

The Human Support Group Limited

Human Support Group Limited - York

Inspection report

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Date of inspection visit:
18 November 2016
24 November 2016

Date of publication:
24 February 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Human Support Group Limited - York is a domiciliary care service registered to provide personal care to people living in their own homes. Alongside providing long-term packages of care, Human Support Group Limited - York also provides a reablement and assessment service, commissioned by City of York Council. Reablement is a way of helping people to remain independent by giving them the opportunity to relearn or regain skills of daily living that may have been lost as a result of illness, accident or disability. This service can be provided for up to six weeks and is intended to provide a period of assessment to identify people's needs, alongside support for people to regain their independence. The location's offices are on the outskirts of York.

We inspected this service on the 18 and 24 November 2016. The inspection was announced. The registered provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. At the time of our inspection, 83 people were using the reablement service and 37 people were using the domiciliary care service.

The service was last inspected in September 2015 when it was rated 'Requires improvement' overall. This was because we had concerns about the management of medicines, found that records were not always well-maintained and the registered provider's quality assurance systems were not robust enough.

The registered provider is required to have a registered manager as a condition of registration for this 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. The service did have a manager who had been in post since June 2016. They became the service's registered manager in October 2016.

We identified concerns regarding late visits from staff. We found that reablement care plans were not consistently kept up-to-date and identified issues with staff's recording around the support provided to take prescribed medicines. Issues with record keeping were an on-going concern from our last inspection demonstrating that the registered provider's systems to monitor and improve the quality and safety of the service provided were not robust enough.

We found a breach of regulation in relation to the registered provider's governance and quality assurance systems. You can see what action we told the registered provider to take at the back of the full version of this report.

People who used the service told us they felt safe with the care and support staff provided. The registered provider had a robust recruitment process to ensure only staff considered suitable were employed. Staff we spoke with showed a good understanding of their responsibility to safeguard vulnerable adults from abuse.

Staff received training and supervisions and spot checks were completed to monitor and support staff's continual professional development. Staff we spoke with demonstrated that they understood the importance of seeking consent and people were asked to sign their care plans to record that they consented to the care and support provided. However, we have made a recommendation about recording people's mental capacity to make decisions.

People who used the service told us they were happy with the support staff provided to ensure they ate and drank enough and we saw that systems were in place to monitor people's food and fluid intake if there were concerns. People were supported to meet their health needs and staff liaised with healthcare professionals where necessary to promote people's health and wellbeing.

People who used the service told us staff were kind and caring. People told us staff listened to their opinions and respected their decisions. Staff supported people who used the service to maintain their privacy and dignity.

People's needs were assessed and person-centred care plans were put in place to support staff to meet their individual needs. We saw evidence that care plans for people who used the domiciliary care service were reviewed and updated to ensure they reflected people's current needs. However, we found that care plans for people who used the reablement service had not always been updated and did not consistently reflect people's current needs.

The registered provider had a system in place to gather feedback about the service provided and to manage and respond to complaints. People who used the service and relatives we spoke with told us they had the information they would need to complain if necessary.

We found that the service had not always been well-led, but we received positive feedback about the new registered manager and their management of the service. We saw that systems were in place to monitor the quality and safety of the service provided, however, work was on-going to address outstanding issues with late visits and recording issues in people's care plans and medication administration records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People who used the domiciliary care service raised concerns about staff arriving late.

Staff received safeguarding training and staff we spoke with understood their responsibility to safeguard vulnerable adults from abuse.

People who used the service told us they felt safe with the care and support provided.

Care plans for people who used the domiciliary care service contained proportionate information to support staff to provide safe care. However, care plans for people who used the reablement service were not always up-to-date and did not consistently contain information staff may need.

Medication administration records were not always completed appropriately.

Requires Improvement ●

Is the service effective?

The service was effective.

Training was provided to ensure staff had the skills and knowledge required to meet people's needs.

Staff sought people's consent before providing care and support. Clear and complete records had not been kept with regards to people's mental capacity to make decisions.

People who used the service were supported to ensure they ate and drank enough.

Staff supported people who used the service to maintain their health and they liaised with healthcare professionals where necessary to ensure people's needs were met.

Good ●

Is the service caring?

Good ●

The service was caring.

We received positive feedback about the kind and caring staff.

People who used the service told us staff listened to their views and respected their decisions.

Staff treated people who used the service with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans developed to guide staff on how best to meet people's needs. People who used the service told us staff provided responsive care and support.

