

## Samfos Health & Trading Company Ltd

# Samfos Health

### Inspection report

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22 June 2018

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out this inspection on 21 and 22 June 2018. This inspection was announced, which meant the registered manager was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

We checked progress the registered provider had made following our inspection on 17, 18 and 19 October 2017 when we found they were in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13, Safeguarding service users from abuse and improper treatment; Regulation 12, Safe care and treatment; Regulation 18, Staffing; Regulation 11, Need for consent; Regulation 9, Person-centred care; Regulation 17, Good governance; Regulation 16, Receiving and acting on complaints; Regulation 20A, Requirement as to display of performance assessments. We also found omissions in the reporting of incidents to CQC as required by regulations which was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The overall rating for the service was 'Inadequate' and the service was placed in Special Measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that significant improvements had been made and it is no longer in breach of the regulations, rated as inadequate overall or in any of the five key questions. Therefore, this service is now out of Special Measures.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of this inspection Samfos Health was supporting eight people.

Not everyone using Samfos Health necessarily receives support with the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager employed at the service. 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.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager.

Safe procedures were in place to make sure people received their medicines as prescribed.

There were enough staff available to ensure people's care and support needs were met. The registered

provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through regular supervisions and an annual appraisal.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs.

Positive and supportive relationships had been developed between people, their relatives, and staff. People told us they were treated with dignity and respect.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences.

People's care records reflected the person's current health and social care needs. The care records we looked at included risk assessments, which identified any risks to the person. They had been devised to help minimise and monitor the risks, while promoting the person's independence as far as possible. We saw people's assessments were regularly reviewed with the person or their representative.

There was an up to date complaints policy and procedure in place. People's comments and complaints were taken seriously, investigated, and responded to.

There were effective systems in place to monitor and improve the quality of the service provided.

People, their relatives and staff told us the registered manager and service manager were supportive and approachable.

People, their relatives and staff were asked for their opinion of the quality of the service via regular meetings and satisfaction surveys.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

The service was well-led. However, we need to see these recent improvements have been sustained over time in order to give a rating of good in the key question of well-led.

## 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.

There were clear procedures in place to recognise and respond to any allegations of abuse. Staff had received training in this area.

We found systems were in place to make sure people received their medicines as prescribed.

There were sufficient numbers of staff employed to meet people's needs. Recruitment procedures made sure staff were of suitable character and background.

### Is the service effective?

Good ●

The service was effective.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager and care staff had an understanding of the Mental Capacity Act 2005 and understood what this meant in practice.

People were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health and have access to health and social care services.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were kind and caring.

Staff knew the people they supported well and were therefore able to provide the care and support people needed in a person-centred and caring way.

People's privacy and dignity was respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences

People's care records were person-centred, up to date, and regularly reviewed. They reflected the person's current health and social care needs.

There was a comprehensive complaints and compliments policy and procedure. Feedback on the service was encouraged.

### Is the service well-led?

Requires Improvement ●

The service was well-led. However, we need to see the recent improvements have been sustained over time in order to give a rating of good in the key question of well-led.

There were effective quality assurance systems in place and these took into account the views of people who used the service and the staff that worked there.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

# Samfos Health

## 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 21 and 22 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team was made up of two adult social care inspectors.

The inspection activity started on 21 June 2018 and ended on 22 June 2018. We visited the office location on 21 June 2018 to see the registered manager, office staff and care workers; and to review care records and policies and procedures. On 22 June 2018 we visited one person at home to gain their views on the service they received. Over both days we spoke with people who received a service from Samfos Health and their relatives over the telephone.

Due to the timescales of this inspection we did not ask the registered provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

Prior to this inspection we contacted staff at Healthwatch Sheffield and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield City Council contracts and commissioning service. They told us they had no current concerns about the service.

During the inspection we spoke to three people to gain their views on the service they received. We spoke to another three relatives. We spoke with the registered manager, the service manager and four members of care staff. We spent time looking at written records, which included six people's care records, five staff personnel files and other records relating to the management of the service.

# Is the service safe?

## Our findings

We checked progress the registered provider had made following our inspection on 17, 18 and 19 October 2017 when we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. This was because the registered provider had not ensured the systems and processes in place were operated effectively to ensure people were protected from abuse and improper treatment in accordance with Regulation 13. During this inspection we found improvements had been made in this area and the registered provider was no longer in breach of this regulation.

