Care Central Ltd

# Care Central (Tottenham)

## Inspection report

Unit 3E Berol House
25 Ashley Road
London
N17 9LJ

Tel: 02082230100
Website: www.care-central.co.uk

Date of inspection visit:
19 June 2018
20 June 2018

Date of publication:
18 July 2018

## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| 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

This inspection took place on 19 & 20 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service was previously registered at another location however changed locations. It has been registered at its current location since May 2017. This was the first inspection of the service at the new location.

Care Central (Tottenham) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Care Central (Tottenham) receives 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. At the time of the inspection it was providing a service to 92 people.

There was a registered manager at the service at the time of our inspection. 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 and associated Regulations about how the service is run.

We found support plans lacked detail regarding the specific nature of the support people needed and people's preferences were not always clearly captured. Risks people faced had been identified, but the measures in place to mitigate them were not clear. Support plans were not always reviewed when people's needs changed.

There was enough staff to meet people's needs. Medicines were managed in a safe manner. There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed. People were protected by the prevention and control of infection. People and their relatives told us they felt the service was safe, staff were kind and the care received was good. We found staff had a good understanding of their responsibility with regards to safeguarding adults. Staff undertook training and received regular supervision to help support them to provide effective care.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). MCA is law protecting people who are unable to make decisions for themselves. People who had capacity to consent to their care had indicated their consent by signing consent forms. However, where people lacked capacity to consent to their care the provider had not followed the principles of the Mental Capacity Act (MCA) 2005. We have made a recommendation about following the principles of the MCA.

People and their relatives felt supported with food and drinks. However, care records did not always show people's dietary needs were assessed, such as their food preferences, likes and dislikes and how they should be assisted with their meals. We have made a recommendation about recording people's dietary needs.

People's support plans were task focussed and lacked detailed guidance for staff to follow when supporting people. They did not always describe peoples likes and dislikes. However, feedback from people and relatives confirmed they felt they were receiving personalised care that met their needs. We have made a recommendation about recording support that is person-centred, detailed and reflects people's preferences.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The service had an end of life policy for people who used the service. The service did not explore end of life wishes during the initial needs assessment and care planning. At the time of the inspection the service was not providing support to people at end of life.

The provider had a system in place to log and respond to complaints. People and their relatives were aware of how to make a complaint. However, complaints were not being recorded in the provider's complaint's log.

The registered manager was viewed positively by the people who used the service, relatives and staff. People and their relatives viewed staff positively and staff were viewed as caring. However, quality assurance processes were not sufficient to adequately pick up and address shortfalls in service provision.

We found the registered provider was not meeting legal requirements and was in breach of two Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to safe care and treatment, and good governance.

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

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe. Information for staff about how to mitigate risks people faced was not always clear.

Information about how to support people to take their medicines was not always clear.

Staff were able to explain what constituted abuse and the action they would take to escalate concerns about people's wellbeing.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

### Is the service effective?

**Requires Improvement**

The service was not always effective. People's dietary needs were not always assessed, such as their food preferences, likes and dislikes and how they should be assisted with their meals.

The provider did not met all of the requirements of the Mental Capacity Act (2005).

Staff undertook regular training and regular supervision.

Staff had a good understanding about the current medical and health conditions of the people they supported.

### Is the service caring?

**Good**

The service was caring. People that used the service and their relatives told us that staff treated them with dignity and respect.

People and their relatives were involved in making decisions about the care and the support they received.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive. Support plans lacked details regarding the specific nature of the support people needed and people's preferences were not always clearly captured.

People and their relatives were aware how to make a complaint. However, complaints were not being recorded in the provider's complaint's log.

Staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The service had an end of life policy for people who used the service. However the service did not explore end of life wishes during the initial needs assessment and care planning.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led. Quality assurance systems did not always identify problems with the service provision.

The service had a registered manager in place. Staff told us they found the registered manager to be accessible and communicated well

People who used the service and their relatives told us that the service was well run and they received good care.

# Care Central (Tottenham)

**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 19 & 20 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of two inspectors.

Before we visited the service we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placed people with the service, and the local borough safeguarding adult's team. We reviewed the information the provider sent us in the 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.

