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Collingwood 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?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 14 and 15 May 2018 and was announced. A comprehensive inspection was completed to assess all of the key questions.

At the last inspection in July 2017 there was a breach of legal requirements in relation to good governance. It was found that the provider did not maintain accurate records in respect of each service user. The provider also did not have a system and process in place such as regular audits of the service provided to assess, monitor and improve the quality and safety of the service. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to meet the Regulation. The provider submitted an action plan but at this inspection we found the actions were not completed and the provider continued to be in breach of this Regulation.

Collingwood Care Services is a domiciliary care agency that operates from within the campus of Highbury College and provides personal care to people in their own homes in the community. It is registered to provide a service to older people and younger adults living with dementia, physical disability and sensory impairment. At the time of the inspection the service was supporting five people. There was an individual registered provider in place who also acted as the manager, there was no requirement for a registered manager at the service. Registered providers 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 provider had not ensured that quality assurance systems and processes such as audits were fully in place to monitor, assess and improve the service. The provider was not appropriately documenting, assessing and monitoring risks to the health, safety and welfare of people using the service.

The provider was not maintaining comprehensive and accurate records in relation to each service user. Information in the manual handling risk assessments was not consistent and sufficiently detailed to effectively inform staff members how to support people to move safely. People's diverse needs were not always well documented in their care plans.

There were gaps in the employment history of some staff records. Though the provider was aware of the reasons for any gaps, they had not documented them. Other recruitment checks such as Disclosure and Barring Service (DBS) checks were completed.

The amount of training staff received was variable and not sufficient to support service users effectively. The training matrix was not up to date and had multiple gaps. New members of staff were not completing the Care Certificate. The Care Certificate standards are nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. We recommend that all staff complete the Care Certificate to ensure they are meeting the industry standard.

The provider and staff were not able to tell us any best practice guidance that they were following.

The provider told us that staff received training on how to support people in relation to the Mental Capacity Act (MCA) 2005 but it was not documented on the training matrix that staff had completed this training. There were not any individuals who required support in line with the MCA at the time of the inspection.

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

The provider told us there had not been any incidents, accidents, safeguarding concerns or complaints since the last inspection. We had not received any notifications about these type of events. A notification is information about important events which the provider is required to send to us.

People felt safe and staff knew people well.

Staff knew the signs of abuse and how to raise concerns about safeguarding.

Staff told us that they felt well supported by the registered provider and had supervisions arrangements in place.

There were sufficient numbers of staff in place to support people.

The service had policies in place to protect individuals from discrimination. People and staff said they had not experienced any discrimination.

Staff were caring and treated people with dignity and respect. Staff gained consent from people before supporting them.

We saw evidence that staff raised concerns about medical needs and referred people to healthcare professionals.

The service was not supporting people to take any medication at the time of the inspection.

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 the 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.

Care plans and risk assessments were not always accurate, detailed and up to date, to provide staff with the guidance they needed to deliver safe care. Sufficient improvements had not been made following our last two inspections.

Quality assurance processes were not always in place and not completed to monitor and assess the service people received. This meant that there was a risk that the provider would not identify when safety was compromised.

Employment history gaps were not always recorded. Other recruitment checks were carried out.

There were sufficient numbers of staff available to support people safely.

Staff recognised the signs of abuse and knew their responsibility to raise concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had completed variable and insufficient amounts of training. Staff had not completed the Care Certificate.

The provider and staff were not able to tell us about best practice or national guidelines that they were incorporating into their service provision.

Staff felt well supported and received supervision.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Issues identified in other domains of this report demonstrated a

Requires Improvement ●

lack of a caring approach being taken by the provider.

Staff supported people in a caring and compassionate way.

Staff treated people with dignity and respect.

Is the service responsive?

The service was not always responsive.

People's care plans did not always reflect their needs, choices, preferences, personal history and important information to ensure staff would know how to provide person-centred care when they did not know the person well. Care plan reviews had not identified gaps and errors in care plans.

Staff respected people's diverse needs, though their needs were not always well documented.

Staff responded to concerns and made referrals to healthcare professionals such as District Nurses and GPs.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Records related to care provision were not accurate. This had not improved following our last two inspections.

