The Care Company Plus Limited

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Inspection report

MAC House
47-49 Carnarvon Street
Manchester
Greater Manchester
M3 1EZ

Tel: 01612415150
Website: www.ma-care.com

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected The Care Company Plus Limited (The Care Company Plus) on 31 May and 1 June 2016 and the first day of our inspection was unannounced. The Care Company Plus is a domiciliary care service which provides personal care to people living in their own home. They also provide specialist care and support to people who require catheter or colostomy care. Their office is located in North Manchester and the company provides care and support to people living in Manchester and Trafford. At the time of our inspection the service was supporting about 88 people.

The previous inspection took place in May 2014. At this inspection, we found that the service had met all regulatory requirements.

The service had been without a registered manager for just over one year. A manager had been recruited in January 2016 and we saw that they had submitted their application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 breaches of regulations. You can see what action we have told the provider to take at the end of the full report.

People told us they felt safe using the service. This was in part due to the consistency of the care staff that visited them, and staff's knowledge and competence. We found the company's recruitment processes were robust, ensuring that all appropriate checks were done before staff started working with people.

We saw identified risks and actions to be taken to reduce these risks were recorded in people's care plans. Risk assessments were done, for example, for manual handling, eating and drinking, and medication administration. We saw some good examples of clear and specific guidance to help staff manage risks to people. However there were some assessments that were not always so clear. We highlighted these gaps to the manager.

Staff were trained in safeguarding vulnerable people and knew what action to take if they suspected abuse was happening. We saw that safeguarding was a regular agenda item at peer group or team meetings and there was an up-to-date safeguarding policy to guide staff.

People told us they were supported appropriately with taking their medicines and we saw that medicines administered were recorded by care staff.

People we spoke with said that their care staff did not keep them waiting and that they had had no missed visits. The service told us they used an electronic call monitoring system which helped to ensure that missed

calls were kept to a minimum.

We did not see evidence that the service fully understood and put into practice the principles of the Mental Health Act 2005. In some people's care plans we saw that relatives had signed them on their behalf. However, we did not see any records to show that relatives had permission to sign on people's behalf. People were potentially receiving care or support where consent had not been obtained in the appropriate way.

The service had formal systems in place to train and support staff. We saw that staff received quarterly supervisions and annual appraisals, where appropriate. The service was delivering the Skills for Care, Care Certificate as part of its induction programme. Management and staff told us the training programme was good and that group work and discussions had been introduced to complement DVD-led instruction. We noted however that some care staff were overdue for training updates in key areas of their knowledge.

People were happy with the quality of care and support they received from The Care Company Plus. They thought of care staff as either friends or family. People appreciated that they had regular carers because this encouraged relationship building and trust. People told us they were supported to maintain their independence according to their abilities and care staff were able to give us examples of how they did this.

People and their relatives said they were involved in planning their care and support. This should help to make sure that people's needs were met effectively. People's cultural and religious diversity and how this affected the care and support provided was also a key feature noted within their care plan. But care plans were not consistently person-centred. We noted that plans contained no personal histories nor did they describe people's likes or dislikes.

The service actively sought out people's views on how the service was being delivered. This should help the service with making improvements to maintain quality. There was an up-to-date complaints policy and procedure in place and we saw that people had received a copy of this. People we spoke with knew how to make a complaint or raise a concern but many did not have cause to do so. We saw that the service addressed concerns and complaints in a prompt and professional manner.

The service had quality assurance systems in place to monitor, for example, staff performance, care plans and medication administration. We did not see any analysis done of concerns and complaints raised and feedback from user surveys. Quality assurance could potentially be enhanced and driven by such analysis.

There was a manager in place and they were currently in the process of registering with the Care Quality Commission.

We saw that the provider had a suite of policies and procedures to help guide staff in their caring role. Staff attended quarterly peer group or team meetings at which good practice and the company's policies and procedures were discussed.

People were happy with the Care Company Plus. They told us they found the staff and management helpful and friendly, and always available when needed.

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.

People told us they felt safe with the service provided. The care staff providing the service were consistent.

There was a robust recruitment process in place and care staff were not employed until all the necessary checks to ensure their suitability to work with vulnerable people had been done. There were sufficient staff to help ensure a reliable and consistent service

People told us the administration of their medicines was managed safely. Staff recorded on medication administration records all medicines taken or refused.

