Guardian Homecare UK Ltd

Guardian Homecare (Southport)

Inspection report

Unit 20
The Shakespeare Centre, 43-51 Shakespeare Street
Southport
Merseyside
PR8 5AB

Tel: 08000855149
Website: www.guardianhomecare.org.uk

Date of inspection visit:
16 November 2017
17 November 2017

Date of publication:
09 January 2018

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

This inspection took place on 16 & 17 November 2017. The inspection was announced, which means the provider was given 48 hours' notice as we wanted to make sure someone would be available. This inspection was conducted by two adult social care inspectors and an expert by experience who conducted a series of phone calls to people in their homes on the second day of our inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in their community. It provides a service to older adults and younger disabled adults. The service was re-registered by CQC last November due to a change of legal entity. This was the services first inspection under the new provider's registration.

There was a registered manager in post. 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 this inspection we found some concerns with the quality assurance processes the provider had in place. Some of these were effective and clearly highlighted areas for improvements which were needed, and in some cases, like the need for the rostering system to improve, this was being action. However, in other areas, we saw no follow up action was documented to check whether issues in other areas, like the record keeping, had improved. Some of the information recorded in incident forms was poor and remedial action was often not documented. This meant we could not say for sure that lessons had been learnt from shortfalls in service provision.

People we spoke with said they received their medications on time. Records we viewed clearly showed there were issues with regards to care staff accurately completing medication records. The providers own audits had identified this, and some improvement had been made, however, a recent audit showed there were still concern and additional action was not always documented. The regional and registered manager explained they were taking more robust action to follow up on these concerns and had introduced more auditing and stock checks in attempt to address this concern.

you can see what action we have told the provider to take at the back of this report.

Some people told us that they did not always know who was coming to support them. There was mixed feedback regarding this and some people felt this was a real concern for them. They also told us this had improved lately.

Before our inspection, we had received some information of concern regarding the rotas and numbers of staff. This included staff being expected to rush from place to place. Before our inspection, we analysed a sample of rotas which the regional manager had emailed to us at our request. We checked to see if there

was adequate traveling time for staff and routes were realistic and well planned. We did see some occasions when call times were one after the other and the distance between the two addresses was in excess of 12 minutes. However, we saw during our inspection that the provider had completed their own audit, were addressing these concerns and had already made some improvements. We have made a recommendation regarding this.

People told us they felt mostly felt safe being supported by Guardian and the feedback regarding the care staff was mainly positive.

Risks were well recorded and reviewed. We did find some of the scoring mechanisms confusing, however we raised this at the time and the registered manager explained and addressed this. Other risk assessments were clear and described how risk should be mitigated and what the staff would need to do to ensure they were managing this.

Staff were able to describe the process they would follow to report actual or potential abuse, this mostly consisted of reporting the abuse to the line manager. The service had a safeguarding policy in place, which we viewed and staff we spoke with told us they were aware of the policy. Safeguarding training took place as part of the induction for new staff, and was refreshed every year. Staff also discussed safeguarding as part of 'themed' supervisions, and we saw safeguarding was discussed as an agenda item in team meeting minutes.

Staff recruitment records showed that staff were recruited safely after a series of checks were undertaken on their character and work history. We saw some inconsistencies with regards to one staff member's previous employment and references which we highlighted at the time with the registered manager.

Staff were supplied with personal protective equipment (PPE). This included gloves, aprons and hand sanitizer. Staff we spoke with told us they were always able to ask for more PPE when needed. Staff had completed infection control and prevention training and understood the important of reporting outbreaks of flu and vomiting to the registered manager, so they could cover their work so as not to spread the infection.

People's needs were assessed when they started to receive care and support from Guardian. When this was not possible due to the care package being required to be in place urgently, the care plan from the local authority was requested and used as a temporary measure. Everyone confirmed they had a care plan in their homes which had been discussed with them.

