Absolute Care At Home Ltd

Absolute Care at Home Limited Head Office

Inspection report

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Date of inspection visit:
18 April 2017
20 April 2017
21 April 2017
24 April 2017
25 April 2017

Date of publication:
26 May 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Absolute Care at Home Ltd on 18, 20, 21, 24 and 25 April 2017. We gave the provider 48 hours' notice we would be visiting the office to make sure the appropriate people would be there to assist us with our inspection.

When we last inspected the service on 29 February, 02 and 03 March 2016 we found they were not meeting the required standards. At this inspection we found some improvements had been made, but the provider was still not meeting the required standards, we found continued breaches of regulations. There were still areas that required further development.

Absolute Care at Home Ltd is a domiciliary care agency providing personal care to 250 people in the Trafford and Stockport areas. Care workers support the people using the service with a wide range of needs, including assistance with washing and dressing, domestic tasks, shopping and making meals.

The service had a registered manager. 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.

During the last inspection we found interviews for new care workers were not documented and gaps in their previous employment were not explored. At this inspection we found a number of improvements had been made and the safe recruitment checks were now being followed.

The causes of missed visits were analysed and disciplinary action taken when needed. The provider was in the process of accessing assistive technology to provide a clearer overview of staff visits.

At the last inspection we found not all care workers recorded whether medicines had been taken on people's medicines administration charts. At this inspection we found this was still the case.

The service was not acting in accordance with the Mental Capacity Act as people thought to lack capacity had not been assessed for their ability to give consent or make decisions.

The service used a rota system which did not include travel time for staff. It was therefore accepted practice by the provider for care visits to be shorter than described in people's care plans so care workers had time to travel to the next person's house.

People told us they felt safe when using the service. Staff we spoke with could tell us about safeguarding and said they would report any concerns to their managers. Records we saw confirmed this.

Care workers received an annual appraisal and competency spot check. The service had an informal

approach to supervision which the care workers were happy with.

People and their relatives told us care workers were caring and supported people's privacy and dignity.

Care workers could demonstrate they knew people well, as they could describe their likes, dislikes and preferences.

People's personal information was stored securely. They were also signposted to advocates or other specialist support organisations if they needed them.

People and their relatives were involved in developing care plans. People said their care plans were updated regularly and they received the support they had asked for.

Records showed the service acted upon the written complaints it had received in accordance with their complaints policy.

The service had an effective system in place for logging and following up accidents and incidents. The registered manager and quality assurance manager met weekly to discuss any issues.

Management systems were in place and people's opinions about the service provided were sought. These enabled the manager to look at where improvements were needed to the service. The manager was aware of improvements needed in the monitoring and auditing of people's medicines administrating records.

We found continued breaches of regulations 12 safe care and treatment and regulation 11 need for consent of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014.

You can see what action we have 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?

Requires Improvement

The service was not always safe.

We found issues with medicines administration. People did not always receive their prescribed medicines, and these were not always recorded on their medicines administration charts (MARs) when staff administered medicines.

People thought the care workers kept them safe. However, some people told us about missed visits. The office had a record of any missed visits.

Risks associated with the support people received were assessed, effectively mitigated and regularly reviewed.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people lacked capacity to consent to the care services, the service had not documented a capacity assessment and, had not where necessary, followed a best interests process, in line with principles of The Mental Capacity Act 2005.

Staff received suitable training to ensure they could appropriately support people.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

People were supported by committed staff who were compassionate and patient.

Is the service responsive?

Good

The service was responsive.

People's care and support was person centred and met the needs of the individual person.

Staff had access to detailed information and guidance enabled them to provide person centred care and support.

People were aware of how to make a complaint.

Is the service well-led?

Requires Improvement

The service not always well-led.

There were systems in place to monitor the quality of the service and to drive further improvements; however we found continued breaches of regulations and some audits were not always effective.

There was a good structure to support and assist the registered manager.

People were happy with the quality of care they received.

Absolute Care at Home Limited Head Office

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.

Our inspection took place on 18, 20, 21, 24 and 25 April 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included three inspectors and two experts by experience.