We saw the registered provider had an up to date safeguarding policy and procedure. This included local guidance specific to Sheffield and contact details. Every member of staff we spoke with understood how to recognise the potential abuse of a vulnerable adult or a child. They knew to report any concerns to their manager and the police, if appropriate and they told us they were confident they would be taken seriously. The training matrix showed us all staff had completed training in safeguarding and had a focussed supervision with the registered manager on this subject.

We saw the registered provider had an up to date whistleblowing policy and procedure. Whistleblowing is one way in which a worker can report concerns by telling their manager or someone they trust. Staff we spoke with were able to explain to us what whistleblowing is and were aware of who to contact if they needed to escalate their concerns. We saw both the whistleblowing and safeguarding policy were displayed in the office.

The registered manager kept a record of safeguarding concerns they had referred to the local authority. There had been one since the previous inspection. It was regarding the alleged financial abuse of a person who used the service by a care worker. This member of staff no longer worked for the service and we saw evidence they had been reported to the disclosure and barring service (DBS). A DBS check provides information about any criminal convictions a person may have. The registered manager told us the service did not currently support any one to manage their money. However, we saw they had an up to date policy and procedure for 'Handling service users' monies and pension' for staff to follow if required in the future.

We saw people had up to date risk assessments on their care records. Every person had a risk assessment linked to each of their assessed needs. The risk assessments were detailed and identified any risks to the person, care worker or any associated equipment. Each risk was given a rating of low, moderate, high or very high. There was guidance for staff on what action to take to reduce the risks. For example, 'visual checks of equipment to be carried out; is hoist fully charged, obvious signs of damage or fluid leaks'. Where people had hoists in place we saw there was additional guidance in their care records including a flow chart to follow for the correct use of hoists and slings.

We saw on people's care records the registered manager had undertaken an environment risk assessment of each person's home. This was to identify any risk to care workers such as uneven flooring being a trip hazard. The level of risk was recorded alongside plans to reduce the risk.



This meant the registered provider now had systems and processes in place to help keep people safe.

We checked progress the registered provider had made following our inspection on 17, 18 and 19 October 2017 when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because the registered manager had not ensured systems were in place to ensure medicines were managed or administered in a safe way. During this inspection we found improvements had been made in this area and the registered provider was no longer in breach of this regulation.

The registered provider had a comprehensive and up to date medicines policy and associated procedures which covered all areas of medicines management. All care staff we spoke with told us they received training in supporting people with their medicines and this was reflected on the training matrix. Staff personnel files we looked at contained recent records of their practice in administering medicines being observed by the registered manager, with any areas requiring follow up identified with the action taken. The registered manager told us they planned to undertake these spot checks specifically around medicines every six months for each member of care staff. In addition each member of care staff would have two focussed supervisions on medicines management every year and the registered manager would deliver a yearly training session in this area as well. The registered manager was a registered nurse.

Where people had been assessed as requiring support to manage their medicines and we looked at the Medication Administration Records (MAR) for all of these people. Care staff were expected to sign the person's MAR chart to confirm they had given the person their medicines or recorded a reason why not. None of the recent MARs we looked at contained any gaps.

Some people required medicines to be taken as and when required (PRN). For example, application of ointment for dry skin. The service had an up to date PRN policy and procedure in place which gave instructions to care staff on how to manage these medicines and when to refer back to the person's GP. We saw guidance for care staff specific to the type of PRN medicine the person was prescribed was clearly recorded in people's care records. In addition we saw information booklets for each prescribed medicine.

This meant the registered provider now had systems in place for the safe management and administration of medicines.

We checked five staff personnel files to see if the process of recruiting staff was safe. Two of the five had been recruited since the last inspection. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. This helped to ensure people employed were of good character. This confirmed recruitment procedures in the service helped to keep people safe.

We checked to see whether there were enough staff to meet people's care and support needs. People and their relatives told us staff stayed the full amount of time allocated to each call. Staff we spoke with told us they had enough time to meet people's needs and they would contact the registered manager or service manager if they felt rushed and the person's care and support package would be reviewed.

The service had an up to date policy and procedure regarding 'Infection control in the domiciliary [home] environment'. We saw staff completed an infection control awareness questionnaire as part of their induction. Staff told us they always had access to personal protective equipment (PPE), such as plastic aprons and gloves. We saw supplies were kept in people's homes.

## Is the service effective?

### Our findings

We checked progress the registered provider had made following our inspection on 17, 18 and 19 October 2017 when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because the registered provider had not ensured staff received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform. During this inspection we found improvements had been made in this area and the registered provider was no longer in breach of this regulation.