During our inspection we spoke with the registered manager, two care co-ordinators and six care workers. We also spoke to four people who used the service and nine relatives. We looked at 11 care files which included care plans and risk assessments, six staff files which included supervision records and recruitment records, quality assurance records, medicine records, training information, policies and procedures, and complaint information.

Requires Improvement

# Is the service safe?

## Our findings

People who used the service and their relatives felt the service provided was safe. One person said, "[Staff] are brilliant. I trust them and am safe with them." Another person told us, "I am definitely safe with my carers." A relative said, "My [relative] is perfectly safe with the carers." Another relative told us, "My [relative], who has many needs, feels safe with the regular carer who understands her complex medical condition." A third relative said, "Before the carer leaves at the end of their visit they make sure curtains are closed and all doors are locked."

Despite this positive feedback we found that risks associated with people's health care needs were not always managed adequately to ensure people received safe care.

There was a procedure to identify and manage risks associated with people's care. The risk assessments looked at personal care, mobility, moving and handling, environment, smoking, and medicines. However, risk assessments did not always accurately identify the risk and were not always updated when people's needs changed. For example, we saw records that showed the local authority had reviewed a person's care package in February 2017. The review had highlighted the person's mobility had deteriorated and they were no longer able to use their stairs which meant they could not access the shower upstairs. However, the service had not updated the person's support plan and risk assessment to reflect this. Another person's risk assessment stated about a person, "Can be verbally abusive and refuse to engage in conversation." However, the support plan and risk assessment gave no information how staff could support this person when they were verbally abusive and how to mitigate the risks to make this person and staff safe. This meant people were at risk of harming themselves or others because risks were not appropriately assessed

Risks people faced due to chronic health conditions were not well managed. For example, one person was identified as being diagnosed with type 2 insulin dependent diabetes in their support plan. However, the risk assessment and care records gave no other guidance with the risks associated with type 2 insulin dependent diabetes, how to monitor for signs of high or low blood sugar levels, or how the risks could be mitigated to ensure the person's safety.

Care records did not always cover all risks such as mental capacity, nutrition and hydration, choking and diabetes. We spoke to the registered manager regarding our concerns about managing risks for people. The registered manager agreed the care records required more detail and updating. After the inspection the registered manager told us they had met with the field supervisor to start the process of reviewing the care records.

The above issues relate to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014.

Staff understood what abuse was and gave examples of different forms of abuse. Staff knew what they needed to do if they suspected abuse was taking place. Staff told us they would report any witnessed or suspected abuse to the registered manager. Staff also knew to report any witnessed or suspected abuse to

external organisations. One staff member told us, "First of all I would report it to the registered manager and if he is not there then to [the care coordinator]. [The registered manager] will investigate it and will involve the Social Services and the Police." All staff had received up to date training in safeguarding adults from abuse. Staff were aware of their rights and responsibilities with regards to whistleblowing. One staff member told us, "If you know something is going on but the manager does not do anything about it, would go higher to CQC and Social Services."

Records showed there had been no safeguarding incidents since the service started providing care. The registered manager was able to describe the actions they would take when an incident occurred which included reporting it to the Care Quality Commission (CQC) and the local authority safeguarding team. The registered manager said, "I would forward the [safeguarding] referral to the local authority and CQC." This meant that the provider would report safeguarding concerns appropriately.

Accident and incident policies were in place. Accidents and incidents were documented and recorded in people's care files and we saw instances of this. The service had a system in place to record all accidents and incidents in a main folder so they could be analysed. However, the service was not recording accidents and incidents in the central folder but instead in people's care records. This meant the service did not have an overview of accidents and incidents and any themes arising. We spoke to the registered manager about this and he told us he would start recording accidents and incidents in the main folder.

People and their relatives told us they were supported with their medicines. A relative told us, "[Staff member] monitors my [relative's] medication." The service had a medicines policy in place which covered the recording and administration of medicines. It stated that staff had to undertake training before they were able to administer medicines and records confirmed this was done. Medicine administration record charts were in place where the service supported people to take medicines and these contained details of each medicine to be given. Staff signed the charts after each administration so there was a clear record that the person had received their medicine. The medicine records were returned to the provider's office monthly. The medicine records were checked by a senior member of staff to ensure they were completed correctly once they had been completed. Medicine records we looked at were accurate and up to date. One staff member told us, "I have received training in medicines and know how to complete [medicine records]. [The care co-ordinator] trained us in completing [medicine records] and is very strict about not making errors." The same staff member said, "I call the pharmacy in advance to request repeat prescription."