Staff undertook training in accordance with the providers training policy, we observed some training take place at the time of our inspection. Staff told us they enjoyed the training, and they received alerts and emails when their training was due to be refreshed.

Induction training took place over the course of five days, and this training was accompanied by assessment booklets for various subjects which staff were required to complete.

Staff were aware of their roles in relation to the Mental Capacity Act (MCA) and we saw that where people lacked capacity to make specific decisions, this was determined by an two stage mental capacity assessment with the rational clearly documented.

People were supported as part of their assessed care needs with eating and drinking and staff documented what people ate and drank to ensure they were getting access to adequate nutrition and hydration.

Staff supported people to access other healthcare professionals such as GP's and District Nurses if they felt unwell. We saw in most cases family members would do this for their relative, however, staff were able to describe some occurrences when they had to call other medical professionals, such as 111 for advice on someone's behalf.

We received positive feedback regarding the caring nature of the staff.

People said they were supported to make decisions regarding their care and treatment and they were able to chat with the staff when they came to their homes.

People and their relatives told us their independence was promoted as much as possible in the way that staff gave them choice and control over how they wanted their care delivered.

Care plans contained detailed information about people, what their preferences were, and how they liked their 'call' to be conducted. Information in care plans was regularly reviewed and updated in line with people's changing needs, which showed that the provider was responsive to people's needs and preferences.

Complaints were investigated in line with the provider's policies and procedures. We saw that complaints had been acknowledged and information was available for people to enable them to escalate their complaint to independent investigators if they were not happy with the outcome.

Staff and people who used the service spoke positively about the management. Staff felt the service was person centred, and they were encouraged to get to know the people they supported.

The service worked well with the local authorities and took care packages at short notice to enable people to return to their own homes after a stay in hospital.

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.

Some record keeping was poorly kept and was not always clear to see what action had been taken when issues were highlighted.

People told us they did not always know who was coming and staff could sometimes arrive quite late, however this had not occurred recently.

There were some issues with rotas that the provider was working towards getting resolved.

People mostly told us they felt safe being supported by Guardian.

Risks were assessed, reviewed and updated when needed.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained in a variety of subjects relevant to their role.

Staff contacted medical professionals for advice and referrals / appointments when needed to ensure people had access to healthcare services.

Staff had knowledge of the Mental Capacity Act. Most people had capacity to make their own choices regarding their care; however where people lacked capacity to consent this was documented in their care plans.

Is the service caring?

Good

The service was caring.

People told us that the staff treated them with respect and kindness.

People told us they were involved in their care and their views were respected.

Staff were able to describe how they protected people's dignity when supporting them with personal care.

Is the service responsive?

Good

The service was responsive.

There was a process in place for recording, acknowledging and responding to complaints. People we spoke with told us they knew how to raise a complaint.

People received care which was planned and personalised in accordance to their preferences. Staff demonstrated that they knew people well.

Staff were trained to support people who were on an end of life pathway to remain comfortable in their home with additional support from other medical professionals.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems were in place to check the quality of the service however follow up action was not always recorded. This meant we could not say for sure that lessons had been learnt from shortfalls in service provision.

We received positive feedback regarding the registered manager and the organisation.

The service had already identified some shortfalls with regards to service provision and were working towards getting this corrected. They were open and honest regarding this.

Guardian Homecare (Southport)

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 checked 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 16 and 17 November 2017 and was announced.

We gave the service 48 hours' notice of the inspection visit because the service provides domiciliary care and we wanted to make sure one of the managers would be available.

Inspection site visit activity started on 16 November 2017 and ended on 17 November 2017. It included a day to conduct telephone interviews with people who used the service. We visited the office location on 16 November 2017 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has expertise in a particular area, in this case, care of older people at home.

Before our inspection visit, we reviewed the information we held about Guardian. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We accessed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had not received the PIR due to the email address not being correct.

We spoke to 12 people who used the service via telephone and two family members who cared for their

relative. We spoke with nine staff, the regional manager, and the registered manager. We looked at the care plans for four people and other related records. We checked the recruitment files for four staff. We also looked at other documentation associated with the running of the service.