All of the staff personnel files we looked at confirmed new staff had completed an induction and we saw this had also been repeated in March this year for longer standing members of staff. The induction included mandatory training in areas such as, role of the carer and maintaining safety. In addition new staff were expected to shadow more experienced staff until they felt confident in their role. We saw staff received written shadowing training feedback for their colleagues.

We saw all staff had been supported to complete the Care Certificate standards modules or were in the process of completing these modules. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. In addition to the yearly mandatory training there was also training for care staff to be completed every three years. This included dementia care and promoting nutrition. We saw from the training matrix staff were in the process of completing these sessions. Staff we spoke with confirmed they had regular training and found it useful. Comments from staff included, "I've built up my knowledge since working at Samfos [Health] and now provide better care" and "[The training] makes me feel more confident." Three of the care staff we spoke with also told us of additional training they were provided with around specific health conditions the person they supported had, such as diabetes care.

The registered manager told us training was completed via e-learning and some classroom based training they delivered themselves. We saw the registered manager had also implemented focussed supervisions with staff on key areas such as end of life care. We saw this consisted of staff being given a booklet to read and questions to answer in preparation for the supervision session. During the session their answers and understanding of the subject were discussed and verified. Where English wasn't the first language of care workers we were told an external consultant who was fluent in their first language was working with them to confirm their understanding.

The registered provider had an up to date staff supervision policy which stated supervision should be held every three months. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. This was in addition to a yearly appraisal and the focussed supervision sessions on key areas of learning. An appraisal is usually an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. Staff personnel files we looked at contained records of these meeting taking place in line with the policy. We saw supervision sessions had standard agenda items which included discussing staff's

work load, management support and any training needs. Staff we spoke with told us they had regular supervision and found these sessions useful.

This meant staff now received appropriate support, training, professional development, supervision and appraisal in order for them to carry out their jobs effectively.

We checked progress the registered provider had made following our inspection on 17, 18 and 19 October 2017 when we found a breach a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent. This was because it was not clear whether the care and treatment of people supported by Samfos Health was provided with the consent of the relevant person. During this inspection we found improvements had been made in this area and the registered provider was no longer in breach of this regulation.

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. For people living in their own home, this would be authorised via an application to the Court of Protection.

We checked whether the service was now working within the principles of the MCA. We saw people's care records contained comprehensive consent to care documents, including consent for Samfos Health staff to undertake medicines administration, if required and consent to share information with other health and social care professionals as necessary. It was clear to us which people had capacity and those who would require support with making some decisions. Where people did not have capacity to consent to care we saw their relatives or advocate had been consulted and signed on their behalf.

The registered manager understood the implications of the MCA was aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity, such as administering medicines covertly. While there was no one currently who needed this type of support we saw the registered provider had up to date policies and procedures in place to make sure this was done properly if required in the future. We saw all staff had received training in understanding the MCA this year and had a focussed supervision session on the MCA to confirm their understanding. Staff we spoke with confirmed they had received training in this area and were able to give examples of what this meant in their day to day practice. For example, one member of staff told us they always asked the person's permission and explained what they needed to do before providing support.

We saw on people's care records some people needed support with eating and drinking. We saw their likes and dislikes were clearly documented and guidance was given to staff on how to encourage people to eat and drink, if required. We saw a record of a care worker reporting their concerns to the service manager that a person's appetite had deteriorated. We saw this situation had been reviewed with the person's relative and plans had been successfully put in place to improve the person's appetite.

The care records we looked at showed people were supported to access to a range of health and social care professionals. Contact details were included in people's care records. We saw times of calls had been changed to enable people to attend hospital appointments. We saw records of staff regularly updating a person's mental health support worker on the person's current situation.

## Is the service caring?

### Our findings

People and their relatives told us the service was caring. Comments from people included, "I have a regular carer who knows me well and we have a good relationship," "Carers treat me with respect," "I think the strength of this service is the people who deliver it. They [staff] are by far the best I've known. They have the right attitude. They are sensitive to different cultural needs" and "Staff respect me, they are very patient with me."

Relatives told us, "This last six months it [the service] has been better. I don't think there is anything they could do better at the moment. The carers are respectful and caring. My [relative] is happy with the care," "The service is a lot better now [since the last inspection]; [relative] has the same carers and they come on time. I have no complaints now" and "Since they [the service] restructured [after the previous inspection] it has been fantastic. [Relative] gets the same carers. The carers have been very involved with [relative's] occupational therapist and are interested in how to use [relative's] equipment so they can care to the best of their abilities." This relative went on to tell us this was the first group of care workers they have felt completely confident in leaving their relative with.