Is the service effective?

Requires Improvement

The service was not always effective.

People told us they had confidence in their care staff's skills and knowledge and they felt they did a good job.

We did not see evidence that the service had embedded the principles of the Mental Capacity Act 2005.

Staff we spoke with said they felt supported in their role and received adequate training. We saw that some care staff were overdue on training updates for key areas of knowledge.

Is the service caring?

Good

The service was caring.

People felt cared for and respected by their care staff. Many people and their relatives told us they had developed good relationships with their carers, thinking of them as friends or family.

People told us they were treated with dignity and respect and supported to maintain their independence according to their abilities. Care staff were able to give us examples of how they did

this.

People told us that they were listened to and that they were at all times able to express their opinions.

The service demonstrated a strong commitment to respecting and valuing people's diverse cultures and traditions and incorporated this into the care and support provided.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People and their relatives told us they had been involved in planning care and support and we saw people had copies of their care plans. However, care plans were not completely person-centred.

The service had a formal system of collecting people's feedback. This was done via an annual satisfaction survey and a telephone survey.

People told us they knew how to make a complaint but they had not had to do so. We saw that the service took concerns and complaints seriously; these were investigated and appropriate action taken.

Is the service well-led?

Requires Improvement

The service was not always well led.

At this inspection, there was a manager in place and we saw that they were in the process of registering with the Care Quality Commission.

All the people and relatives we spoke with told us they were happy with the service they received, and that the office staff and their care workers were always helpful.

There were some audit systems in place such as staff spot checks and medication administration records audits. However a systematic approach was needed to help ensure that management could effectively make improvements to the service provided.

The Care Company Plus 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 31 May and 1 June 2016 and was unannounced. The inspection team consisted of 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 service. The expert by experience was a person who had experience of caring for a relative who used domiciliary care services.

We reviewed information we held about the service including previous inspection reports, safeguarding referrals and notifications. A notification is information about important events which the service is required to send us by law.

We contacted various stakeholders such as local authorities and community professionals to see if they held any information about the service. The commissioner at Trafford Council told us about a safeguarding concern that was currently being investigated. They said they had no record of complaints and they found the service to be co-operative. The contracts officer at Manchester City Council did not have any information and they told us they were due to conduct their monitoring visit shortly. We also contacted Manchester Healthwatch but they did not have any information on this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

With their consent, we spoke with five people and three relatives on the telephone, and visited three people in their homes. When we visited the offices, we spoke with the manager, a company director, the care coordinator, electronic call monitoring officer and two care staff; we spoke with a care staff member while

they were visiting a person using the service. We looked at records relating to the service, including six care records, seven staff personnel files, daily record notes, medication administration records (MARs), policies and procedures and user satisfaction evaluations.

Good

Is the service safe?

Our findings

We asked people using the service if they felt safe. Everyone we spoke with said, "Yes, I do." One person told us, "I trust (my carer)." People told us they felt safe with their current carers and that they had no concerns about their safety in relation to the care they received.

People told us they had regular care staff with some variation for when staff were on holiday for example. When we looked at people's care plans we saw that this was the case. The director and the manager told us this was something they felt strongly about. They said staff consistency helped to build rapport and respect, and promoted dignity. People told us that they were always informed when their regular care workers would not be coming to them. This meant that people were assured of consistent staff supporting them which helped them to feel safe.

Staff told us that when they were newly recruited they had to shadow experienced care staff before being allowed to work unsupervised. This helped to ensure that care staff were fully competent and confident to deliver care and support in a safe manner and according to the person's wishes.

People we spoke with said they had not been kept waiting for care workers to arrive and had not had any missed visits; this told us that the service was adequately staffed and well organised to support the people in their care. People also told us that their care staff stayed for the agreed period of time and that they were not rushed. We were told and we saw that The Care Company Plus used an electronic call monitoring (ECM) system which helped to monitor that care staff were attending their calls as scheduled. We saw that the system kept missed calls to a minimum. The ECM is a condition of the service provision contract that The Care Company Plus has with Manchester City Council. We were able to see from various reports generated from the ECM system and the analysis done that the service took necessary steps to make sure that people received the care and support when they should and for the agreed length of time.