Through our discussions with the registered manager, staff, relatives and people who used the service, we found there were enough staff to meet the needs of people who used the service. One person said, "I know who is coming and when they are coming." People and their relatives told us if a staff member was running late the office or the staff member themselves would call them. Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. Staff told us they had enough time between visits to be punctual and their shifts were covered when they were on sick and annual leave. One staff member said, "We do get sufficient time to travel to people's homes. I am lucky all clients are in the same [geographical] area. Care Central is good that way. They plan the calls well." Another staff member told us, "We work local so easy to get to people's homes and do not feel rushed." The service had an out of hours on call system available. People who used the service and relatives we spoke with were aware of the out of hours number.

The provider followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. Staff confirmed DBS checks were completed before they

could work with people who used the service. This meant the provider had done all that was reasonable to ensure people were suited to working in the caring profession.

Staff told us they were provided with personal protective equipment (PPE) in order to ensure people were protected by the prevention and control of infection. Staff told us they could collect PPE from the office. People and their relatives we spoke with confirmed staff members wore PPE when providing care. One staff member said, "We come to the office to collect aprons, gloves and arm sleeves covers. We put [soiled PPE] in plastic bags and put them in the bin on our way out of the clients' homes."

Requires Improvement

# Is the service effective?

## Our findings

People who used the service and their relatives told us they were happy with the service they received and felt staff had the skills and experience to provide support. One person said, "[Staff] are very good, very efficient, [and] they know what they are doing." Another person told us, "[Staff] are good at their job and reliable, they just know what to do for me. I don't have to tell them." A relative told us, "My [relative's] carer has the right skills to deal with my [relative] who is not the easiest person to care for as a consequence of her physical and mental health."

Before a person started to use the service the field supervisor would carry out an assessment of their needs, before an agreement for placement was made. This was carried out to ensure that the service could meet the person's needs. Records showed that an assessment of their needs had been carried out for all the people who used the service. The assessment of needs looked at medical history, medicines, mobility, moving and handling, personal care. People told us and records confirmed they were involved. Information was obtained from the pre-admission assessment, and reports from health and social care professionals had been used to develop the person's care plan. A relative told us, "They [provider] are true to their word. They talked me through what to expect and what they don't do before we started, and have stuck to it." This helped staff to ensure that people received individualised care and support which took account of their wishes and preferences.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, "Training is good. The last training was last June or July [2017] in food hygiene and manual handling. The manager is looking into training for this year. We get classroom type training. Moving and handling training is hands on with all the equipment such as sliding sheet. The tutors are lovely and receive refresher training every year." Another staff member said, "Training is on offer. I'm due for refresher training in December." Staff we spoke with confirmed that they had received all of the training they needed. Records confirmed staff had received training for their role which would ensure they could meet people's individual needs. This included training in topics such as equality and diversity, communication, fluids and nutrition, safeguarding adults and children, medicines, basic life support, health and safety, moving and handling, infection control, mental health, dementia and the Mental Capacity Act 2005 (MCA).

New staff that joined the service completed a four day induction programme which included shadowing more experienced staff. One staff member said, "We received four days induction training that included areas such as dementia, safeguarding, food hygiene, dignity, moving and handling, medication." Staff we spoke with and records confirmed this. Staff also completed the care certificate as part of the induction process. Records confirmed this. The care certificate is a recognised qualification that ensures that staff have the fundamental knowledge and skills required to work in a care setting.

Staff had regular one-to-one supervision meetings with a senior member of staff. One staff member said, "Every three to six months receive one-to-one supervision. Last one was around May 2018. They are helpful." Another staff member told us, "When I started I got it in six weeks, then monthly and now every three

months. I think it's important." Records showed supervision included discussions about reliability, workload, double ups, team work, changing needs of people using the service, medicines, record keeping, infection control and any other concerns.