Employment and training records were not complete. Quality assurance processes had not identified gaps in these records.

The provider did not have adequate systems and processes in place to monitor and improve the quality of the service as described in the Safe domain. Sufficient improvement had not been made since the last inspection.

People and staff told us the management were approachable.

Requires Improvement ●

Collingwood 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 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 14 and 15 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 14 May 2018 and ended on 15 May 2018. It included visiting one person and one relative of a person supported by the service, discussions with the registered provider, business manager and two members of staff, reviewing policies and procedures, reviewing care plans and other documentation related to the management of the service.

The inspection was carried out by one inspector. Prior to the inspection, information about the service was reviewed. The service had not submitted any notifications since the last inspection. Usually we ask providers to send us a Provider Information Return (PIR). This is information we request to provide some key information about the service, what the service does well and improvements they plan to make. However, we decided to inspect the service before the PIR was requested.

We looked at five care plans and their associated risk assessments. We received information about the service from the local authority and West Hampshire Clinical Commissioning Group. We also contacted the community nursing team and a healthcare professional but did not receive any further information about the service.

Is the service safe?

Our findings

People we spoke to felt safely supported by the service. One person told us, "[Staff] very much make me feel at ease".

Care plans did not include sufficient information about risks to people. For example, care plans did not include clear information about people's past medical history, current medical conditions and allergies. There was no specific area of the care plan for this information. This meant that people were reliant on staff knowing and communicating any concerns about their medical history. One moving and handling plan noted a serious injury. The documentation did not accurately describe the injury or detail the specific location, how the injury was being cared for and did not provide any information for the staff members on how they should support the person whilst minimising risk of damage to injured area. Other professionals were monitoring the injury but this lack of direction posed potential risk if risks to the person were not considered or the person was supported by new or unfamiliar staff. The assessment detailed that some tasks were 'variable' in how independent the person was but did not note if one or two members of staff were needed and only noted 'nursed in bed'. This lacked detail and did not promote independence. The section of the 'day support summary' that should have detailed repositioning and mobility support for the same individual was blank when the individual had significant needs around their mobility and repositioning.

Moving and handling information was found to be not sufficiently detailed or accurate at the previous inspection in July 2017. At this inspection we found moving and handling information was unclear in three care plans and their associated manual handling risk assessments. These records lacked accurate detail about how much support people needed to mobilise safely, for what specific activities and with what walking aid. Whilst we found no evidence that people had experienced unsafe manual handling, the lack of accurate information and guidance could lead to unsafe practice if new or unfamiliar staff were to rely on this.

Care plans lacked information in how to mitigate risk. For example, one moving and handling assessment said 'sometimes suffers balance problems' and the person had a history of falls. The assessment did not have any information about how staff would mitigate the risk of falls or if any healthcare professional had been contacted for advice or to review the moving and handling assessment. Another area of the assessment said that the individual 'requires help' with a task but did not give any detail about what sort of help. Overall moving and handling assessments lacked detail about how to support people to move safely and they relied upon staff knowing people well.

One care plan was not up to date and did not include information about the individual's recent hospital admission and any changes in their care needs. Although there was no evidence that this caused any harm to the individual because staff knew people well, this could have been a potential risk if there had been a new member of staff that did not know the person well.

It was not clear in care plans when people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

decision in place. In some care plans the decision around resuscitation was documented as not applicable however it was unclear if that meant the person was not for resuscitation or if the decision had not been made. The registered provider informed us that if any individual had a DNACPR in place, the formal document detailing this decision would be in the front of the person's care documents in their own home and staff would be aware so the risk to people was low. The registered provider told us that DNACPR information would be made clearer in care plans.

We looked at the recruitment files for five members of staff. Two employment files did not have recorded reasons for gaps in employment history. The provider must maintain relevant records in relation to the employment of staff. The recruitment documents were not all available or clearly filed. The provider sent us some additional information after the inspection as requested that confirmed the relevant checks had been made to ensure staff were of good character and suitable for their role prior to starting their employment. This included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and character references were obtained, candidates attended an interview to assess their suitability for the role and a full employment history was known, though not fully documented in two files.