The registered provider had a system in place to gather and respond to feedback about the service provided. People we spoke with told us they knew how to make a complaint if needed.

Is the service well-led?

Requires Improvement ●

The service required improvements to be well-led.

We found work was on-going to address and improve the quality of the service provided.

Quality assurance systems needed to be embedded to monitor and robustly address issues with late visits from staff and recording issues in people's care plans and medication administration records.

We received positive feedback about the registered manager and staff told us they felt supported by the management team.

Human Support Group Limited - York

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 registered provider was 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 was an announced inspection and took place on 18 and 24 November 2016. The registered provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The inspection was carried out by one Adult Social Care Inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience who supported our inspection had personal experience of caring for someone who uses this type of service. They supported our inspection by making telephone calls to people who used the service and their relatives to ask their views about the service provided by Human Support Group Limited - York.

Before our visit, we looked at information we held about the service, which included information shared with the Care Quality Commission (CQC) via our public website and notifications sent to us since our last inspection of the service. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to help plan our inspection. They did not share any information which raised concerns about the service provided.

We asked the registered provider to complete a provider information return (PIR) before our visit and this was returned within the agreed timescales. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make.

We used this information to plan our inspection.

During our inspection, we spoke with 14 people who used the service by telephone and visited another person at home. We also spoke with two relatives of people who used the service to seek their views about the service provided. We visited the location's offices and spoke with the registered manager, the manager of another service who was supporting them, three care coordinators and four members of staff. We looked at six people's care records, five staff recruitment and training files, medication administration records, meeting minutes and a selection of records used to monitor the quality of the service provided.

Is the service safe?

Our findings

Each person who used the service had a file containing copies of assessments, used to identify their support needs, and risk assessments, which provided guidance to staff on how to safely meet those needs. We looked at six people's care records. We found that care plans for people who used the domiciliary care service contained proportionate and up-to-date information regarding people's needs and the risks associated with meeting those needs. However, we found that reablement plans were not consistently kept up-to-date.

The registered provider told us the reablement service provided short-term support and people's needs changed daily. They explained that because of this, the reablement care plans might not remain fully up-to-date, however, staff used their mobile devices to share information about people's changing needs.

Although the reablement service was designed to provide short-term packages of care for a period of further assessment and to promote independence, some people who used the reablement service had received ongoing care and support for a prolonged period of time, whilst waiting to be transferred to another care provider. In these instances, we found that care plans and risk assessments had not been updated and did not contain the level of information and detail needed to support staff to meet their needs.

People who used the service raised concerns about staff not arriving on time for planned visits. Comments included, "They [staff] are never on time. I've got used to it. They do eventually turn up", "I know traffic is a problem. That's why they are late", "They are late I think due to the traffic. On average they are 30 minutes late. They do phone when they are late", "The times vary. The evening is a problem...there must be a staff shortage", "When it's my usual carer's day off, it could be anytime", and "They seem to be rushed off their feet. They get the things done, but I feel rushed. On average they are late at least twice a week. I tell them to come for 8.00pm for the evening slot, at times they have come at 10.15pm. This is too late."

A relative of someone who used the service told us, "In the morning they are on time, but it varies at teatime. They can be late from 30 minutes to an hour. They are supposed to come at 6pm, but they come around 7pm. The office keeps saying they are short of staff. They have a high turnover of staff as there is a different care worker sent in the evening all the time."

We spoke with the care coordinators who explained that people who used the domiciliary care service had planned visit times. However, this information was not consistently recorded in people's care plans. We saw that visits were organised into 'runs' with 'travel time' in-between each visit. Staff had a smartphone and rotas were sent to these electronically along with details about where the person lived and basic information about what support was needed. Staff used their smartphones to register when they arrived and left people's homes. This system generated alerts and enabled staff in the office to remotely monitor and identify late or missed visits. At the time of our inspection, this system was working to ensure people's visits were not missed. However, it did show that there were on-going problems with late visits for people who used the domiciliary care service with four out of six people we spoke with who used the domiciliary care service raising concerns about staff arriving late.

We have addressed our organisational concerns regarding late visits and issues with record keeping in the well-led domain.

People who used the reablement service did not have specified visit times and were given a 'window' within which staff would arrive. Staff explained that the reablement service was not 'time and task orientated'. This meant that visit times and the length of visits were flexible and changed depending on people's needs from one day to the next and as people became more independent, or were 'reabled', with tasks.