People told us that while they did not have cause to raise a concern they felt supported and encouraged to do so if the need ever arose. People told us and we saw that they had contact details for the office staff and those who had contacted the out of hours number told us their experience had been a positive one.

Staff we spoke with demonstrated that they knew how to keep people safe and gave us examples of how they did this such as making sure the person's environment was free from trip hazards and that doors were closed and locked appropriately. Staff we spoke with told us they had done safeguarding training. We were able to confirm this from the service's training matrix. Care staff we spoke with were able to give examples of the types of abuse and knew what steps to take to report any allegations of abuse. We saw that the provider had an up-to-date safeguarding policy in place and we noted that safeguarding was always an agenda item at peer group or team meetings.

We looked at six people's care plans to see what considerations had been made for assessing risks. Risk assessments should provide clear guidance to staff and ensure that control measures are in place to manage the risks a person may experience. We saw identified risks and actions to be taken to reduce these

risks were recorded in people's care plans. Examples of risk assessments included areas such as manual handling, eating and drinking, medication administration, health risks and environmental factors. We saw some good examples of clear and specific guidance to help staff manage risks to people. For example in one person's file we saw that staff were guided on what signs to look out for with changes in that person's nutrition and diet, such as loss of weight and lack of appetite, and what to do next. We saw that staff were to inform the office, start food and fluid charts, and involve relevant health professionals. However, we noted in some assessments the guidance to staff was not always clear. For example, in one person's care plan it said "carer to inform family/office if medication is being refused" but the risk assessment did not say if and how staff should record this refusal. We highlighted these gaps to the manager who told us that care plans were being reviewed and due to be updated to be more specific and person-centred.

We saw that there were appropriate policies and procedures in place to ensure safe recruitment. We looked at six staff personnel files; these contained a job description and person profile, a completed application form, scored interview assessments, photographic identification, eligibility to work in the UK and confirmation of Disclosure and Barring Service (DBS) checks. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. Each file, with the exception of one, had evidence that two written references had been sought and verified by the service. We pointed out this exception to the manager and the director and they promised to follow up on the matter immediately. We were satisfied that the recruitment process was robust enough to help ensure that appropriate staff were employed.

People told us they were supported appropriately with taking their medicines and that they had no concerns with the service's systems. We saw from medical administration records (MARs) that care staff recorded what medicines had been given as well as when a person refused to take the medicines. This meant that there were appropriate systems in place to help support people to take their medication safely.

Requires Improvement

Is the service effective?

Our findings

People and the relatives we spoke were positive about their care staff's abilities and expressed confidence in their skills and expertise. Some of the comments they made included: "Yes, I've not issues with any of the staff", "They are very good," and "The two we've had are great. They have the training."

People's responses from a telephone evaluation done in April 2016 included: "Carer [Name] is really nice, always professional goes out of her way…(they are) a credit to the company" and "Since [Person's name] has been receiving the care (they) are thriving."

Where required, we saw that the service supported people with eating and drinking. One person told us, "They prepare my lunch and breakfast and I'm happy with it". A relative said, "They prepare (person's) food as (they) need it prepared a special way and it works well". In people's daily records, we were able to see what they had consumed. People also told us that care workers always gave them a choice of what to eat and drink.

No one we spoke with mentioned needing any assistance with arranging healthcare appointments. People told us they knew their care staff would support them if they needed any medical attention. We saw from people's care files that during reviews the manager identified when that person required referral to their GP, a healthcare professional or social services. Care staff told us if they observed that people needed healthcare support they would raise these issues with the manager. This showed that the service was proactive in making sure people received the right health care when they needed to.

We asked the manager and the director about the induction process at The Care Company Plus. The director spoke passionately about the recent changes made to the induction process. They told us the induction period had been extended to one week and that they were more visible at these sessions and attended some of the training. They told us they gave an introductory talk to new recruits about the company, its goals and values. They told us they felt strongly, as a director of the company, about being present at the start of staff's careers with them and getting to know them. Four newly recruited staff members we spoke with confirmed this and said the director's presence at their induction had an good impact on them and made them feel valued. The manager also told us they had incorporated a lot of group work and discussions to complement DVD-led sessions. The new recruits confirmed this and those who had previous experience at other organisations said this approach was much better as it reinforced what they had learnt.