One inspector visited the provider's office on 24 and 25 April 2017. Two inspectors visited people in their homes by prior agreement on 20 and 21 April 2017. Two experts by experience made telephone calls to people using the service on 18 April 2017.

The experts by experience who conducted the telephone calls had personal experience of caring for someone who uses this type of care service. The experts by experience had experience of caring for elderly people.

Before the inspection we checked the information we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We contacted the local authority contracts and quality assurance team to seek their views and we used this information to help us plan our inspection.

During our inspection we spoke with the registered manager, the operations manager, a senior care worker and nine care workers. We looked at policies, seven care files, six staff files, training records, various policies

and procures and other documents relating to the management of the service.

By telephone we spoke with 14 people using the service and 12 relatives. We visited people in their homes and spoke to seven people receiving the service and three relatives. We followed up some of the information gathered from the phone calls, on our visit to the office.

Requires Improvement

Is the service safe?

Our findings

We asked people receiving support if they felt safe when they used the service and all of them said they did. People's relatives told us, "I'm happy he's safe with them", "We're 100% confident of her safety and she always has her pendant on", "101% confident of her safety" and one person said "I feel very safe with them [care staff]."

At the last inspection we found a breach in regulation 12, staff recruitment as records did not always document interviews or how gaps in employment had been investigated. At this inspection we found the service had made improvements and were now compliant in this area.

We looked at six staff records for newly recruited staff and found all new employees were appropriately checked through robust recruitment processes. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks were confirmed before staff started work at the service. The personnel files we looked contained a copy of the original application in which gaps in employment were explained. Each file also contained two written references and records of their interview. Employees had provided photographic identification which had been copied and stored on file. This meant new care workers employed were suitable to work with vulnerable people.

At the last inspection we found a further breach in regulation 12, medicines administration charts (MARs) had not always been completed correctly by care staff and we noted a number of gaps on the MARs. At this inspection we found there was still an inconsistency with the completion of MARs.

During our home visits we viewed the MARs for three people. We noted there were gaps on all three charts. For example, one person had two gaps on the MARs for the morning of the 13 and the evening of the 16 April 2017. On the 13 April 2017 the person's daily notes stated the staff arrived at 9.10am and person was not in, because they go to a community activity. Due to the staff arriving late, this person missed their prescribed medication. We discussed this missed visit with the registered manager who had been notified by the person's family member of the missed visit. The manager commented that the staff member went to the wrong house. Once this missed visit was known the staff member immediately went to this person's home, but they were over an hour late and the person was not home. Further discussion with the registered manager and on viewing this person's care notes it wasn't clear if the care worker or provider had informed the person's GP to seek medical advice due to the missed morning medication and the MARs had been left blank for the 13 April 2017.

During another visit we found gaps on the MARs on the bedtime call for the 14 and the lunch time call on the 17 April. It was clear from this person's medication blister pack they had taken their tablets, however the gaps on the MARs didn't provide a clear record. We also noticed gaps on the MARs for this person's creams. On the 14, 15, and 17 April 2017 we noted gaps. However, we viewed this person's daily notes which recorded the creams had been applied.

During our visit to the office we viewed a number of completed MARs. Once again we noted a number of gaps on the MARs for six people over a number of months. The senior office staff would collect months of daily notes and MARs to audit them. We noted many of the actions in relation to gaps on the MARs were inconsistent from each senior person completing these audits. For example, one senior member of the staff did not comment on their audit form the gaps we noted on the four months of MARs charts we viewed. A second senior staff member noted gaps on the MARs they audited, but it wasn't clear from their audit what action was taken.

We discussed these issues with the registered manager who felt staff were improving in this area. They commented her senior staff do follow up on areas of missing signatures on the MARs, however she acknowledged the senior staff did not always clearly record these discussions. We were handed an email by the registered manager confirming action one senior staff member had taken when gaps in MARs were noted, however we found this was not a consistent approach from all senior staff.

Prior to our inspection the provider attempted to resolve the issue of missing staff signatures by ensuring people's MAR chart are located at the front of people's files, to provide staff with a reminder not forget to sign once administered.