Care coordinators told us that staff declared their availability so they knew who would be available and who to ring if visits needed to be covered. Staff we spoke with explained that they received alerts updating them if their rota changed or additional visits were allocated to cover sicknesses and absences. Care coordinators told us they also covered visits if needed to ensure that people's needs would be met. Staff we spoke with did not raise concerns about staffing levels and told us they did not feel pressured into picking up extra shifts if people's planned visits needed to be covered.

People who used the service told us staff supported them if needed to take prescribed medicines. Where this was necessary, the level of support required was documented in people's care plans, a risk assessment had been completed and a signed agreement was in place to record that people consented to this support. The majority of people who used the service told us they were happy with this aspect of their care and support.

We saw that Medication Administration Records (MARs) were in place for staff to document medicines administered to people who used the service or the reason for non-administration. However, our checks of MARs showed gaps where staff had not consistently signed to record whether they had administered that person's medicines. This meant we could not be certain that people had received their prescribed medicines.

We noted that staff did not countersign handwritten prescribing instructions on MARs. It is considered good practice for staff to check and countersign handwritten entries on MARs to reduce the risk of an error occurring when copying the prescribing instructions. The registered provider told us that countersigning MARs was not part of their current medication policy and staff were not taught to do this during medicine training.

Staff responsible for administering medicines received training and records evidenced that some staff had completed a competency tests to ensure they were working safely and in line with guidance on best practice. However, we were concerned, given the issues identified with the management of medicines, that staff's medicine competency was not consistently evidenced.

We saw that the registered manager completed audits of MARs and had recently implemented a tool to collate information about any patterns or trends. We could see that audits completed had identified the issues and concerns that we found. The management tool recorded what action had been taken to address these concerns. This showed us that the registered provider was taking proactive steps to resolve issues with recording relating to the management of medicines.

Despite our concerns, people who used the service told us they felt safe with the support provided by staff from Human Support Group Limited – York. Comments included, "Oh yes I do feel safe" and "Yes I certainly do feel safe – no problems at all." A relative of someone who used the service told us, "They [staff] are pretty good. My relative is very well looked after. We do not have any issues with feeling safe with our carers."

People who used the service were protected from the risks associated with abuse or avoidable harm by staff trained to recognise and respond to safeguarding concerns. Staff we spoke with showed a good understanding of their responsibility to safeguard vulnerable adults from abuse. We saw that safeguarding concerns were referred to the local authority's adult safeguarding team and appropriate action was taken to keep people who used the service safe.

The registered manager told us there had been no accidents involving people who used the service since our last inspection. Despite this, we saw that systems were in place to record information and respond to issues or concerns. We saw that body maps were available for staff to record details of any injuries people sustained and information was shared electronically with staff if people's needs changes or there were concerns staff needed to be aware of.

The registered provider had a robust recruitment process. New staff completed an application form and had a telephone and face to face interview before being employed. The registered provider obtained references from previous employers and Disclosure and Barring Service (DBS) checks were completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. This showed us that reasonable steps were taken to ensure only staff considered suitable were employed.

Is the service effective?

Our findings

People who used the service gave positive feedback about the skills and experience of the staff that supported them. Comments included, "They [staff] know the job off by heart", "They [staff] do know what they are doing. They do very well and if they are not sure they will ask us on certain things", "I am confident in that they [staff] know what they are doing", "Everything is done thoroughly" and "The regular care worker is very good. They know what to do. They also support the new care workers and ensure they get it right."

The registered provider had a comprehensive training and induction programme to equip staff with the skills and knowledge needed to help them provide effective care and support.

All new staff completed the registered provider's training programme before working independently. This training was spread over four days, with an extra day of training provided to staff working in the reablement team. Training courses were delivered by an in-house trainer and covered topics including the background to the service and the registered provider's policies and procedures, moving and handling, medication administration, the Mental Capacity Act 2005, dementia awareness, health and safety awareness, first aid, infection control, safeguarding of vulnerable adults and fire safety. We saw that written competency tests were completed at the end of each course to make sure staff understood what was being taught. Staff we spoke with were positive about the training provided. Staff told us training covered the theory of providing care, but also gave them the opportunity to practice using equipment, such as a hoist, which they may need to use when supporting people. Comments included, "It's very good the training" and "The training given opened my eyes to what was involved."