Staff we spoke with said that they had received a thorough induction and mandatory training such as moving and handling, first aid, and safeguarding. On the first day of our inspection we saw that moving and handling training was taking place. Mandatory training helps to ensure care staff have the right competencies required to undertake their role effectively. We reviewed the company's training matrix and we confirmed that all mandatory and additional training such as QCFs had been done or were currently being pursued. Staff told us that they got notification of further training available via email or text. We saw examples of where care staff had been encouraged and subsequently enrolled in further training in Health

and Social Care. Staff we spoke with said they could request additional training and support if they felt this would help them do a better job.

When we looked at the staff training matrix, we noted there were some staff members who required training updates or had not completed training in areas such as protection of vulnerable adults and medication management. We saw that 15 staff members (approximately 30 percent) were overdue for refresher safeguarding training and 11 (20 percent) overdue for medication management training. This potentially posed a risk to people using the service in that staff were not up to date in these areas. This training helps to ensure that staff have the necessary knowledge and skills needed to support people safely and effectively. These gaps in staff training were a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. While the service should ensure that all staff are competent in these areas, we recognise that both safeguarding and medication management are standing agenda items discussed at peer group meetings. This should help to reinforce key principles and procedures to staff.

The registered manager told us that newly recruited care staff were enrolled for the Skills for Care Care Certificate. The Care Certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers; its objective is to develop the values, behaviours and skills care workers need to provide high quality and compassionate care. This was confirmed by five newly recruited care workers. They told us the training was "good and very intensive" and that "there's a test at the end of each section (to test competency)". One staff member told us "I will use the Care Certificate as a starting point for moving on to do my NVQ (in Health and Social Care)."

We saw from seven staff files we looked at that there were formal systems in place for staff support and professional development including one-to-one supervision meetings between staff and their manager. Supervision is a system that helps to ensure staff have the necessary support and opportunity to discuss any issues or concerns they may have. We also noted that staff employed with the service for a year or more had received an annual appraisal. Staff we spoke with confirmed this and they told us they felt supported and listened to.

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 highlighted to the manager that in some people's care plans we saw that relatives had signed them on their behalf. Also, we did not see any evidence that mental capacity assessments were being done by the service. We spoke with the manager about these issues in relation to working within the framework of the MCA. People were potentially receiving care or support where consent had not been obtained in the appropriate way. This was a breach of Regulation 11(1) and 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service caring?

Our findings

People using the service and their relatives were complimentary about the quality of care and support received from the care staff. They also thought that staff seemed happy in their jobs. These are some of things people and their relatives told us when asked about their care staff, "They are very caring and careful", "I feel (care staff's name) is a friend", "I trust (care staff)", "They are very, very nice lovely ladies" and "Yes. On the whole they are (caring). My main carer will ask if there's anything else I need help with" and "It's nice to have someone come to see that I'm alright and have a chat. I've not had one (carer) I don't like yet."

People told us that their care staff knew what to do and were able to provide timely support to them. Many people told us that because their care staff were the same ones every time, they (care staff) knew what needed to be done. People however confirmed that staff always asked them first and sought their consent before doing anything. A relative told us, "They (care staff) are very good and involve me."

People told us they felt listened to and were able to express their views. They said their care staff knew their likes and dislikes. One relative confirmed this and said their relation had the same set of care staff visiting so they "know (relative's) likes and dislikes…they've become friends." We observed during a visit to one person's home during a call that the care staff demonstrated a good knowledge of the person's personal history and preferences.

People and their relatives told us that care staff treated them with dignity and respect. One person said, "Yes they are polite. When they do the body wash, they respect me very well." Another person said, "They are polite and like family. When I have a bath they look after me." The care staff we spoke with gave us examples of how they would maintain people's privacy and dignity. For example, ensuring doors were closed when providing personal care and politely asking family members to leave the room when attending to people.

We saw that care staff supported people to maintain their independence by helping with tasks that people may find difficult and encouraging people to do as much as they could themselves. For example, helping with laundry and preparing meals. One person told us, 'They help me with the things I need help with." Another person said "They provide the support I need with the things I can't do." A third person said, "They help me where I need help."