The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user to support people safely. The provider had failed to maintain records as necessary in relation to persons employed. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider told us "I freely admit the paperwork is not one hundred per cent".

Staff told us that there were enough staff to meet people's needs and we found this to be the case. The registered provider told us "Before I take on a client I always make sure there is enough staff". There were seven members of staff and the service was not using any agency staff at the time of inspection. Staff members knew people using the service well.

The training matrix that the provider gave us did not show that any staff had received infection control training. We contacted the registered provider and business manager after the inspection who provided evidence that the registered provider, business manager and three out of seven members of staff had completed the training. This meant that two members of staff had not received the training. Staff were able to tell us what actions they took to prevent transmission of infection and described hand washing and safe food preparation. Staff confirmed that personal protective equipment (PPE) was available if required. The organisation had an infection control policy in place which stated 'All employees will be trained in effective hand washing'. We recommend that all staff have infection control training to ensure they are competent in preventing the transmission of infections to the people they support.

Staff were aware of their responsibilities to act on any concerns about abuse, one person said "we would go straight to the manager". Staff told us they were confident to raise concerns with the registered provider and that any concerns would be acted upon. Staff knew about the different types of abuse and understood the signs that could indicate that someone was suffering abuse. The service had paperwork in place to monitor and audit safeguarding incidents or concerns but none had occurred. The organisation had a safeguarding policy in place. The provider was aware of their responsibilities to alert the local authority and the Care Quality Commission of safeguarding concerns. Staff told us that they would hand any concerning information over to each other, the registered provider said "if there's anything major they will ring each other up". We were also told that staff met regularly, generally every shift, to communicate information about people's care needs and update each other on any concerns. The service had a whistleblowing policy

in place to support staff if they had any concerns about other members of staff or the organisation.

Since the last inspection in July 2017 the service had not recorded any incidents or accidents and the registered provider told us there had not been any. They told us that if a person became unwell or sustained an injury, they would expect their staff to ensure they are safe, call 111 or phone for an ambulance as appropriate. Staff were also expected to phone the registered provider and inform them of the incident and attend the office to complete an incident form. The provider said an internal investigation would be undertaken when an incident or accident occurred.

We did not receive any information that people or staff were experiencing any discrimination. One member of staff told us that they had not seen any discrimination and said "We don't treat anyone different".

The registered provider informed us that they ensured staff were safe when lone working. The service would assess the property and surrounding area and complete a risk assessment. During the inspection we observed a document called 'premises and environment risk to staff' that was used for this purpose. Generally, two members of staff attended visits. All staff had contact numbers for individual team members to be used as an emergency contact. The registered provider said that if there was any concern about lone working risks, they would ensure that two staff members attended the visits.

The service was not providing support for people to take their medication at the time of the inspection.

Is the service effective?

Our findings

People told us that the service was "Good", one person felt the service was the best domiciliary care agency they had experienced. An individual said, "They don't have such a high turnover of staff" and that there were "Regular carers" which they preferred. We did not receive any concerns that people were experiencing missed or late visits. One member of staff told us "I think we do really good care" and "We've had no complaints".

When new employees joined the service, the registered provider familiarised staff with an induction document and the service provided two weeks of shadowing other staff. New staff were expected to complete various training in subjects such as: safeguarding vulnerable adults, moving and handling, safe handling of medication, death dying and bereavement, pressure sore prevention and awareness, infection control, dignity and respect, health and safety and legislation. The training matrix showed the two most recently employed members of staff had not received any training. However, the employment file of one of these members of staff contained evidence of training. The other member of staff who was very new told us that they were booked onto training, for example manual handling which they had to complete prior to providing this type of support. This showed a lack of effective recording by the provider.

We saw four staff supervision and staff performance forms. The registered provider completed performance assessments with staff which was used to highlight any learning needs. They told us their processes included checking what training staff had received and refreshing it if needed. Supervision records showed identified training requests from staff such as 'wound care' and 'death, dying and bereavement' but there was no evidence on the training matrix that the training had been provided to those individuals.