The issues with medication recording constituted a continued breach of Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us there were enough staff available to meet people's needs. People told us visits were sometimes late, however recently this had improved. Staff were responsible for informing the office if they were running late, and people receiving the service were encouraged to contact the office if staff were late or if they had a missed visit. During the inspection we viewed the missed visit log with the registered manager for the last six months. The service was providing on average 2600 calls per week and we noted the service did have a small number of missed visits that were partly down to staff error. For example, from November 2016 to April 2017 we noted there had been 14 missed visits. The registered manager acknowledged there had been a small number of missed visits and confirmed the service was actively looking at introducing assistive technology to help monitor rotas and visits. The quality assurance manager told us about the steps that were planned with a view to reducing the level of missed visits. The service was looking at accessing a new system using mobile phones which would carry the up to date rotas so staff would always have an accurate rota including additional visits. The software would automatically alert office staff if someone had not turned up for a visit. In principle this system should reduce missed visits. We will check the progress of this at our next inspection.

We saw missed visits were taken seriously and the causes investigated. For each reported missed call a form was completed which set out full details of the incident, whether any harm had been caused, and whether any action needed to be taken, in the form of spot checks or disciplinary action.

We received a variety of feedback about the reliability of calls., "They're absolutely on time unless they've been delayed at a previous client", "They're not usually late, initially some problems but it's been fine since", "They definitely always stay for the allocated time, this was sorted out by the office after some initial problems", "They do see the importance of turning up, they would never leave anybody out who was vulnerable. They've never missed an appointment", "Times are not always great and are inconsistent particularly in the morning", "Timing issues are still being resolved", and "Weekends can be a bit challenging because I think they are short staffed and is when they can be late coming. The Easter holidays, for example were a bit hit and miss with different carers coming because regular people were on holiday."

We also spoke with the registered manager about the timing and allocation of people's care visits and the changing care workers. The registered manager acknowledged people did often see different care workers but said this was inevitable if people had numerous visits a day, seven days a week. She also told us the service tried to complete visits at the times people preferred but due to emergency situations or traffic, this was not always possible.

At the last inspection we noted the service did not allocate travel time between visits so care workers' rotas had back to back visit times, we found this was still the case. The registered manager said the local authority who commissioned the majority of care allowed care workers to leave care visits early by the equivalent of 10% of the total visit time. This time was used for travelling to the next person. Care workers we spoke with told us most visits were about five minutes apart and travelling was manageable. This meant rotas were organised so time allocated for care visits was used by care workers to travel to the next person; it was therefore accepted practice the majority of people's care visits would be cut short to a greater or lesser degree.

We asked the care workers we spoke with to describe the forms of abuse people using the service might be vulnerable to and they could. Care workers also said they would report any suspicions of abuse to their managers. One care worker told us, "We always raise any concerns, no matter how small they are." We saw in records at the service that care workers did report concerns they had about the people they supported to the senior care workers. This meant care workers were vigilant in terms of identifying and reporting any concerns they had regarding the people they supported.

The service had a contingency plan for various emergency situations, for example, loss of electricity at the office and extreme winter conditions. People had risk assessments in place and where potential risks to people's health or safety had been identified. These were assessed and where possible actions were put in place to reduce or mitigate the risks and were kept under regular review to take account of people's changing needs. The assessments and reviews included areas such as moving and handling and environmental risks which may be harmful to people's safety. Staff were able to describe how they kept people safe by checking their risk assessments and in particular when there were any changes to people's ability, they reported them to senior staff to review. This meant the service was aware of the risks of providing care to people in their homes and had assessed them appropriately.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

People who live with conditions such as dementia or those with learning disabilities may have a variable ability to make decisions; for example, one person may be able to decide what to eat or wear, but may not be able to decide how their financial affairs are managed.

Some people can make decisions with the support of others. If people are unable to make their own decisions, they can be made for them under the MCA in their best interests. The MCA states we should assume all people have the ability to make their own decisions; only when it is thought that a person may lack capacity are assessments required to establish if this is the case. Other people, including next of kin, cannot legally make decisions on someone's behalf unless they have a lasting power of attorney.