In June 2018 a total of seven quality assurance surveys were sent from the registered manager to people or their representatives and all seven were completed and returned. In answer to two of the questions we saw people strongly agreed the care they received helped them to maintain their independence and the care they received had improved their quality of life.

Staff were able to tell us what it meant to treat people with dignity and respect. For example one care worker told us, "I always make sure service users are covered with a towel when using the toilet to give them privacy. I leave the room and tell them to shout when they are finished." Another member of staff described to us about giving people choices and not assuming they always want the same thing.

We saw the service's policies and procedures, statement of purpose and service user guide had a strong emphasis on promoting people's dignity and independence.

Care workers told us they now received their rotas two weeks in advance and could come into the office if they wanted to see four weeks in advance. People told us and we saw on care records in their homes they had a copy of the staff rota for their support calls four weeks in advance. People told us they were pleased they now got this information as they liked to know who was coming to support them. The rotas also confirmed it was the same group of care workers people were seeing all the time.

We saw in people's care records a completed 'Service user compatibility assessment'. This detailed any specific preferences the person had. For example, we saw a male person had expressed a preference for male care workers for support with personal care as they felt more comfortable with this. We saw this preference had been facilitated and included a plan agreed with the person of what to do if a male carer wasn't available.

Staff spoke respectfully about the people they supported and clearly knew them and their likes and dislikes very well. Staff told us they liked getting to know the people they supported. One member of staff told us, "I love my job, I love [to provide] care. You get to know service users well and they get to know you. I have got a good relationship with my service users."

## Is the service responsive?

### Our findings

We checked progress the registered provider had made following our inspection on 17, 18 and 19 October 2017 when we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. This was because we found people's care had not been planned or delivered in a way that ensured it met their needs and reflected their preferences. During this inspection we found improvements had been made in this area and the registered provider was no longer in breach of this regulation.

People and their relatives told us, "They [care workers] turn up on time, their time keeping is good" and "They [care workers] turn up on time, sometimes a little early. No missed calls, occasionally late as stuck in traffic." In response to the recent quality assurance survey people either agreed or strongly agreed their care worker arrived when expected, and they had control and choice over the care they received.

We saw records of regular telephone monitoring calls taking place on people's care records held in the office. The service manager had rung the person or their representative to ask for their views on the service they received from Samfos Health. We saw comments included, "Care workers are punctual and appropriately dressed."

We looked at the electronic call monitoring system and we saw all calls for the previous week had been delivered within the agreed twenty minute leeway.

We checked progress the registered provider had made following our inspection on 17, 18 and 19 October 2017 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because we found the service did not maintain accurate, complete and contemporaneous records in respect of each person supported by Samfos Health. During this inspection we found improvements had been made in this area and the registered provider was no longer in breach of this regulation.

We saw all the people currently receiving care and support from Samfos Health had a new care record in place. There was a copy held in the office and a duplicate kept in the person's home. At the front there was a 'daily care visit routine' sheet. This detailed the times and length of each call the person received, a bullet point summary of what was expected to be completed during the calls and the outcomes for the person. We saw these were clear, up to date and accurately reflected the support needs people and their relatives had described to us. They would be easy to follow for a new care worker unfamiliar with the person.

The care records we looked at were person centred and promoted independence as they detailed not just what the person needed support with but also what they could do themselves. They included background information about the person's social history, and their likes and dislikes. We saw people had a care plan for each of their assessed needs. For example, where a person was assessed as needing support with transferring and mobility this was detailed in the care plan with guidance for staff on how to best support the person to transfer and mobilise safely. We saw each care plan had been reviewed with the person or

their representative as they had signed to say they were part of the review. Further review dates were set for six months later or sooner if the person's needs changed.

We checked progress the registered provider had made following our inspection on 17, 18 and 19 October 2017 when we found a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints. During this inspection we found improvements had been made in this area and the registered provider was no longer in breach of this regulation.

We saw the service had an up to date complaints policy and procedure in place. This was displayed in the office and we saw there was also a copy held in people's care records in their own homes. The procedure described what action the registered manager would take to investigate and respond to any complaints raised. It included information on who to contact if a person was unhappy with the initial response to their complaint. We saw the registered manager now kept a monthly record of any complaints, their response and the outcome. This also included a record of any concerns raised by staff and any compliments received from people and their relatives.