The introductory document for new staff stated that they worked towards completing the Care Certificate in the first three months. The Care Certificate is the industry standard which staff working in adult social care need to meet as a minimum standard, as part of their induction. The registered provider and business manager told us that they were aiming to complete the Care Certificate with all staff but at the time of the inspection staff had not completed it.

People felt that staff were well-trained and explained that less experienced staff members have more experienced colleagues with them initially. When we reviewed the training matrix there were multiple gaps in various subjects. There were some subjects that had not been completed by any staff such as: falls awareness and principles of risk assessment. This was concerning as documentation about falls and risk assessment was poor. The provider had failed to ensure that staff received appropriate training to ensure good understanding and recording of falls awareness and risk assessment.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider and business manager were not able to give us any examples of the service following any best practice or national guidelines, for example from the National Institute for Health and

Care Excellence (NICE), about care in the community. At the time of inspection the registered provider and business manager were changing the mandatory training provider to facilitate a better experience for staff following feedback from them and to improve completion rates. They told us that they wanted to invest in staff by providing good training and training that could be passed on to the rest of the team, for example by training people to be trainers in manual handling. Two members of staff had been booked onto this course. The service had a development plan that included offering staff support to gain an NVQ Level 3 qualification. The registered provider had an NVQ Level 4 in Health and Social Care – Adults and OCNLR Level 3 award in Sustaining and Growing a Business. The business manager also had a OCNLR Level 3 Certificate in creating and sustaining a business.

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. We checked whether the service was working within the principles of the MCA. The service was aware of their responsibilities in accordance with the MCA and the provider had an MCA policy and procedure in place. At the time of the inspection, the service was not supporting anyone who required support in accordance with the MCA or Court of Protection. One member of staff told us that they would discuss any concerns about someone's mental capacity with the registered provider and the individual's relatives. The registered provider said that they would involve advocates and individuals with Lasting Power of Attorney (LPOA) as appropriate during people's care and any complaints, incidents and accidents. The provider told us that MCA training was included in the training that staff undertook but it was not clear on the training matrix which training it was included in or if this had been provided.

The service was seeking people's consent for their care but was not documenting this decision, the registered provider changed the document template to include this so that they could document signed consent prior to supporting people following the inspection. One member of staff told us that they always ask for an individual's consent before supporting them. We did not receive any information from people to say that their consent was not being sought prior to their care activities.

Is the service caring?

Our findings

People told us the service was caring. Comments included "I have been very pleased with this one", "They're very caring", "I like the way they speak to [person]". One relative told us that the staff had been very kind to them during a difficult time and said, "They're a support for me as well".

We asked the registered provider and business manager about the Accessible Information Standard (AIS), The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered provider and business manager told us that they had not needed to give any information to people with different communication needs and therefore did not have any examples of resources the service could use to support people with communication needs.

The service ensured people's dignity and respect was maintained, for example one person told us that a male member of staff "Turns his back and waits until [personal care] has been completed by a female". A member of staff said "We treat them like a person" and ask them "How do you want this done?". The registered provider supported people in having a choice about whether a male or female member of staff supported them. The registered provider had choice of carer gender policy in place to support this which stated people would be asked if they had a preference during the care planning process. One individual told us that they had been supported with a change of staff supporting them when they requested this. Four members of staff had up to date training in dignity and respect, this could be further improved by ensuring all members of the team received this training.

The registered provider and business manager knew people supported by the service well. One member of staff told us that staff knew "Every single one of them". The registered provider, business manager and staff spoke to us in a caring and compassionate way about people they supported and told us information about people's needs, personalities and their likes and dislikes. For instance, they fondly told us one individual "Has a good sense of humour". A new member of staff said, "They all have really good relationships with the clients", "They know everything about the clients". The provider told us "My carers go above and beyond".

One person using the service and one relative we spoke to told us that they were involved in the pre-assessment and care planning process.

Due to the issues outlined in the other domains in this report we have rated this domain as Requires Improvement, owing to these issues demonstrating a lack of a caring approach being taken by the provider.

Is the service responsive?