Requires Improvement

Is the service safe?

Our findings

We checked to see how the administration of medication was managed at the service. Most people managed their own medication, or family members did this on their behalf. People's medications were stored in their own homes so we were unable to check these; however we spot checked some completed Medication Administration Records (MARs). We saw staff underwent training via face to face training sessions and had to undergo competency assessments before they could administer people's medications. However, when viewing some completed MAR sheets we saw that record keeping was poor. These MAR sheets had been audited by a senior member of staff who had picked up on the fact that there were often missed signatures, or gaps in recording people's medication. Audits showed that people had received their medications; People we spoke with also raised no concerns with regards to this.

We looked at incident and accident forms and saw that some of the forms were incomplete or had missing information. For example, we viewed an incident where a carer had witnessed altercations between people. The boxes on the form for the action taken had not been completed. We saw evidence that the registered manager had taken action to address this, and this was recorded in another form, however the incident form did not reflect this. Also, when a carer had called 111 in response to an incident, this was not followed up with any additional action that needed to be taken in response to the 111 call, for example, whether the person's risk assessment needed to be reviewed. This meant we could not say for sure that lessons had been learnt from shortfalls in service provision.

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

We received mostly positive feedback regarding the staff from people using the service. People said they felt safe. Comments included, "Oh yes," and "None of them make me feel unsafe." Also, "I don't feel any risk, they are all caring," And, "I can't fault them."

However one person raised that on separate occasions they did not always know the staff member who was coming to visit them and this made them feel unsafe. They said, "I've never had a regular carer." They also said, "They ring the bell and don't give their names." Other people told us the care staff were often late, which could cause a problem for them. One person who was diabetic told us that staff had sometimes been late in the past, however they noticed this had gotten better recently. Other people told us that sometimes the care staff just 'turned up' which could be a problem, as the visit would sometimes be too early. Most people did say they received a phone call when care staff were running late. One person told us there was a time when the office rang to say they had no one for them, so they 'coped on their own.' The person said this had not happened again and was not recent. Another person told us that once the staff had been two hours late, however this had not happened since. Our discussions with the registered manager and regional manager indicated that they were aware some rota patterns needed to improve and were in the process of installing an Electronic Call Monitoring system (ECM), which would help to ensure staff were attending visits at the required time.

Before our inspection we requested some staff rotas were sent to us. This was because we had received a concern regarding rotas being unrealistic and calls being crammed together without any travel time in between. We analysed the sample we were sent and saw that most call times had adequate time in-between them. There were a few calls, however, where the addresses were at least 12 minutes apart. We raised this at this inspection, as we were concerned that staff were travelling half the allocated time to complete a half hour visit, making them late when they arrived. We were shown this rota in more detail, and saw it was what the service called the 'male run' which was undertaken by male care staff, to visit people who only wanted male staff. The registered manager said, "Sometimes, due to the run being quite specific it can be difficult to make it flow." This was from a geographical point of view. The registered manger and the regional manager had also completed their own analysis of rotas. They shared their findings with us and found that some rotas were not always set out in the best way, so they had made some changes to the way rotas were produced. The regional manager also informed us that once the Electronic Call Monitoring system (ECM) was in place, the service would be more advanced with regards to rota planning. This shows that the provider is addressing concerns, however we could not tell if this had been effective or not, as it had not long been implemented.

We recommend that the provider ensures rotas are subject to continuous quality monitoring to ensure they are fit for purpose.

Staff we spoke with told us there were enough of them to manage most of the time. One person we spoke with said the organisation could, "Do with a few more staff." The regional manager and registered manager updated us on their current recruitment drive, and this was positive with regards to the number of staff taking up posts within the organisation. The regional manager and registered manager were both honest and upfront about challenges they had to overcome with regards to staff numbers diminishing, however they were confident they had secured the numbers of staff back to where they needed to be. They used local advertising, refer a friend schemes, and an increase in the care staff's hourly rate. We saw that some staff had chosen to TUPE over to Guardian from a previous care provider. TUPE stands for Transfer of Undertakings (Protection of Employment). Which means that the care staff were employed in accordance with the conditions on their existing contracts.

Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had references on file. We did find an inconsistency with regards to one person's reference, which we raised with the registered manager at the time of our inspection

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults. This confirmed there were safe procedures in place to recruit new members of staff.

We looked at a number of care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, medication, pressure area care, moving and handling, use of particular equipment such as a hoist and physical health. For example, we saw that one person required a specific moving technique to ensure they were comfortable and to prevent skin breakdown. The process was clearly explained for the staff to follow. Some risk assessments were completed using a scoring mechanism, were a higher score would indicate a

higher risk. We saw that some risk assessments had a score, however this was not clearly explained on the risk assessment itself. We fed this back to the registered manager who took action and included an additional risk score table to explain what the scores meant. A comprehensive risk assessment was also completed on each person's property to identify risks to staff and the person themselves. As staff were expected to carry out their duties in peoples own homes we asked the registered manager how they ensured the staff had a safe environment to work in. We saw that an environmental risk assessment was completed for each of the homes the staff visited, including any parking restrictions, when staff would have to walk a far distance and any hazards in the home, such as damaged flooring or pets.
These assessments were reviewed each month to help ensure any change in people's needs was reassessed to ensure they received the appropriate care and support.

Staff were able to describe the action they would take if they suspected harm or abuse had occurred. This included reporting it to the registered manager, the local authority, or contacting the police depending on the nature of the concern. Staff had been trained in safeguarding, and understood the different levels of abuse and who might be most at risk. There was also a whistleblowing policy in place. The staff knew what whistleblowing was, and said they would report concerns without delay.

Staff we spoke with confirmed that they were well supplied with personal protective equipment (PPE). This included boxes of gloves to use when supporting people with personal care needs, and hand gel. Infection control training took place and all staff had been required to undertake this training which highlighted the risks of cross contamination and implemented appropriate hand washing techniques.

Good

Is the service effective?

Our findings

Most people we spoke with told us that the care staff had the right skills to do their jobs. Some people said some care staff needed "telling". However, the same person also told us that some of the staff are "fabulous." Someone else said, "They [care staff] are very good."

We saw that where possible, people had been pre-assessed before their care package commenced. We saw however, that on some occasions there had not been the opportunity for the senior care staff to meet people before they started receiving support from Guardian, due to the urgency of the care package needing to be in place. We did see, that where this was identified, the care plan from the local authority or care arranger was requested and put into place for the staff to refer to until the person could be visited by a senior member of staff to discuss their more individualised needs and preferences. This demonstrated that the service was working effectively with other services to ensure people were supported in the best way possible, in this instance, by supporting them to return to their own homes following a hospital stay.

The training matrix we viewed showed that all staff had engaged in the provider's regular training programme, which included specialised training such as dementia and end of life. Mandatory training covered first aid, fluids and nutrition, manual handling, Mental Capacity Act and DoLs, safeguarding, medication, infection control and fire safety. We spoke to staff regarding their training and all staff we spoke with told us they had received a full induction when they started working for the service, and then regular training refreshers as and when required. We observed some of the training taking place on the day of our inspection and saw that new care staff were actively encouraged to participate in the learning session. Staff told us they got a lot out of the providers training. Training refreshers were booked when needed and these were incorporated into staff rota's so the they did not miss the training sessions.

We saw that themed supervisions were regularly taking place. A themed supervision is when in addition to regular supervision topics, the registered manager focuses on a subject such as safeguarding, medication or the Mental Capacity Act. This is then discussed at length during the course of the supervision to check the staff member's knowledge of this subject.