At the last inspection we found Absolute Care at Home Ltd was not providing care in accordance with the MCA. For example, care plans for people living with dementia did not include capacity assessments for their ability to consent to receiving care, to help manage their money or for the service to support them with medicines. At this inspection we still found inconsistencies from the provider and capacity assessments for people living with dementia were still not being completed. For example, we noted from one person's care plan they were living with dementia and required support with their medication by staff. We asked to view this person's mental capacity assessment to see why they needed support with their medication; however the provider had not undertaken this assessment and thought this would be done by the local authority. We found no evidence of any mental capacity assessment being completed out by the local authority.

Within the seven care files we viewed during our visit, we noted there was a reference to the MCA in the risk assessments carried out. However, we saw no capacity assessments, records of best interest meetings, or exploration of whether people using the service had devolved decision-making responsibilities to other people such as through a Lasting Power of Attorney.

The lack of adherence to the principles of the MCA constituted a continued breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the registered manager commented they had misunderstood their responsibility when it came to completing mental capacity assessments. The registered manager was keen to learn from this area of shortfall and began to make arrangements for all care plans to be reviewed and make further inquiries to ensure her team leaders had the necessary skills to complete mental capacity assessments.

At our last inspection we identified a breach of Regulation 18, the service had not ensured all staff employed received the appropriate training and support necessary for them to carry out their duties. At this inspection we found the provider had made a number of positive changes and had a better overview of the key training staff required.

Each care worker had received an induction which included all of the mandatory aspects, such as medicines administration, moving and handling, infection control and safeguarding adults. The service employed a training manager who arranged and provided training to the staff at the service. The training manager arranged courses which could be tailored for staff supporting people with certain conditions or needs, and training had been organised for care workers around supporting people living with dementia and mental health needs.

We saw the service used the Care Certificate for employees joining the service who were new to adult social care. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours care workers follow in order to provide high quality, compassionate care. The registered manager explained the Care Certificate formed part of the service's two week induction, which included classroom sessions, shadowing more experienced care workers and all of the required mandatory units, such as safeguarding, medicines management and moving and handling. This meant new employees were trained appropriately for their roles.

Care workers told us they received annual appraisals which were preceded by spot checks from senior care workers to assess their competence. These spot checks took place in people's homes during care visits; care workers were assessed in terms of how they interacted with the person, whether they encouraged people's independence, whether they offered choices to the person and on their appearance. Records we saw supported these checks took place. Staff were also encouraged to contact the office if they had any queries or concerns. Comments from staff included, "I feel supported, I can air my views whenever I need", "The spot checks are helpful, it's good to receive positive feedback", "I can always contact the office if I have any issues", and "I have worked with this agency for years, I feel very supported."

We asked people if care workers helped them to book appointments to see other healthcare professionals, such as GPs or district nurses. Most said they managed this themselves or were assisted by a family member, but some people told us care workers did help do this on occasion. Care workers we spoke with said if people asked them to make appointments they called the office so information could be logged on the electronic system and shared with others if it needed to be. This meant the service supported people to maintain their holistic health when they were asked to.

Good

Is the service caring?

Our findings

We asked people and their relatives if they thought the care workers who supported them were caring. The response we received was unanimously positive. People told us, "One carer is quite wonderful, he's superb. There's nobody else like him and he will cover at a moment's notice", "I have a regular carer and I love her to death", "They're absolutely fantastic, they just brighten your day up. I would give them more than 10 out of 10", "They're very good and very efficient", "We've fallen so lucky with the same people coming. Continuity to us is so important, there's not much switching at all" and "It's not even what they do for me, it's just lovely to see a nice friendly face and have a chat with her."

We visited the office of Absolute Care at Home Ltd as part of our inspection. We found both electronic and paper documentation was stored securely so people's confidentiality was properly maintained.

People were supported in a way which protected their dignity and staff were respectful of people's home environment. One staff member said, "Treating people with dignity and respect is a priority for us all." People told us they felt staff respected their dignity at all times. One person said, "They don't let people in the room when they're doing personal care." Another person told us, "They knock on the door and wait for a reply before coming in."

Staff had developed caring relationships with people and demonstrated they knew people`s routines and preferences well. People told us they were offered choices and these were respected which helped people to feel they still retained their independence. For example people were able to say whether they wanted to have breakfast first then be assisted with personal care or what they wanted to eat and drink and what clothes they wanted to wear.