In addition to induction training, new staff shadowed existing members of the team to gain practical experience and develop their confidence. One member of staff told us, "I've been shadowing for the last two weeks...I shadowed the round I will be doing so I'm pretty confident. They have shown me everything I have needed to know." This showed us the registered provider had an effective system to support new staff to gain experience and develop confidence in their role.

The registered manager showed us a training matrix they used to record courses each member of staff had completed and to identify when this training needed to be updated. Staff had to complete refresher training yearly, every two years or every three years depending on the course. This ensured staff maintained their knowledge and skills over time. We saw that where there were gaps in training, or training needed to be updated, staff had been booked onto the next available course.

The registered provider employed an occupational therapist to support staff working in the reablement team. An occupational therapist is someone who has been trained to assess people's needs and provide support to develop or maintain daily living skills. They assessed people who used the service, monitored their progress and set goals to help people regain their independence.

Systems were in place to support staff's continual professional development through regular supervisions. Supervision is a process by which an organisation provides guidance and support to its staff. It is important

for staff to receive regular supervision as this provides an opportunity to discuss any issues or concerns, identify any training or development opportunities and address any practice issues. We saw that supervision was provided to staff in the form of spot checks, one to one meetings, team meetings, classed as 'group supervision' and an annual appraisal. Staff we spoke with confirmed that unannounced spot checks were completed to make sure they were providing safe care and support and to provide guidance on best practice. We saw records of completed one to one supervisions and group supervisions. These evidenced that on-going support was provided to staff to support their continual professional development. We saw that staff had been sent letters inviting them to appraisals in January, February and March 2017.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of our inspection, we found that people who used the service were not unlawfully deprived of their liberty.

People who used the service told us they had choice and control over their care and support. We found that people were asked to sign to record that they consented to the care and support provided and staff sought consent where assistance was provided to take prescribed medicines. People consistently told us staff asked for their permission to carry out care and support and respected their decisions.

Staff we spoke with showed an understanding of the importance of consent and supporting people to make informed decisions. However, clear and complete records had not been kept with regards to people's mental capacity and best interest decisions were not consistently and appropriately recorded. The registered manager told us they were due to attend a briefing with the local authority regarding the MCA and were introducing new care plan formats which would address these recording issues.

Where necessary, staff supported people who used the service to prepare meals and drinks. We received positive feedback from the people we spoke with about this aspect of their care and support. One person who used the service told us, "They help with preparing the food, but they do not take over, what I can do they let me. When they realise I am tired they help me. They know what my diet is and they make sure I do not eat loads and loads of cakes only."

People's care plans documented the level of assistance required with preparing meals and drinks and staff completed daily records to document the level of support provided at each visit. Staff explained how this enabled them to monitor people's food and fluid intake and to identify any issues or concerns. One member of staff told us, "We record in someone's communication book what they have had to eat...we report concerns to the office and they will put out an alert [to other staff] to monitor at each visit." They explained how they might check that food is going out of the fridge, whether the kettle is warm or whether there is evidence of food being prepared and eaten if they had concerns. This showed us that there were systems in place to monitor and ensure that people who used the service ate and drank enough.

Care plans contained information about people's medical history and any significant health needs they had. We saw that care plans also provided guidance to staff about any support people required to meet their health needs, including support to take prescribed medicines. Alongside this, staff maintained records of

any contact they had with healthcare professionals. These records evidenced regular liaison with people's G.P's, occupational therapists and district nurses to ensure people's health needs could be met.

Is the service caring?

Our findings

People who used the service told us staff from Human Support Group Limited – York were caring. Comments included, "They [staff] are very friendly, they talk to you. We talk like friends. It's a good relationship with them", "They are extremely nice people, great relationship with them", "They are great. I can have a laugh with them. I do look forward to their visit" and "They talk and engage with me. They are like family."

A relative of someone who used the service said, "We have no issues whatsoever. They [staff] are good both to my relative and I." A member of staff told us, "Yes staff are definitely caring. They'll go above and beyond. The carers I have worked with are compassionate. If needed they'll stay the extra time to sort things out."

These comments showed us that people who used the service had developed positive caring relationships with the staff that supported them and valued the kind and caring interactions they shared.

New staff told us they were introduced to people who used the service and could access important information about people's needs via their smartphones. This helped staff to get to know the people they would be supporting. The care coordinators explained how they arranged rotas to maintain a consistent team of staff so that people who used the service and staff could get to know each other. We received generally positive feedback from people who used the service regarding staff consistency. Comments included, "Generally speaking you know more or less who will be visiting...mostly they are regulars", whilst a new person to the service told us, "I'm beginning to get to know them." One member of staff told us, "You gradually build a rapport with people" and explained how they did this through regular visits to the people they supported. This consistency enabled people to develop positive caring relationships based on familiarity with regular staff.

