Carewatch Care Services Limited

Carewatch (Reading and West Berkshire)

Inspection report

The Malthouse
1 Northfield Road
Reading
Berkshire
RG1 8AH

Tel: 01189572844
Website: www.carewatch.co.uk

Date of inspection visit:
02 May 2017

Date of publication:
04 July 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

This inspection took place on the 2 May 2017 and was announced.

At our last inspection on 19 January 2016 we found that the service required improvement in three areas including keeping people safe, providing an effective service and being responsive. We undertook this comprehensive inspection to check on the progress of any improvements and to make a judgement about the overall compliance of the service. We found the service had made the necessary improvements highlighted at the previous inspection. However, we found that there were deficits with safe recruitment practices where improvements needed to be made.

Carewatch Care Services Limited is a care agency which provides staff to support people in their own homes. People with various care needs can use this service including people with physical disabilities, mental health needs and older people. At the time of this inspection 140 people received care from this service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and their relatives told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were thorough, however, we found that processes were not always adhered to according to regulations or the providers own procedure and there was no registered manager oversight of the practice. Medicines were managed safely. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service. You can see what action we told the provider to take at the back of the full version of the report.

People were supported to have choice and control of their lives, in relation to their care package, and support was provided to them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

The majority of people and their families spoke positively and were complimentary of the services provided.

The comments we received demonstrated that the vast majority of people felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within their homes and the community. People received care and support from familiar and regular staff most of the time and some would recommend the service to other people.

People's needs were reviewed and their care and support plans promoted person-centred care. Up to date information was generally communicated to the staff to ensure they could provide the appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received and identified areas for improvement.

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. The provider allowed staff to work at the service on their own without completing all required recruitment checks.

Staff knew how to protect people from abuse.

People felt they were safe when receiving care and support from staff.

The provider had emergency plans that staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Is the service effective?

Good

The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People were supported by staff who had received relevant training and who felt supported by the registered manager.

Staff sought advice with regard to people's health, personal care and support in a timely way.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good

The service was responsive.

Regular staff knew people well and responded to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well led. The registered manager had not established an effective recruitment system to enable them to ensure compliance with the fundamental standards or with their own organisational policies.

There was an open culture in the service. People and staff found the registered manager approachable, open and transparent.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored through discussions and action was mostly taken when issues were identified.

Carewatch (Reading and West Berkshire)

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 the 2 May 2017. It was carried out by one inspector.

We gave the service 48 hours' notice of the inspection because it is office based and we needed to be sure that relevant staff would be available.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included some information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law.

We spoke with a range of staff including the registered manager, one care coordinator, a quality officer and the administrator. In addition, we spoke with the area manager for the company and a care support worker in person. We spoke on the telephone with thirteen people and\or their relatives about the quality of care they received. Email responses were received from three clients and or relatives of people. We requested feedback from a range of professionals who had contact with the service and received six responses from commissioners, a quality and contracts officer from a local authority and health and social care professionals. We requested information via email from care staff employed by the service and received eleven written replies.

We looked at four people's records and documentation that was used by the service to monitor their care. In addition, we looked at three staff recruitment files of the most recently appointed staff. We also looked at staff training and other records used to measure the quality of the services.

Requires Improvement

Is the service safe?

Our findings

People were not always safe when receiving care from Carewatch (Reading and West Berkshire). Recruitment processes were not always followed and had the potential to put people at risk

The provider's recruitment procedures were detailed in a policy document. The procedure included completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. Application forms were completed and face to face interviews were held and responses to questions were recorded. However, the end to end process was managed by the administrators in the office with no oversight by the registered manager or senior experienced care staff. Of the three staff files reviewed two care staff had completed induction and commenced working alone prior to receipt of either of the two employment references requested. This meant the registered manager had allowed the staff to provide personal care to people without having evidence of their satisfactory conduct in previous employments. It also meant they had not verified the reasons why the new staff members had left those employments, as is required. In one of these examples a reference from the applicant's husband had been accepted as the main employment reference. There was no reason documented as to why the registered manager considered this reference appropriate.