Our findings

Care plans included some personalised information for example describing that one individual had 'travelled all over the world' and details about people's earlier lives and previous employment. One member of staff told us that care plans were "Fine" and were updated every four to five months. Another said they were "Very good" and reported that staff communicated people's needs well between them.

People had keyworkers that were a regular point of contact for them who were responsible for keeping care plans up to date. The provider told us that care plans were reviewed regularly and we saw that this was the case but the review was not robust. The content had been deemed sufficient upon review but records were not sufficient as described previously in the report so this system was not effective. Care plans were brief and lacked enough detail for a new staff member to fully understand that person's needs, preferences and personality. One care plan had limited information about the person's social history and said, 'Due to language difficulties obtaining information is difficult'. This was not a holistic approach to care and the service should have taken further action to support that individual and gather person-centred information.

The registered provider told us that they discussed people's religious needs with them during their care planning and during discussions about people's wishes for the end of their lives. They told us that specific information would be documented in the care plan. One member of staff told us that the service did not support anyone with religious needs at the time of the inspection and we did not see any needs documented. Staff could tell us some examples of meeting the diverse needs of people previously. Regarding cultural needs, staff reported that for one individual they had ensured certain types of food were not brought into the house. They could not tell us examples of meeting people's sexuality needs but told us people would be treated, "Exactly the same as everyone else". The registered provider told us that they had policies in place to prevent discrimination in relation to the characteristics protected under the Equalities Act 2010, for example: age, disability, gender, marital status, race, religion and sexual orientation. The provider had an equality and diversity policy and procedure in place. Care plans included brief information about people's diverse needs and this could have been further developed to ensure people's diverse needs were taken into account when planning people's care.

The provider was not providing end of life care to anyone at the time of the inspection but told us that they would respect people's wishes for their care at the end of their lives. The registered provider reported that they provide basic training to staff about how to care for people at the end of their lives but the training matrix showed that only two members of staff had received the training in death, dying and bereavement.

There was evidence of staff contacting other services such as District Nurses and phoning 111 in relation to concerns they found on visits. Staff also documented in daily notes concerns for other staff to monitor, for example 'had blood in urine please keep an eye on it, if it gets worse call nurse or GP'. We did not receive any information that people's healthcare needs were not met.

We saw compliments from people, such as thank you cards, during the inspection. People we spoke to felt comfortable to raise concerns with the service. One person told us they would raise a concern initially with

the provider and then speak to a social worker if the matter was not resolved. Information about how to make a complaint was included in care documents that were kept in people's own homes. The registered provider told us that they had not received any complaints since the last inspection. The service had a complaints policy in place.

The registered provider said that they have provided earlier visits for people to enable them to do other activities such as to go to a day centre. They also said that they provide "Fish and Chip Friday" where they take fish and chips to the people they support that would like to be included.

The registered provider was not able to give us any other examples of reducing the social isolation of people or facilitating activities that are important to them.

Is the service well-led?

Our findings

During the inspection in July 2016 the registered provider had failed to maintain accurate, complete and contemporaneous records in relation to each service user. At the last inspection in July 2017 it was found that the provider did not maintain accurate records in respect of each service user. The provider also did not have a system and process in place such as regular audits of the service provided to assess, monitor and improve the quality and safety of the service. This was a continued breach of the Health and Social Care Act 2008 Regulation 17. At this inspection it was found that the service continues to be in breach of both parts of this Regulation.

Following the above breaches being found at the last inspection, the service submitted an action plan that detailed how they would address the concerns and meet the Regulations. The action plan was completed by the registered provider on 24/07/2017 and stated that they would complete those actions by 01/11/2017. The action plan included 'Care plan, staff training, Incident and Accident report audits will be updated and actioned where necessary'.

An effective process was not in place to assess, monitor and improve the quality and safety of the service provided to people. Paperwork was in place to complete audits of accidents, incidents and safeguarding but they were blank as the service had not experienced any of these events. The business manager told us "We are reworking our paperwork" and "We want to build our own documents up". The registered provider and business manager confirmed that they were not carrying out any audits at the time of inspection. We asked the registered provider if they were auditing their care plans and they told us, "Not at the minute." The care records and staff training records had not been audited as stated in the registered provider's action plan. Employment records had also not been assessed or monitored. The service was not learning lessons as areas for improvement were not effectively identified.