People who used the service told us they felt staff listened to their views. One person commented, "Staff are very nice. They listen to the instructions I give them and have never refused me." People who used the service said staff encouraged them to make choices and respected their decisions. Another person we spoke with said, "A lot of people think when you get to my age, they feel that they can look down on you, but I don't have that." They explained that staff listened to them and did not take over when they visited.

Staff we spoke with showed a good understanding of the importance of supporting people to make choices and respecting their decisions. One member of staff told us, "We don't go in saying you should live like this or that." They went on to explain how they made suggestions and supported people with relevant information to help them to make their own decisions.

The registered manager understood the role of advocacy and provided details about how they would support someone to access the support of an advocate if needed. An advocate is someone who can support people to ensure that their views and wishes are heard on matters that are important to them.

People who used the service told us staff treated them with dignity and respect. Comments included, "With regards to respect and dignity, there's never one blemish in this score", "They [staff] always treat me with

dignity and respect" and "They [staff] are very good. I have male care workers even though I am female. They treat me with the utmost respect and dignity. I do not feel that I need to have a female carer as they do exactly the same." Another person who used the service told us, "I was reluctant at first having young female care workers coming...I am now okay. We have built up a relationship. I am happy, really happy, and comfortable with my carers." These comments showed us that staff provided care and support in a way that maintained people's privacy and dignity.

Is the service responsive?

Our findings

People who used the service told us staff were responsive to their individual needs. Comments included, "They [staff] go out of their way for me when I need something...how brilliant the care workers are I cannot stress", "Some [staff] you have to tell them, some you do not, but they never refuse. You just need to prompt" and "I'm very well looked after, the carers are smashing." A relative of someone who used the service said, "The staff always go the extra mile."

We reviewed the systems in place to ensure staff provided person centred care. We saw that each person who used the service had a care plan containing copies of assessments identifying their support needs and risk assessments. A copy of the care plan was stored securely in the location offices and a copy was kept in people's homes for people who used the service and staff to look at if needed.

We reviewed six people's care plans and saw that they generally contained proportionate information to support staff to provide care and support to meet people's needs. We saw that care plans contained details about what support was needed at each visit and also details about how that support should be provided, taking into account people's personal preferences.

A member of staff told us, "We are taught to always read the care plan...it's all there so you know what care to provide at a particular call." Staff told us they could also access important information about the people they would be visiting through their smartphones. Commenting, "Anything you need to know about a customer before you go in, you can have a look on your phone."

Staff explained how they submitted electronic updates via their smartphones to share important information about people's changing needs with other care staff and office staff. Staff also completed handwritten daily notes providing information about the care and support provided at each visit. People who used the service confirmed that staff made notes after every visit, commenting, "The carer does record things in the book" and "I have seen my care plan. The carers update the book or use their tablet [mobile phone] to update information." These systems enabled staff to keep up-to-date with people's changing needs.

We saw that the care plans for people who used the domiciliary care service were routinely reviewed and updated to ensure that they contained up-to-date information about the care and support provided. Review records evidenced that people were involved in this process, feedback was gathered and action taken to make changes to people's care and support if needed.

People who used the reablement service were routinely reviewed by staff and their progress was discussed with the service's occupational therapist. This information was recorded on a management document which enabled staff in the office to track people's progress through the reablement service. This evidenced that people's care needs were regularly reviewed. We spoke with the registered manager about ensuring care plans for people who used the reablement service were updated to reflect people's changing needs.

The registered provider had a policy and procedure in place which outlined how they would manage and respond to complaints about the service provided. We saw that people who used the service were given a 'service user guide'. This contained contact information for the registered manager and details of the registered provider's complaints procedures including contact details for the registered provider's 'head office' and their complaints team. The service user guide also contained contact information for the local authority's safeguarding adults team and the Care Quality Commission. This meant people who used the service had access to information they would need if they were concerned about the care and support provided.

People who used the service told us, "If I have a complaint, the number is in the book", "I have never needed to complain, but I would ring the office if I had any issues" and "I've had no occasion to complain, but I have the number." These comments showed us that people who used the service felt able to raise issues or concerns and knew how to do this if needed.