We asked the care workers how they promoted people's independence when they supported them. Care workers gave examples of encouraging people to assist with their personal care, or to mobilise with assistance. One person described how care workers would suggest they helped clean their house with them, or to wash the dishes after meals. This meant care workers supported people to remain independent by encouraging them to do the tasks they could manage.

People and their relatives told us they were involved in planning their care and support. They said information about what they required was gathered during their initial assessment. This was confirmed in the care records we viewed. This meant people and relatives felt included and were consulted in making decisions about the care they received. People we spoke with said if they had any concerns about their care they called the office or they raised them with the care staff. One person confirmed this and said to us, "When we wanted to introduce the bath routine, an alteration was needed to our bathroom and once this had been done, they started the routine immediately." This meant people and relatives felt included and were consulted in making decisions about the care they received.

Good

Is the service responsive?

Our findings

As part of this inspection, we looked at the care files of seven people who used the service at the office and viewed another seven care plans when we visited people (with their permission) in their own homes. Each person had a front sheet which listed their next of kin details and information about the other healthcare professionals involved in their care.

There was also a summary of aspects such as the person's vision, hearing, communication skills, mobility, medications and a brief medical history. A short section contained some personal history of the person and then the plan contained a detailed list of tasks which the care worker was to undertake at each care visit. We saw the plans were person-centred and individualised to the person's needs, containing details of the support they needed and the order they preferred to receive support, as well as how they liked their hot drinks, what foods they enjoyed and anything they did not like. Care plans included the support people needed with aspects such as personal care and continence and provided detail in terms of any moving and handling that was required or pressure area care.

We looked at the daily records of six people who used the service. Daily records are completed by care workers at the end of each visit; they should describe the support the person received and make reference to people's care plans in order to evidence people have received the support they asked for. The daily records we read were concise and contained information which demonstrated people were supported according to their care plans. This meant care workers documented the support they were providing and this helped maintain a continuity of care.

We wanted to find out what care workers did when they were asked to support a person new to the service or one they had not met previously. Each of the care workers we spoke with said they would introduce themselves to the person and then read their care plan; all said they felt care plans provided sufficient detail for them to support people safely and appropriately. One care worker added, "We never go to a new person blind, we know exactly what support they require", a second said, "The weekly bulletins are essential for us to keep up to date about new people receiving a service, if we are ever unsure a quick call to the office sorts that out." This meant care workers knew how to ensure the care they provided to people they had not supported before was person-centred.

The service had received six formal written complaints in the last 12 months. We read the complaints and the documentation relating to each investigation and resolution and compared the procedure taken to the service's complaints policy. It was clear the registered manager had resolved each complaint in a timely fashion in accordance with the policy. We asked people and their relatives if they had ever made a complaint about the service. One person commented they had made a complaint in the past, "I've made one complaint, and it was dealt with by the manager at the time." This meant the service investigated and resolved formal complaints in a timely manner and acted upon informal feedback to resolve problems.

Requires Improvement

Is the service well-led?

Our findings

We asked people and their relatives if they thought Absolute Care at Home Ltd was well managed; people told us, "I am completely content with the service. I think it is generally very good", "Very pleased with Absolute Care", "We're delighted with them", "Very good service", "Extremely happy with everything" and "We're really very happy with them."

Our discussions with people, the registered manager and staff showed us there was an open and positive culture that focussed on people. Members of staff confirmed they had confidence in the management. They told us they felt valued and supported by the registered manager and appreciated her style of leadership. They told us, "The manager is caring and approachable", "I feel we do have good leadership", "The manager is approachable, but I tend to speak to the team leader", and "The manager is supportive, I've known her a long time."

The manager was able to describe to us their vision for the future. They saw the recruitment of quality staff to be one of the most challenging areas in order to increase the quality of service provided and ensure people received a service which reflected their individual care and support needs. The manager told us they took any missed calls seriously and had taken action to address these when they had happened. These actions included informing the local authority under their safeguarding procedures.