A failure to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided to people is a continued breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As stated previously in the report, care records were not sufficiently accurate, detailed and comprehensive. The service relied upon staff knowing people well and communicating well between themselves. There was a potential risk that if the service increased in size, recruited agency staff or new staff who weren't appropriately supported, people could be placed at risk of unsafe care. We found that records relating to staff training were not completed or up to date and there were gaps in employment history in the recruitment records.

A failure to maintain an accurate, complete and contemporaneous record in respect to each service user is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to maintain records in relation to persons employed in the carrying on of the regulated activity is also a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The action plan stated 'Feedback will be audited and actioned where necessary'. The service was requesting feedback from people using the service every six months and one person we spoke to confirmed this but the service was not auditing any responses to identify areas for improvement. In order to gain feedback the registered provider told us "We go out and meet [people]", "If anything comes up that we need to address then we would", "They know they can ring me or ring [business manager] at any time". The registered provider and business manager were not able to give any examples of lessons they had learned.

People spoke positively about the management. One person told us "I'm satisfied with them", "Feedback comes naturally". They told us that the service communicates well with them, "They keep me in touch with what's going on". The registered provider and the business manager knew the people being supported well. The business manager told us "we always try to promote the positive in care" and "We treat everybody the same".

Staff felt supported by the management and were positive about their jobs. Staff told us "I love it", "I enjoy the work". One member of staff told us that the management come out and visit people with them and said "They are there for us". The registered provider told us that along with the business manager they are "Very hands on". One member of staff said that the management were "Definitely approachable" and "They're open to any questions you have", Staff confirmed that they received supervision and that it was sufficient to meet their needs.

The registered provider and business manager told us that they planned social events for staff to promote inclusion in the workforce and demonstrate to staff that they were valued, for example a monthly staff breakfast. The registered provider told us "Staff know we have an open door policy". The registered provider said, "We're more like a family".

The management and staff told us that there were team meetings. One member of staff told us that team meetings were every few months and that generally issues were raised and addressed informally. The registered provider told us "We actively encourage them to take participation in the business". Where necessary, concerns were discussed formally for example managing conflict between members of staff. The registered provider and business manager told us that they took steps to ensure any issues between staff did not affect the support of people using the service.

The management told us that they had not seen any discrimination in the service but that if they did they would undertake an investigation. The registered provider told us "we don't tolerate bullying or harassment". They also said they would not tolerate abusive behaviour towards staff and would speak to people if their behaviour was unacceptable.

The provider told us that staff were aware of their responsibilities and what they were accountable for. For example, in relation to documented care provision, they said "We talk to them regularly, we tell them if it isn't written down, it wasn't done". Data and information about people was kept securely in locked furniture, within a locked office. There were policies in place for the storing and security of data.

The registered person must notify the Commission without delay of certain types of incidents, for example abuse or allegations of abuse. The registered provider told us that there had not been any relevant incidents that they needed to notify us of since the last inspection. The management were aware of their responsibilities in reference to notifications.

The service worked with other professionals such as district nurses, social workers and colleagues at Highbury College, but did not have any other links with the local community at the time of the inspection.

The service supported student placements in partnership with Highbury College. The students did not provide any personal care unsupervised and were given guidance and support to provide this care effectively if they were comfortable to do so.

The service was not displaying its' previous rating at the time of inspection. After the inspection, the business manager assured us that the rating was displayed in the office.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate training to enable them to carry out the duties they are employed to perform.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes, such as regular audits, were not fully in place and not completed to assess, monitor and improve the quality and safety of the service.</p> <p>Systems and processes were not being used to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The provider was not maintaining an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Records relating to persons employed in the carrying on of the regulated activity were not complete.</p> <p>Feedback about the service was not used for the purpose of continually evaluating and improving the service.</p>

The enforcement action we took:

We served a warning notice on the provider requiring them to be compliant with this regulation by 18 October 2018.