The registered manager had received three complaints so far this year. We saw they had all been responded to appropriately. People's care records also contained their responses to telephone monitoring calls made by the service manager. We saw a person had raised a concern about messages to and from the office not getting through. We saw this had been recorded with the action taken and a follow up call was made four weeks later to check the issues had been resolved, which it had.

This meant the registered manager had now had effective systems in place to respond to people's complaints.

## Is the service well-led?

### Our findings

The registered manager was also the nominated individual and owner of Samfos Health. The service was registered to provide the regulated activity of personal care from 2011. The registered manager also employed a service manager and office administrator to support care staff and monitor and improve the service.

We checked progress the registered provider had made following our inspection on 17, 18 and 19 October 2017 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because we found systems were not established and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made in this area and the registered provider was no longer in breach of this regulation.

We asked people, relatives and staff if they were asked for their views on the service and given opportunities to make any suggestions for improvement. For example, this can be done via meetings and questionnaires. Staff told us there were regular team meetings. We saw records of these meetings take place every month for the previous six months for both office staff and care workers. We saw from the minutes that previous meetings had focussed on specific areas of developments as well as a general updates. The registered manager told us they planned to continue with monthly staff meetings.

We saw the outcomes and analysis of people and staff responses to quality assurance surveys from June 2018. The response rate was high and the feedback positive. For example, every person strongly agreed they were able to contact the registered manager to discuss their concerns. Every member of staff responded their overall impressions about the way the organisation was being run was good or very good.

We saw a monthly newsletter for staff had started in April 2018 and this gave information and updates about the service. In the May staff newsletter we saw the registered manager was suggesting an informal coffee morning for all staff every month and was seeking feedback on this idea. The registered manager told us they were looking to develop a newsletter for people who used the service as well.

Quality monitoring and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw the service had implemented effective audit processes since the last inspection. On people's care records there was evidence of six monthly audits of the care records in their homes. We saw the audits checked the information held was up to date and in a format the person could understand. It included checking the person had the most recent service user guide detailing the current staff structure chart and contact details

The registered manager and service manager undertook audits of people's 'progress notes'. These notes took the form of booklets and were held in people's homes as part of their care record. We saw these were completed by the care worker every time they visited the person and detailed what support was provided to



the person at what time. These were returned to the office every month along with the person's MAR where people were supported with their medicines. We saw the registered manager and service manager had been consistently auditing the MARs and progress notes for the last six months. We saw the outcomes of the audits were discussed with staff every month during team meetings. We saw from the minutes that over time the errors were reducing. The May audits did not identify any issues with the progress notes or MARs and therefore no remedial actions had been identified. We cross checked the progress notes for three people for May and all the MAR charts for May. We also found they were complete and detailed and no further actions were required.

The service had a comprehensive set of policies and procedures covering all aspects of service delivery for people, their relatives and staff. We saw they were regularly reviewed and updated accordingly to make sure they represented the most up to date legislation and good practice guidance. All of the associated procedures had been updated by the registered manager to accurately reflect staff changes and give local contact details where appropriate. For example, the contact details for the local authority safeguarding services. Staff had access to paper versions of the policies and procedures in the office and we saw these were the most up to date versions. We saw staff had completed a policy and procedure questionnaire as part of their induction to confirm they had read and understood them.

This meant the registered provider now had systems in place and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked progress the registered provider had made following our inspection on 17, 18 and 19 October 2017 when we found a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Requirement as to display of performance assessments.

This regulation requires a service displays their most recent rating on their premises and on every website maintained by or on behalf of any service provider. Prior to our previous inspection we checked the registered provider's website and the current rating was not displayed. During this inspection we saw the registered provider had ensured the ratings from their previous inspection were clearly displayed in the office and on their website. This meant they were no longer in breach of this regulation.

We checked progress the registered provider had made following our inspection on 17, 18 and 19 October 2017 when we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents. A notification should be sent to the Care Quality Commission every time a significant incident has taken place. During the previous inspection the registered manager told us of two incidents which they should have notified CQC about. During this inspection the registered manager was clear of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received. This meant they were no longer in breach of this regulation.

During this inspection we found significant improvements had been made and our conversations with people, their relatives and staff confirmed this to be the case. Going forward we need to see these improvements have been sustained and developed. This is why this key question of well-led is rated as requires improvement at this time. Following our inspection on 17, 18 and 19 October 2017 the registered provider had agreed to a voluntary embargo on all new packages of care. As a result of this inspection this has now been lifted. However, we recommend the service gradually expands so these improvements are sustained.