We saw in people's care plans, where appropriate, that their cultural diversity was considered. The director told us and care staff confirmed that people's cultural and religious backgrounds were respected and catered for. This demonstrated The Care Company Plus's commitment to respecting people's individuality and ensuring that their support incorporated this.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us the service met their needs. They told us someone from The Care Company Plus had visited them to do an assessment; this had been done before their care started. One relative said, "Yes, I am happy with the service as they give person-centred care and treat (my relative) with respect."

People and their relatives told us they felt involved in making decisions about their care. From the care files we reviewed, we could see that people and their relatives had been involved at all stages of putting the care in place. For example, faith practices around food preparation, food choices, and giving personal care This should help to ensure the service provided was suitable for the person and met their needs effectively.

People told us and we saw in their care files that they had received a service user guide when they started their service. This guide provided useful information about the service such as the company's statement of purpose, types of services offered, complaints procedure and contact numbers.

We looked at four care files in the office and three care files when we visited people's homes. At one person's home, we did not see their care plan since it seemed to be missing from the file. We highlighted this to the manager and the director when we provided preliminary feedback at the end of our visit. They told us they would follow this up.

We saw that care plans contained basic client information such as their name, date of birth, address and when the care package started. We found the information was not always very personalised and did not identify people's preferences, and some of the language within the current care plans was not person-centred. For example, we saw in one person's files "carer to ensure client is dressed appropriately" but there is no further information to say what that person prefers to wear. We did not see any personal information or specific details that could introduce staff to the people they were supporting and provide guidance such as their personal histories and their preferences. Care staff we spoke with told us they found out about people's lives when speaking with them as they provided care or support.

We noted missing information from people's care plans which concerned the support they received. In one person's care plan we saw no reference to them needing support with their finances. However the carer's task sheet we looked at stated care staff were to provide support with finances.

These gaps constituted a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We spoke to the manager about the gaps we identified in the care plans. They told us they knew their current care plans needed to be more person-centred and that this was an area in which they needed to improve. We will check at our next inspection to see what improvements have been made in this area.

We also noted that, where appropriate, people's care plans included their religious and cultural beliefs. One staff member told us it was important to the company that people's religious and cultural beliefs and

practices were respected. We saw a handbook that had been designed to help staff develop an awareness and understanding of various faiths and ethnic communities. We felt that this was a good practice which should help to engender understanding and respect between people and their care staff.

All of the care plans we looked at had been reviewed recently. The manager told us that the service wanted to keep regular contact with the people using their service. This they said would help them monitor the "customer journey" more effectively. They said they intended to and had started this process which involved a review every three months; two of these reviews (6-monthly and annual) would be done in the person's home. From the care plans we looked at we were able to confirm this process had started. People told us they appreciated this regular contact.

We saw that the service took concerns and complaints raised by people and their relatives. From their records, we were able to see that each concern or complaint had been thoroughly investigated and the appropriate action taken. We noted that the 2016 file did not have a log summarising each case as was the practice in previous years; this made it difficult to analyse the information for any trends or potential improvement work. We found as well that it was not always clear what the final resolution of a case was. We highlighted these issues to the manager during our feedback process. People we spoke with said they knew how to make a complaint but that they had not had to do so. One relative we spoke with told us that they had made a complaint about two years ago and that the service had dealt with it professionally and promptly. They said that one of the directors visited to personally apologise and that they had also received a written apology.

We asked how the service encouraged regular feedback from people about the support and care they received. We were told that the service sent out an annual service user satisfaction survey and did a monthly telephone survey. We saw the summary graphical report of the survey that had been circulated in 2015; we saw people were asked to give their views on staff's ability, how staff treated them, did staff arrive on time, in uniform and with identification for example. We noted there were 43 returned responses (a 50 per cent response rate). From the graphs, we could tell that people were generally happy with their present care provision. We could not tell if and how the service had addressed any concerns that may have been raised through this survey. We also did not see any analysis of the survey responses and how the company had used the analysis to improve the overall service provided.

The manager told us the telephone survey started in April 2016. We saw a spreadsheet documenting that 31 people had received calls asking about the quality of the service. Some of the people we spoke with confirmed that they had received such a call from the company. From the additional comments some people made we saw that people were "pleased with the service".

