no record of any supervision meetings or direct observations being held so far in 2016. We saw from records that prior to staff sickness issues regular supervision meetings and direct observations had been undertaken. We found that staff had received informal supervisions and observations of their practice, because the management team regularly worked with care staff during care visits and they told us that any issues or concerns were raised with staff immediately where required. The registered manager assured us that they were in the process of implementing systems to undertake and monitor supervision and direct observations, which were due to be undertaken in future by the senior care staff.

This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Persons employed by the service provider had not received appropriate supervision and appraisals.

We found that staff were appropriately skilled and trained to meet people's needs effectively. People spoken with told us that carers were knowledgeable and well trained. One person said "All of them are good." Records viewed demonstrated that staff received training in areas relevant to their work and which the service considered mandatory. This included training in, safeguarding adults at risk, medicines administration, first aid, moving and handling, dementia care, food safety, health and safety, The Mental Capacity Act and DoLS, equality and diversity and the control of substances hazardous to health (COSHH). Staff received yearly update training via e-learning and the management team also provided practical training in topics such as moving and handling. We saw that there was a record of training that staff had received and training certificates were visible in the staff files.

We noted that new staff had received an induction when they first started working at the service. We talked with a newly recruited staff member who told us that they had completed an induction training programme, they said "I did two weeks shadowing and I've completed 10 modules of e-learning," She also told us that she had "no faults at all" with the induction and training. New staff shadowed more experienced members of staff and we saw from the rotas that this could be for a period of two to three weeks; this was to ensure that staff felt competent to deliver care to people.

We discussed the Care Certificate with the registered manager; the Care Certificate is a set of standards that social care and health workers should use in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The management team demonstrated

that the current induction undertaken by staff covered the majority of the standards required by the Care Certificate but they were unaware of the Care Certificate. During the inspection the management team sought information about the Care Certificate and assured us that all staff would undertake the Care Certificate in future. The registered manager told us that all of the staff apart from two had already completed a National Vocational Qualifications (NVQ) in care, at either level two, three or four.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that staff gained consent from people before carrying out any care tasks. One staff member told us that they would always ask first and gave an example that they wouldn't prepare a hot meal for someone without asking and gaining consent first. People confirmed that staff sought their consent before carrying out any personal care tasks. One person told us that the staff only "Do what I want." Another person said "They always ask and give choices." The registered manager explained that an initial assessment was carried out prior to them delivering any care to a person and at this assessment they discussed the wishes of the person and gain their consent. However we found that people had not signed their care plans to indicate that they had consented to the care provision.

We asked about the procedure for people who lacked the capacity to consent to their care and support. The records reviewed did not contain information about people's capacity to consent or make certain decisions nor did they demonstrate whether best interest decisions had been made on people's behalf where required.

The management team told us that as a service they did not carry out MCA assessments, but would refer to the local authority if they had concerns about a person's capacity to make a decision. We saw that staff had received training in the MCA and had an understanding of the principles of the MCA and knew about the importance of enabling people to make decisions where possible. They told us that they would involve people's family, the GP or social worker where appropriate when making decisions on people's behalf.

However, the service did not consistently hold information or robust records which took into account whether people had the capacity to make decisions or have copies of local authority mental capacity assessments which could provide this information, where necessary. This meant that the provider could not be sure whether people lacked the capacity to make informed decisions about their care and support and when it was necessary to make decisions in people's best interests. The provider had a policy on the MCA that followed the relevant principles, however the management team had not ensured that this was fully implemented within its service.

We recommend that the service finds out more about training for registered managers, based on current best practice, in relation to The Mental Capacity Act (2005) and adjust their practice accordingly.

Where the service was responsible for this, people were supported by staff to eat and drink sufficient amounts to meet their needs. The level of support people required with this varied and was based on people's specific needs and preferences, which was included in people's assessments. The majority of people we spoke with did not require staff to support them to eat or drink, however those that did were positive about the support they received.

Staff maintained records about people's health and well-being following each scheduled visit. This information was recorded in 'daily logs'. This meant others involved in people's care and support had access to information about their health and wellbeing as observed by staff. When staff had concerns about an individual's health and wellbeing they reported this promptly to the management team. The registered manager gave us an example of this, whereby staff had become concerned that a person was no longer able to administer their own medication safely and therefore arrangements were appropriately made for care staff to support with this in future. The registered manager told us that they had good links with the local district nursing team and had requested specific training from the team. We heard from people that the staff supported them to contact health professionals if required. One person said "They help me to make appointments."