This was a breach of Regulation 19 and Schedule 3 in particular of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not fully safeguarded people from potentially unsuitable staff.

We noted from subsequent discussion with the registered manager that the day following the inspection visit the system of staff recruitment had been reviewed and changed to ensure that the likelihood of a repeat of the situation was significantly reduced.

The service had reported incidents of alleged or potential abuse to the local authority safeguarding team since the date of registration in September 2015. The number of safeguarding incidents had significantly reduced in the year 2017 to date. People were protected against the risks of potential abuse. They informed us that they felt safe from abuse and/or harm from their carers (staff). Care staff told us that people were kept safe and that there were robust procedures which they were duty bound to follow in order to keep them and people safe at all times. We were assured that staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. However, we were provided with an example where the correct procedure for the entry to a property was not followed as recently as the week prior to the inspection visit. The situation had the potential to put the person at risk. This was fed back to the registered manager who planned to follow up the concern. The information we received confirmed that staff knew what to do if they suspected people they supported were at risk of abuse. Staff were provided with details of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe. One person said, "I feel safe definitely, and I have no complaints." Another said, "Oh yes I am safe with the staff and they always wear their aprons and gloves." One relative told us, "In the past year I have had a great weight taken off my

shoulders. I know my wife is safe and being treated with the respect she deserves." One staff member commented, "I am confident that our customers are safe and well treated." Another staff member told us, "I am completely confident that the clients are very well looked after."

Any identified risks to people were included in their care plan together with guidance for staff on how to manage and/or minimise the risks. Routine risks included manual handling, medicines, functional capabilities, dietary needs and any allergies. There were on call numbers and guidance available for staff should there be an emergency. Previously there had been some concerns that the on-call system was not working properly. It was reported that the system was now working more efficiently and staff consistently confirmed that this was the case. We saw that a business continuity plan was in place which provided clear instruction for the action to be taken in the event of unforeseen occurrences such as a utility failure or flood.

People we spoke with told us that all staff wore uniforms, aprons and gloves when required. The staff training records indicated that staff had attended health and safety training that included infection control, moving and handling and fire awareness.

All staff had received training in medicines awareness and only those who had undertaken the training were able to support people with their medicines. Where the service supported people with medicines this was set out in their care plans. We were told by the registered manager that there had been no incidents of missed or incorrect administration of medicines over the past four months.

There were enough staff employed by the agency to safely meet peoples' needs within the timeframes of their care packages. The registered manager informed us that they were robust in their refusal to accept additional care packages unless they had sufficient staff to meet the needs of people safely. She reported that the biggest challenge for the service was the recruitment of staff in the right geographical areas to meet people's needs and preferences. A targeted approach to recruitment had been adopted in an attempt to ensure that appropriate staff, in the right numbers and areas could be effectively deployed. The registered manager had responded to any staff conduct issues appropriately by following the provider's disciplinary procedures. From records we reviewed and subsequent discussions we saw that all incidents including accidents had been reported and appropriate action had been taken. However, we noted from the paper records that details of the accident/incident and the action taken together with any learning were not always clearly evident. The registered manager undertook to provide a clear audit trail in all future occurrences. All incidents and accidents were monitored by the registered manager and dedicated personnel employed by the company. Any trends or common indicators were addressed to prevent recurrence whenever possible.

Good

Is the service effective?

Our findings

People informed us that they received care and support from friendly and familiar staff who were mostly well trained and informed. One person said, "The service we have received is excellent, all the staff are courteous and respectful." Another person told us, "I have been with Carewatch for nine years. I think that speaks for itself." Other comments included. "Yes they are all pretty much on time." "I have no complaints, the service works well for me." Yet another told us that they usually had the same and familiar carers but occasionally someone called who they didn't know to cover staff sickness. Other people told us that the consistency of staff had improved and the majority were always happiest when they had carers they knew and trusted. We received some comments from people or their relatives that whilst understanding different carers would occasionally need to call they were not always sufficiently briefed about when this might happen. In addition, the staff were not always effectively prepared with relevant and important information about people prior to their visit. This was passed to the registered manager who undertook to take action. Several people or their relatives were complimentary about individual carers describing them as "brilliant" and "excellent".