Requires Improvement

Is the service well-led?

Our findings

People we spoke with thought the service was good. They said they found management and the office staff helpful and friendly, and they were always able to contact them if needed. Several people told us they would recommend The Care Company Plus to a family member or a friend. One person told us, "I'd recommend the service. I think they are all really nice." Other comments made were, "It's a good service. It's the only service that has been able to respond at short notice", "Most of the staff are great and on the whole the service is good", and "The staff do a really difficult job and they seem relatively happy." Comments from relatives included: "Both the service and the staff are ok. They do what they are supposed to do" and "I am happy with it."

Feedback about the service and management gathered from the telephone evaluation done in April 2016 was: "(The) service is very good; carers are very good", "Carers listen", and "Feels company was not organized at the beginning (person's service started in December 2015) but now can see a difference as manager came to see them and a spot check has been in place."

The care staff we interviewed found management approachable and helpful and newly recruited staff also told us they had formed a good impression of the company and the staff team. The director told us that their staff retention rate was good because the company supported staff in their caring role as well as personally, if help was requested. They told us they had an open door policy and that staff could approach them as required. This showed that there was good leadership within the service and that staff felt valued and supported.

At the time of this inspection, the service did not have a registered manager in place. There was a manager in post who had applied to be registered with the Care Quality Commission. We confirmed that this application was currently being processed.

At this inspection, we checked whether the manager was reporting notifiable incidents to the Care Quality Commission (CQC) as is required by the regulations. These can include safeguarding incidents and serious injuries. Prior to our inspection, we received information from the local authority about a safeguarding incident which took place in April 2016 and they were investigating. At inspection, we reminded the manager about their obligation to notify the CQC of such incidents. The manager told us that they were fully aware of this obligation and indicated that since they started in January 2016 there had been no incidents to report. We asked the manager about this incident and also looked at their records. The manager told us they were not aware that a safeguarding allegation had been made. We saw that in March 2016 a relative had raised a concern about the lack of support provided by The Care Company Plus and the manager had addressed this by developing an action plan which included spot checks and compliance visits. We were satisfied that the manager had dealt with the matter appropriately.

We noted that staff were required to attend quarterly peer group or team meetings. Staff confirmed this and we saw in their personnel files the sessions they had attended. We noted that standard agenda items included safeguarding and training. We saw from notes of meetings held in previous quarters up to January

2016 that these meetings addressed examples of poor practice to be improved upon, and discussed and reinforced policies and procedures such as confidentiality, dignity and privacy, and medicine administration management.

We saw that the service's policies and procedures were regularly reviewed and kept up to date. Staff told us they were aware of these and could access them when required. They told us they were also discussed at peer group meetings. We were satisfied that the company's policies and procedures were effective in supporting staff to understand and perform well in their role.

From service records, we saw that there were some quality assurance systems in place such as regular staff spot checks and medication administration records audits. These checks help to ensure that the quality of service people receive is maintained. We saw that any issues raised through these checks were addressed by the manager in supervisions or more immediately by meeting with the staff member.

We asked the manager and the director what systems were in place to allow the service to learn and improve from complaints, concerns raised, user evaluations and general feedback from people and relatives. We were told that there was no systematic analysis of this information at present. This analysis should help the management and staff to further incorporate improvements within the service. This was a breach of Regulation 17(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with reference to 17(2)(f).

The director told us there were several initiatives which they planned to either resume or start in 2016. These initiatives included social gatherings, a Carer of the Month scheme with nominees being chosen by people using the service, and team building exercises. This demonstrated the provider's appreciation for the people they supported and for their staff.

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 9 HSCA RA Regulations 2014 Person-centred care Care plans did not contain personal histories and people's preferences, and fully reflect the support provided Regulation 9(1)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent to care forms were not always signed by the person supported. There was no evidence that mental capacity assessments had been done. Regulation 11(1),(3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was no systematic analysis of concerns and complaints, user surveys, and general feedback from people and relatives had been done. Regulation 17(2)(f).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff members required training updates in key service areas e.g. medication

management/handling and safeguarding
Regulation 18(2)(a)