People were supported to have sufficient food and drinks. Some people required support with their meals. People and their relatives were happy with the support they received for food and drinks. A relative said, "[Relative] is unable to feed themselves. I have no problem with the carers doing this." Another relative told us, "The carer helps my [relative] to prepare a sandwich at lunchtime." Staff spoken with during our inspection confirmed they had received training in food hygiene and were aware of safe food handling practices when supporting people in their homes. However, care records did not always show people's dietary needs were assessed, such as their food preferences, likes and dislikes and how they should be assisted with their meals.

We recommend that the service seek advice and guidance from a reputable source, about recording people's dietary needs and preferences.

Relatives gave us examples when staff members had called for medical help such as an ambulance when needed. One relative said, "If the carers think my [relative] seems unwell they will tell me." Another relative told us, "When carers were supporting my [relative] with personal care there was an emergency. The carer called an ambulance immediately." Care records included contact details of GP's and relatives. The registered manager told us they worked with other healthcare agencies to promote people's health such as district nurses, pharmacists and GP's. One staff member said, "I contact the GP when medicines are changed."

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.

Consent to care and treatment forms were in care plans signed by people who used the service which included support being provided, and the disclosure of confidential information. Family were involved in making decisions where people lacked capacity. Staff demonstrated that they understood the principles of the MCA and the importance of seeking consent. A relative told us, "I hear the carer talking to my [relative] and saying 'we are just going to [provide support], is that alright?'" Comments from staff included, "We ask people how they want to be supported and what their likes and dislikes are", "I take my lady to the kitchen for her to choose what she would like to eat and drink" and "We never force people to eat or take medicines. Always ask their permission before helping them." One person said, "[Staff] ask 'what would you like me to do today?'"

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. Staff had received MCA training and they were aware of how the MCA applied within their day to day practice. However, we saw gaps in regard to the recording of consent. We saw that if a person was unable to sign documents, the provider had asked a relative to sign on behalf of the person when there was no evidence that the relative had a Lasting Power of Attorney (LPA). LPA gives the person who is given power of attorney the power to make decisions about your daily routine (washing, dressing, eating), medical care, moving into a care home and life-sustaining medical treatment. It can only be used if you are unable to make your own decisions. There were no assessments in place to show the person's mental capacity had

been assessed or a best interest decision made. This meant consent was not always sought where people lacked the capacity to make an informed decision, or give consent in accordance with the Mental Capacity Act 2005 and associated code of practice.

We recommend that the service consider current guidance on the Mental Capacity Act 2005 (MCA) and take action to update their practice accordingly.

Good

# Is the service caring?

## Our findings

People and their relatives told us the staff were caring. One person told us, "I look forward to the carers coming. They brighten up my day. They are from all parts of the world and I love to chat to them while they are doing my jobs." Another person said, "I am very happy with my carers. We have a good relationship. They are friendly and chatty." A third person told us, "[Staff] go the extra mile. They are very helpful and considerate." A relative said, "We are very blessed with our carers. They are kind and caring and do what they have to do in an efficient and loving way, as if my [relative] was their own parent."

Staff told us that the people they supported had been with them for long periods of time so they knew them well. People who used the service had been previously been with the same agency but at a different location office address. Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One relative said, "[Staff] have got to know my [relative] really well, just through talking, joking, laughter and banter." One staff member said about their person they cared for, "People know I am the carer but feel comfortable to share their personal life and stories, we have a chat every time. [Person who used the service] was tearful when I sang him birthday wishes." Another staff member told us, "[Person who used the service] is good as we have a lot of banter. He tells me about his mum and hospital appointments." A third staff member said, "I have a good relationship with [people who used the service]. I make them all laugh. I go in with a friendly approach."

Support plans contained information about people's medical and life history, current living situation, and what is important to them such as hobbies and spiritual needs. This helped give staff the information they needed to build rapport with people in order to establish positive relationships with them. People had a preference for care workers of a specific gender and cultural background. Records confirmed this.