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.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that people's individual capacity had been assessed as part of their plan of care, and in some cases, best interest meetings had been

arranged for people who were deemed to not have capacity for certain decisions, such as the support requirements of their care package. Consent was sought from people with regards to their records being shared and staff being able to enter their homes, and this was documented in their care plans. The registered manager and the staff were knowledgeable in their role with regards to this.

Some people were supported with meal preparation as part of their care needs. Everyone we spoke with told us they felt the staff made them enough to eat. Staff we spoke with confirmed they were able to support people with this and they had enough time to make sure people ate their meal. One person said, "They [staff] make my meals to my liking."

Staff we spoke with told us they had often called the GP or the District Nurses for support and advice when they had been asked by the person they supported. This also included calling 111 and the administering pharmacy for advice with regards to medication. We saw from care plans that visit times from staff incorporated any planned visits from District Nurses so people's care would not be affected. We also saw occasions were people's call times had been adjusted to enable them to attend medical appointments.

Good

Is the service caring?

Our findings

We asked people if they thought the staff were kind and treated them with compassion. People told us, "I find them very friendly." "I'm always having a laugh with them, they are friendly." "Very nice, I like them, yes." "They always have a chat." "I can't fault them, I give the carers full score." One relative told us, "They're lovely, very nice people." "The carers have all been lovely."

Most people we spoke with said that the staff promoted their independence as much as possible. One person told us, "They do what they have to do, and I do what I can." Another person said, "I just want them [carers] to do the least, and I'll do the most, that suits me." Also, "They [carers] give you the chance to help yourself."

We spent time speaking to staff, who all told us they enjoyed their roles. Staff were able to provide us with examples of how they ensured people were respected and their dignity was upheld while they were supporting them. Our conversations with staff showed that they were aware of the importance of gaining consent from people. Staff also explained that people were able to choose what care staff supported them. One staff member said, "I talk to [person] and learn about them."

Most people we spoke with said they could not remember being given a choice of male or female care staff, however most people said this was not an issue. Two people said that they had been asked whether they preferred a male or female. We saw evidence of a 'male only run'. Where people had requested their support to be delivered by male staff only. The registered manager told us that this was completely down to choice, and the service also tried to accommodate people's preferred call times.

We saw that people were supported to express their views regarding the delivery of their care, and telephone surveys took place monthly. This consisted of one of the coordinators calling the person to check if they were happy with the support being provided. This shows that people were actively involved in their care. Questions were asked such as; 'are you happy with your care staff?' and we saw that people's responses had been recorded. We saw that most people were happy, and only saw a few examples of issues, mostly about staff being late, being expressed. The registered manager told us this was one of the reasons why they were changing some of the rotas around, so the service could be more accommodating for people.

No one was receiving support form advocacy services at the time of our inspection, and most people had families who they lived with or who visited often or people did not require this type of support.

Good

Is the service responsive?

Our findings

We looked at how the service responded to and managed complaints. We noted there had been 21 complaints in the last twelve months; however we saw that most of these complaints had been responded to, and resolved. Some of the complaints were still being investigated, so there was not an outcome recorded. People we spoke with told us that they knew how to complain and would have no hesitation in raising a complaint. One person told us, "I would complain if I needed to." Another person said, "I know who to speak to." We asked people if they had raised a concern in the past, and if they felt the concern they had raised had been addressed. One person we spoke with, said they did not feel their concern had been addressed. They said someone said they would get back to them, but they did not, however, they also said that the issue had not happened since. Another person said they felt the service had improved since they had complained. Another person told us that someone, "Came out from the company and sorted it."

The complaints policy had recently been reviewed and contained details of how people should address their complaint, including the contact numbers of the Local Authorities or the Local Government Ombudsman if they felt their complaint had not been addressed to their satisfaction.