## Is the service caring?

### Our findings

People spoken with told us that they found the care staff to be very caring. Feedback received about the way people were treated was very positive. Comments included "They are like friends" and "They are very good, they chat to me every day". Relatives told us, "They are very caring; they listen to him and talk nicely to him."

Apart from one person, everyone else spoken with said they were very happy with the service they received. We saw that people received support from regular staff who knew them and their needs well. The management team had a very thorough understanding of the needs of all the people they supported. They carried out regular visits themselves to provide people with personal care and told us that this gave them a clear understanding of people's needs. They explained that they aimed to provide consistent support to people and people confirmed that they were supported by regular carers. Staff who we spoke with also told us that they provided support to mainly the same people and this had enabled them to build good relationships with the people that they supported. One carer said "You tend to do the same run, so people get continuity, this helps to build relationships and trust."

People told us that the service they received was reliable and that staff were friendly and polite. We found that staff treated people with care and compassion. People also reported that staff respected their preferred routines, preferences and lifestyles. One person's relative commented "They talk nicely to her, we are like family, we have a laugh." We saw that the service had received a number of compliments and thank you cards from people who had previously used the service. One example of these complimented the staff and said they found them to have taken "genuine interest and shown real compassion."

However, we spoke with one person who was unhappy with the approach of a particular member of staff. We discussed this with the registered manager who confirmed that they would address these concerns immediately.

Care plans demonstrated person centred care was the focus of delivery rather than being task led and included people's individual needs. Information such as the service handbook and statement of purpose was provided to people and available to people in their homes within the care folder, this helped people understand the care available to them.

We found that staff supported people to have as much choice, independence and control as possible. One relative explained that the carers enabled their relative to do "Simple tasks, like boil eggs and make a cup of tea." Another person told us "They ask if I want to wash myself, they give me the choice." People told us that they had been involved in their own care planning and in making decisions. We saw that the management team visited people and spoke with them over the telephone on a regular basis and people felt that their views would be acted upon.

We saw that information was available to people about advocacy support should this be required. Care folders in people's homes held contact details for advocacy support services.

We found that people using the service were treated with dignity and respect. We saw that Cherish U had their aims for the service on display. These aims included "Equality" and stated that they would always treat people as an equal, be fair and understanding, and retain people's dignity and respect at all times. The management team demonstrated that they were very committed to providing a quality service which promoted people's dignity. The registered manager told us that staff prided themselves on going "above and beyond" for the people they support. We saw an example of this as one person told us that the carers go "over and above" as they supported her to care for her dog. A member of staff also told us that the registered manager "wouldn't accept anything that wasn't right."

Staff spoken with were aware of the importance of treating people with dignity and respect. They were able to give examples of how they promoted good care practice such as knocking on doors and closing curtains. One staff member told us that they would never talk over a person to another carer; they said "I know the importance of looking after people properly." People also gave us examples of how the carers treated them with dignity and respect they said, "They close the door and the curtains" and "They do respect me, they close the blinds." The registered manager told us that dignity, respect and choice were discussed with all the care staff as part of their initial induction training.

Information about people receiving care provided by Cherish U was kept securely to ensure confidentiality.

## Is the service responsive?

### Our findings

People told us that they found the service to be responsive. Comments included "I couldn't have better carers" and "They do what I want, they don't skimp in any way."

We found that people received care that was personalised to their needs. The registered manager explained that because the management team regularly visited people and provided personal care, they had very detailed knowledge of people's care needs. People and their relatives told us that they knew the management team well and this helped them to be responsive to their needs. All the people we spoke with felt that the staff knew how to support them. One person commented, "The carers do everything that I need them to do." Staff had good knowledge and awareness of the people that they provided care for. They told us that they usually provided care to the same people, which allowed them to build a rapport and understanding of their needs.

We inspected four care plans of people supported by the service. We saw that people's care plans were centred around them and recorded their preferences. People we spoke with indicated that they had been involved in the development of their plans of care. They said "the manager came on the first day to explain everything" and "I was involved in the care plan." However some of the people who we spoke with were unsure whether they had a care plan in place but made comments such as "I'm not sure about a care plan but the carers write in the book."

The care plans that we reviewed were detailed and kept up to date. We saw that people's preferences and likes/dislikes were included. Care staff told us they read people's care plans before they delivered their care. One staff member told us "everything is in the care plan, all their needs for example how much sugar they like in their tea."