People were encouraged to be as independent as possible in all areas of their support. One relative told us, "[Relative] is a wheelchair user who requires full personal care including support with eating and drinking. Carers encourage and support [relative's] independence." One staff member said, "I encourage [person who used the service] to get to the zimmer frame by encouraging and being around for safety rather than bringing the zimmer frame to her." Another staff member told us, "I give people time to try to do things." A third staff member said, "[Person] joins me in preparing and cooking his meals. For example, when I am boiling the kettle, he gets milk bottle out of the fridge to make tea. Helps out with domestic tasks such [as] empties the bins."

People's dignity was respected. Staff we spoke with gave examples how they respect people's privacy. One person told us, "I feel comfortable with [staff] and they are respectful when giving me a wash or shower." A relative said, "[Staff member] treats my [relative] with respect and dignity. Encouraging my [relative] to do what she can." One staff member told us, "I respect [person's] choices, [person's] privacy, [and] do not enter the bathroom when person is having a shower or dressing." Another staff member said, "Make sure doors are closed when supporting with personal care."

Requires Improvement

# Is the service responsive?

## Our findings

People and their relatives told us the service was responsive to people's needs. One person told us, "[Staff] know my routine and how I like things done." A relative said, "My [relative's] carer is calm, kind, resourceful, understanding, encouraging and patient. She understands that [relative's] challenging behaviour is part of her mental health condition and is able to cope with this. In addition, my [relative] has physical health problems which can be demanding. I don't know how we would manage without her help and support."

Despite this positive feedback we found that support plans lacked detail and guidance for staff to follow when supporting people. We saw there were assessments in place provided by the commissioning authorities and these contained essential information about each person. The registered manager and staff told us a copy of the commissioning authorities assessments and support plan were available in people's homes. The provider's support plans had information on people's personal, social and medical history however they did not always describe peoples likes and dislikes. Also, the support plans were task focussed and lacked detailed. For example, one support plan stated, "Carer to assist with personal care, medication prompting, cleaning support with meal prep, support with eating/drinking." This meant the records of personal care support was not person-centred and did not reflect people's personal preferences. However, staff we spoke with had a good understanding of the people's needs. Also feedback from people and relatives confirmed they felt they were receiving personalised care that met their needs.

We recommend that the service seek advice and guidance from a reputable source, about recording people's support that is person-centred, detailed and reflects their preferences.

People's care and support was planned proactively with them and the people who mattered to them. Records confirmed this. One person said, "I had a care plan and agreed it." One relative said, "We have had reviews several times. I am happy with everything." Another relative told us, "My [relative] has regular reviews which are attended by the mental health team, who liaise with [the] agency to agree care." The registered manager told us people's support was reviewed annually or if people's needs changed. However, some care records showed people's support plans were overdue to be reviewed. We spoke to the registered manager about this. The registered manager told us they were aware of this and that all support plans would be reviewed by the end of August 2018.

People's cultural and religious needs were respected when planning and delivering care which included specialised food preparation. One staff member told us, "[I] respect cultural differences. For example, remove our shoes before entering [culturally specific] clients' houses." Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "I'd make sure the service doesn't discriminate and the service is fair. We have to treat people fairly. We need to treat [people] the same as everyone else." A staff member told us, "I have never worked with LGBT people but if I had to I would be respectful, give them privacy and support them like individuals. At the end of the day we all are the same and treat them equally." Another staff member said, "Treat LGBT people equally, respect their beliefs."

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. The complaints procedure was contained in the service user guide which was given to all new people when they first joined the service.

People and their relatives were aware of how to make a complaint. One person said, "If I had a concern I would first talk to the carer involved on site, and only pass it on if I had to." Another person told us, "The only time I would complain is if we didn't get good care, but it's never happened." The registered manager told us they had received no formal complaints since the service had started providing care. However, some relatives told us they had made complaints and they had been handled quickly and efficiently but they had not been documented on the provider's complaints log. We spoke to the registered manager who advised he would speak to the office staff about recording complaints centrally.

At the time of our inspection the service did not have any people receiving end of life care. The service did have an end of life policy for people who used the service. The policy was appropriate for people who used the service. The service did not explore end of life wishes during the initial needs assessment and care planning. We spoke to the registered manager after the inspection and he advised the service had started changing the support and risk assessment records so end of life wishes could be explored.