We saw that care was responsive to people's needs. This was because care plans contained detailed and thorough information about each person, their likes, dislikes and preferences. For example, in addition to the task being outlined, which the carer must complete for the person while visiting them, such as medication, washing, dressing or make supper, there was also very specific information. One person's care file stated, 'This is how I prefer to sleep, please use these pillows'. The care plan then went on to describe in detail how care staff should place the pillows under their arms and legs for comfort. This also demonstrated that the service was respecting people's diverse needs and choices. Another person's care plan stated that they liked to have a nap in the afternoon and staff were to be mindful of this when visiting the person. Also, we saw one person who no longer used speech due to a decline in their cognitive ability. Their care plan was very specific around communication and how the person communicated with staff if they felt frustrated or were in pain. This shows that the service is taking time to get to know people, and encouraging staff to support them in a way which they were comfortable with and is responsive to their needs.

We saw that staff were trained in end of life care and this was discussed as part of the induction process for staff. We saw that people who were supported to remain in their own home had input from District Nurses as well as the support from the staff at Guardian.

Requires Improvement

Is the service well-led?

Our findings

We saw that the provider and registered manager had made improvements with regards to the rotas and they were clearly trying to address some of the concerns regarding the poor quality recording of MAR charts in peoples care plans and recording of incidents. However, we saw that some audits were lacking in detail and action points following audits were not always documented. For example, we saw a quality audit which had taken place in July 2017 by a senior manager within the organisation. This had identified that action was not always evident by management after incidents, or additional in house audits. We also saw an audit had taken place of one person's care plan, the audit had highlighted that staff were not using the right recording of the time. We saw the audit from the previous month and the same issue had been highlighted. The action plan for this was not completed, therefore, there was no way to be sure the issue had been addressed. The registered manager and regional manager acknowledged that a more robust audit would be implemented and completed by the registered manager which would focus on formulating action plans when omissions were highlighted and these would be checked weekly for progress.

We saw this poor MAR documentation had been an on going issue for the last few weeks. The service had taken some action to address this with the staff, however this was still an issue and there was still some recent poor recording of MAR records. Also, no additional follow up action was recorded by the registered manager when the issues had been highlighted.
We saw some issues regarding poor record keeping and lateness of calls had been addressed on a memo which had been sent to all of the care staff at Guardian. However, when we asked the staff team about the memo, they were unsure at first of the content, however, they did confirm they had received it. This means that the registered manager was not ensuring communication was implemented within the staff team to reduce the issues from happening. Overall the provider was transparent about stating where shortfalls in service provision were, however, had not developed the auditing process enough to be able to evidence remedial action had been taken to prevent future occurrences.

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

There was a registered manager in post.

Everyone we spoke with was positive overall about the service they received from Guardian. Some of the comments we received included, "I would recommend." "I am satisfied." "No problems, I would recommend." "I am happy." "I'm completely satisfied." One person was not sure, but did not speak negatively about the service.

We asked people if they had the opportunity to provide feedback and if they had been engaged with regarding the service being provided to them. People told us that someone from the management team in the office came out to speak to them in their homes and completed spot checks on the staff. One person said, "They came out and watched the carers making sure they did everything right." People also told us they were often asked their opinion of Guardian, one of the coordinators would call and ask them questions.

People also confirmed they had received a survey to complete. We saw evidence of these checks taking place and the results of the survey were analysed.

We saw that the service was committed to achieving good outcomes for people. Most people's outcomes were to remain as independent as possible in their own home and this was the ethos of the service. We saw when we observed training that this was discussed, along with how to ensure people's dignity was protected. Care plans contained some basic outcomes for people, such as to 'remain independent'. Staff we spoke with felt that the service tried to deliver 'good care' and were working hard to achieve this. Staff told us they liked working at Guardian.

Team meetings took place every month. We were able to see minutes of these and saw agenda items such as staffing, call times, training and health and safety.

The service had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The registered manager was aware what was required to be reported to CQC by law. As this was the services first inspection under the new provider's registration there were no requirements for previous ratings to be displayed.

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 Records relating to people's care were not always kept in good order. Quality assurance systems were not robust enough and there was no process in place for formulating or checking action plans.