We found that assessments were carried out before people received a service. One of the management team would arrange an initial meeting with the person and their relative, where appropriate, to discuss the support that they required. Staff told us that they reported any changes or concerns about people's needs to the management team. One staff member explained "We are always asked to report any concerns to the office. The managers are lovely and always listen." Staff were updated about any changes to people's needs through messages which they accessed on their mobile phones. Staff commented "There's really good communication."

People were confident any issues or concerns would be listened to and the necessary action taken in response. People told us that they were in regular contact with the office and the management team. One person said that if they were unhappy about the service "I would tell Philippa the manager" and "I would ring the office." One person explained that there had been one occasion when they had been unhappy and that the registered manager had dealt with it straight away. Staff also confirmed they openly discussed issues with the registered manager and that she was very responsive. One staff member said that it was easy to raise concerns because "they'll try and sort it straight away." Another staff member said that they could "raise any issues and they will be dealt with", especially with regards to any concerns or risks relating to



people who use the service.

The service had a complaints policy, which was given to people when they started to use the service. We saw that this was available in people's home within their care folder. People who used the service and their relatives told us the provider had made them aware of the complaints procedure. People told us that they would know how to complain if they needed to. There was a compliments and complaints folder in place. We saw that there was one recorded complaint, received in 2014, which had been fully investigated and appropriately dealt with.

## Is the service well-led?

### Our findings

People knew who the registered manager was and said that the management team were very responsive. People were supported to express their views and felt listened to. Staff told us that the service was well led and that they felt supported in their roles. They told us "Standards are high" and "I would use this care agency for my own family."

The service had a registered manager in place. The registered manager told us that some areas of management such as spot checks, supervision meetings and team meetings had slipped over recent months. We saw that this was due in part to some long term staff sickness issues. The service was relatively small with a small staff group. We saw that staff sickness had unfortunately impacted on the management team, but that they had worked hard to ensure that the service had continued without disruption to people. The managers had spent a significant amount of time delivering personal care to people themselves. The registered manager and directors had introduced two new senior carer roles, to work alongside them in the office, to help to re-introduce and support with these outstanding tasks in future.

We requested information about how the service was monitored. Monthly checks were carried out on people's MARs and daily records. The registered manager did not have any other up to date audits, for example, of the service user files and staff files. We saw that the registered manager and the other directors went out in the community to provide personal care which enabled them to monitor the service provision and regularly ask people for their views. They would act on issues and comments made. However, there were no reports in place to record the service findings.

We saw that service user satisfaction surveys had been sent out to people previously in 2014, but there had been no recent surveys to actively seek the views of people using the service. Most of the people we spoke with told us that they had regular contact with the registered manager and told us that they felt able to approach the service with any comments. They said "She (the manager) is very approachable, I have no problems with any of them," and "I'm very happy with the manager."

However, we found that the management team had not kept themselves up to date with changes in legislation and best practice guidance. The service had a variety of policies and procedures to guide staff in their role and responsibilities. These covered personal care, medication and personal safety, safeguarding, and infection control. We found policies were provided by an external organisation, who sent regular updates to the registered manager. We found that policy updates such as those relating to The Mental Capacity Act had not been read or incorporated into practice. The management team acknowledged that their recent attention had been on the practical provision of care, but moving forward said that they would focus on management systems and measuring the quality of the care.

These issues were a breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess, monitor and improve the quality and safety of the services provided.

Staff spoken with told us that they felt very well supported. We found throughout the inspection that the management team were friendly, approachable and accessible to staff. We observed that staff rang and visited the office on a regular basis. The registered manager explained that they were committed to providing a quality service and were open to any suggestions about improvements to the service provision.

Staff informed us that they worked well as a team. They said there was always a member of the management team on call and someone available in emergencies. Comments included "I love it here" and "This is one of the best agencies I've worked for." They told us that the registered manager was very approachable and felt confident that she would address and deal with any concerns raised. Staff also told us that communication was good and they were kept well informed about any changes or relevant information. There had not been any recent team meetings, but staff said that they spoke with the management team on a regular basis and important information was sent out to them through phone messages.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. Our records indicated that we had not received any notifications from this service. We saw that one notification should have been submitted with regards to a safeguarding referral that had been made to the local authority. The registered manager acknowledged that this had been an oversight. During the inspection the management team took action to ensure that the correct guidance was sought and implemented regarding statutory notifications

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<br><br>Systems were not in place to enable the provider to assess, monitor and improve the quality of the service. |
| Regulated activity | Regulation  |
| Personal care      | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>People employed by the service provider had not received supervision or appraisal.                                 |