Requires Improvement

# Is the service well-led?

## Our findings

During this inspection, records showed the provider had systems in place to regularly assess and monitor the quality of care people received. The purpose of providers having such systems in place is to identify areas of the service which require improvement and drive forward the quality and safety of the services provided. The systems in place included obtaining people's feedback with telephone monitoring checks, medicine administration records audits, and conducting unannounced spot checks to observe staff delivering care to people.

However, we were concerned that the provider's approach to ensuring service quality, monitoring the service was not working efficiently and bringing about improvement was not effective. This was because the provider's audits and checks did not pick or address the issues identified during our inspection and raised in this report. This includes concerns about lack of details with person-centred support plans and risk assessments, recording of accidents and incidents, recording of complaints, consent recorded in accordance to the Mental Capacity Act 2005, support plan reviews, and exploring end of life wishes. This meant that systems were not effectively operated to monitor and improve the quality and safety of the services provided to people.

The above issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014.

People who used the service and their relatives told us they knew who the registered manager was and they thought the service was well managed. One person said, "Manager is ever so nice." A relative said, "[Registered manager] listens, and will see things from my point of view." People and their relatives were very positive about the office staff. A relative told us, "[Office staff member] rings for a chat. She is completely honest about how things are. She contacted me recently to discuss some behavioural risks. She is very understanding."

There was a registered manager in post. They were aware of their responsibilities as registered manager and of the need to notify CQC about reportable incidents. They told us there had been no reportable incidents since the service was registered at the new location. They had current policies and procedures in place to run the service.

Staff spoke positively about the registered manager. One staff member told us, "Very lovely and understanding. Sometimes shifts can be difficult for me to attend and he listens. He is approachable and he is a good manager." A second staff member said, "[Registered manager] sends us encouraging emails complementing us on our work." A third staff member told us, "He is a fair manager. If you had any concerns he would listen to what you had to say."

Meetings were held for the care staff. Records showed topics on medicines, out of hours procedure, training, nutrition and hydration, people's folders in their homes and any other concerns. One staff member said, "At the last meeting we discussed training, areas of our job, learning from each other, how to work as a team."

Another staff member told us, "We have regular carers meetings, can be difficult to attend them all due to shifts but we try."

Records demonstrated that the office staff carried out spot checks on staff to ensure they provided care in line with good practice. This included telephone monitoring and visiting people in their home. The spot checks topics included observations, medicines, daily notes checks, punctuality, infection control, using equipment correctly, feedback from people who used the service and competency of staff members. Records confirmed this. One person told us, "I get a phone call about every three months to check if things are alright." A relative said, "Since care started I have had two phone calls to check if everything is going OK."

The registered manager told us the quality of the service was also monitored through the use of annual surveys to get the views of people who used the service and their relatives. The last annual survey sent out was April 2017. Records showed 132 surveys were sent out and 29 were returned. Overall the results were positive. The questionnaire for people who used the service and their relatives included questions about how well informed and consulted they were about the service, involvement on the care provided, communication, staff being respectful and friendly, confidentiality, medicines, personal care, how to make a complaint, and any comments and suggestions. Returned surveys were mostly positive. Comments included, "I am happy with my carer. She [is] very good to me and kind", and "Always kind and considerate. Always very polite and friendly." The registered manager had analysed the survey and created an action plan with lessons to be learnt. The report had highlighted two areas of concern which included people who would like to be informed about any changes to the service and would like better communication. The registered manager had put systems in place which included more telephone monitoring and spot checks. Overall communication had improved which was reflected in their feedback we received from people and their relatives.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us they worked with mental health teams, occupational therapists, GPs, pharmacies, district nurses, social services and the NHS in co-ordinating the care provided to people. Records and feedback from relatives confirmed this.

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Care and treatment was not always provided in a safe way for service users as the registered person did not always assess the risks to the health and wellbeing of service users and did not always do all that as reasonably practicable to mitigate any risks. Regulation 12 (1) (2) (a) (b) |

| Regulated activity | Regulation |
|---|---|
| Personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems or processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided. Contemporaneous records were not always maintained. Regulation 17 (1) (2) (a) (b) (c) |