The Provider Information Return completed in October 2016 indicated that there had been five formal complaints about the service provided in the previous 12 months. We saw that where people had complained, these issues had been investigated and a response provided explaining how the concerns had been addressed. This showed us that the registered manager was responsive to people's feedback about the service that was provided.

We saw that staff had also received 11 compliments about the care and support provided. This included a recent card documenting, "Thank you for all the care that you all gave in getting my dad back on his feet."

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. At the time of our inspection, the service did have a registered manager. They were supported by three care-coordinators, an occupational therapist and part-time quality monitoring officer in the management of the service.

At the time of our inspection, the registered manager had been in post for approximately five months. We could see that during this time positive changes had been made and this was reflected in the feedback we received from staff and people who used the service. However, concerns identified during the course of our inspection showed us that further work was needed. At our last inspection, we identified issues and concerns with record keeping. During this inspection, we found that reablement plans were not consistently up-to-date and found gaps on medication administration records. This demonstrated that the registered provider had not fully addressed our concerns and had not maintained complete, accurate and contemporaneous records of the care and support provided. During this inspection we also identified concerns regarding late visits from staff which demonstrated that further work was needed to monitor and improve the quality and safety of this aspect of the service.

We reviewed the systems in place to manage the quality and safety of the service provided. The registered manager told us they audited people's care plans when they reviewed that person's package of care. This was completed annually or more frequently if people's needs changed. Although we saw that this system was working for people who used the domiciliary care service, we found that care plans relating to people who used the reablement service were not always up-to-date and a more robust system was needed to ensure complete and accurate records were kept in relation to the care and support provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that spot checks were completed to monitor staff's practice with feedback given to support staff's continual professional development. We saw that the registered manager completed audits of MARs and had implemented a tool to collate information about any issues or concerns relating to the management of medicines. We could see that audits completed had identified the issues or concerns that we found and the management tool recorded what action had been taken to address these concerns. This showed us that action was being taken to address concerns and improve the quality and safety of the service provided.

We asked people who used the service if they thought it was well-led. Feedback included, "I'm quite happy with management at the moment", "The company is ok" and "I have no issues. When I have issues they do listen." Relatives of people who used the service told us, "They [Human Support Group Limited – York] are normally very good" and "We have never felt left in the lurch. They [staff] are like family to us. They support my relative and myself and never complain."

Staff told us, "We have improved a lot. I feel definitely well supported by [registered manager's name]", "This branch has been really supportive. If we have had a problem or are unsure about something they say 'ring up it's not a problem'" and "It's very well-run, I wouldn't be here otherwise." Another member of staff said, "Yes it's well-led. I feel I can talk to [registered manager] if there is any problems. We have got a really good team who will help each other out." These and other comments showed us staff felt supported by the management team and could contact them and ask for advice if needed.

People who used the service told us they were asked for their views about the care and support provided. Comments included, "I am asked for feedback through a questionnaire" and "They [management] do ask for my feedback."

The registered provider used questionnaires to gather feedback about the service provided. The last survey had been completed between April and June 2016, before the new registered manager started. This involved sending questionnaires to 89 people who used the reablement service. Results from the 19 questionnaires returned had been collated and analysed. Feedback from this survey was largely positive with 100% of responses indicating that people felt they were treated with dignity and respect and had choice and control over the care and support provided. Areas that achieved a lower score related to progress reviews and the outcome of contact made with the branch. Where specific feedback was given, details were recorded about what had been done in response to areas that required improvement. This showed us the registered provider was responsive to feedback about the service.

The registered provider also told us that City of York Council completed surveys twice a year and shared their reports and findings with the service. They explained that this gave them a broader oversight of the quality of the service provided. The registered manager shared an action plan they used to record issues or areas of practice that needed to be address and the actions being taken or completed to improve the quality of the service provided.

We asked the registered manager how they kept up-to-date with important changes in legislation or guidance on best practice. They explained that they received updates from head office with links to relevant information or guidance. The registered manager explained that this information was shared with staff through supervisions, team meetings, information leaflets for staff and information left on notice boards in the location's office. The registered manager explained how they also attended information sessions and provided details of a session they were due to attend run by the local authority on the Mental Capacity Act 2005. This showed us there were systems in place to ensure the registered manager kept up-to-date with important information and guidance on best practice.

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 17 HSCA RA Regulations 2014 Good governance The registered provider had not done all that was reasonably practical to assess, monitor and improve the quality and safety of the service provided.