At the last inspection we found a breach of regulation 17, the service did not have effective systems in place to monitor and assess the quality of care records. At this inspection we found improvements had been made in relation to the quality assurance of the care records, however some audits connected to the medicines administration records (MARs) were still not always being correctly analysed by provider.

The service continued to audit care records written by the care workers and MARs. These audits were recorded on a front sheet which was attached to the care records it related to. We looked at six audits and found each senior staff members approach was inconsistent with identifying issues in relation to gaps on MARs. For example, one audit did not identify a number of missing signatures on the MARs, and recorded no issues on the audit form. We found this audit form had also been signed countersigned by the registered manager, who also did not make reference to the missing signatures on the MARs. We found other audits forms had been completed correctly and identified a clear action plan for improvement. Furthermore, we found no evidence of medication audits being completed at people's homes. Therefore the provider could not be assured people were receiving their prescribed medicines, due to a lack of overview. The provider also collected completed MARs, at times this could be between two and four months before they were audited by the management team. This meant the provider could not identify any discrepancies in a timely manner.

We discussed the inconsistencies of the auditing with both the registered manager and quality assurance manager, who acknowledged the quality assurance needed to be consistent throughout and they would look to review this areas as a matter of urgency to ensure the seniors were correctly trained to audit records efficiently.

We found continued breaches of regulations 12 safe care and treatment and regulation 11 need for consent where the provider had failed to act on these to improve the care and support people received. We have not seen sustained improvements to the service due to the lack of reliable and effective governance systems in place.

We concluded this was a continued breach of Regulation 17, Good governance; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the registered manager had established clear systems that monitored the training staff required, along with a live checklist of newly recruited staff, to ensure appropriate recruitment checks were followed before they commenced employment.

At the last inspection we found the provider had not notified the Care Quality Commission (CQC) of 13 safeguarding incidents occurred in January and February 2016. At this inspection we found the registered manager now had a clear overview of all notifiable incidents and CQC had been made aware of these.

The service had an effective system in place for the logging and follow up of any incidents, accidents or concerns. During office hours, care workers phoned any problems through to the office so they could be logged on the care planning system. Out of hours, these were recorded by the on-call care worker and added to the care planning system first thing the next day. The registered manager and quality assurance manager were alerted when new incidents or concerns were raised, and only they could record actions and close incidents down on the care planning system. They also met weekly to discuss any issues or problems had occurred or were on-going. We checked the concerns raised by care workers relating to the safeguarding of people using the service and saw the registered manager and quality assurance manager had taken the appropriate action. This meant the registered manager had oversight of all the incidents and accidents occurred at the service and we saw examples showed the correct action was taken.

People received an annual questionnaire from the service to ask for their feedback. The last questionnaire had been sent to people in 2016 and from 230 surveys sent out the service received a response of 89 surveys. The provider produced a graph which illustrated 88% of the people were positive about the service. Action was taken by the provider in relation to the 12% of people who were dissatisfied about the service. The 12% dissatisfaction was mainly in relation to people's calls being changed and people not being informed of this by the office. The provider arranged a full care review with these people to ensure these matters could be resolved. This meant the registered manager solicited feedback from people and the staff and acted to make improvements when they were required.

Staff members we spoke with said they were kept informed about matters that affected the service by the registered manager in the way of weekly bulletins. Weekly bulletins were emailed or posted to staff to keep them updated on new people's care packages and provided an updated on the service. Staff told us the weekly bulletins replaced staff meetings and the staff we spoke with was generally happy with this, however some staff felt team meetings would be beneficial. Comments received from staff included, "The weekly bulletins are great, they keep you fully updated on what's going on with new clients and service updates", "We don't have team meetings, but doesn't matter because we are kept fully informed by the office staff", "If I am ever unsure of anything I can call the office", "I think a team meeting once a year would be good, to meet the other staff", "Team meetings would be nice, but the bulletins work fine" and "I feel supported, but a team meeting every so often would be great."

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 11 HSCA RA Regulations 2014 Need for consent The service did not act in accordance with the Mental Capacity Act. People thought to lack capacity had not been assessed.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The administration of medicines was not documented properly.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The system in place for the audit of medicines administration records was not effective.