Staff were rostered to cover calls to each person's home at variable times of the day according to the needs and preferences of the individual. An electronic rostering system had been introduced just prior to the New Year and had significantly improved the effective and timely deployment of staff. The evidence suggested that the service had improved the consistent overall deployment of staff but feedback indicated that there were occasions when the rota was changed at short notice or calls were running late. This caused some people to feel anxious whilst understanding that short notice absence created additional pressure for those staff on duty. The registered manager told us that the care co-ordinators could and were deployed to cover calls when unforeseen absences occurred. She acknowledged that regular rounds worked well for people and staff. They significantly reduced the likelihood of staff unfamiliar with people and their preferences being deployed to calls to cover gaps in the rota in addition to their own duties. This was a standard practice which the service was always aiming to achieve. The registered manager told us that there had been no missed calls since the introduction of the system.

The majority of staff members had a timetable of calls to people they supported regularly as far as possible. There were additional staff deployed as 'floaters' who could cover gaps when either staff absences or unforeseen incidents arose with people. Draft rotas were issued to staff each week for cover the following week. Corresponding rota's had been regularly issued to people although a small number told us that changes were made occasionally and rota's had not been issued just recently which according to the registered manager were due to problems with printing. The timetable was designed to provide support and / or personal care by consistent staff. A person's relative said, "The carers mostly arrive at the time agreed and with the same care staff."

The majority of people, their relatives and care staff described communication as much improved. In response to questions about effective communication we were told that the office based staff were available and relevant information was mostly passed on. However, we were provided with a small number of examples from people where information was not passed on by office staff to relevant care staff. The office

based staff reported that communication had vastly improved over the last six months. They described much more positive working relationships and excellent support and guidance for each other and from the registered manager. Of the eleven staff that provided feedback ten indicated that changes were communicated appropriately.

Changes in people's health and/or well-being prompted a referral by the service to the appropriate health or social care professional. Examples were evident from discussion with staff and relatives of people together with some feedback from health and social care professionals. The majority of staff told us that they were kept informed of changes with one commenting, "Yes, I am kept informed all the time." We were told that people who required support with their meals received assistance from staff within an agreed and appropriate timescale to promote their nutritional needs. However, feedback received from commissioners suggested that this had not always been the case with the service having a history of missed and/or late calls and some individual concerns over the quality of practice provided. The most recent information received indicated that there was an improving picture but close monitoring by one authority was continuing. Staff were prompted within care plans to obtain consent from people before any task or activities were commenced with them.

The majority of people and their relatives said that staff had the skills and knowledge to give the cared for person the care and support they needed. As already mentioned this was most likely to break down when unfamiliar staff were deployed. Information was provided within a staff handbook which was made available to all staff. All staff were required to undertake induction training which was modelled on the care certificate. The care certificate is a set of standards that health and social care workers need to complete during their induction period and adhere to in their daily working life. We saw from records that staff received an induction that enabled them to support people confidently. The registered manager stated that as part of staff's initial induction they did not work alone unsupervised until they were confident within their role to support people. Staff new to the care industry received additional support and monitoring according to their confidence and performance. Every effort was made for new staff to shadow with those people they were likely to be supporting in the future. The care co-ordinators provided feedback to new staff members immediately and made an electronic record of the observation which could be referred to in one to one meetings for follow up about performance and to identify any training or support needs.

The training record provided gave an overview of all training undertaken by staff which indicated that all staff were either up to date with required training or were booked on to refresher courses. All staff were eligible to undertake formal qualifications once they had successfully completed six months employment. It was reported in the Provider Information Return, submitted in January 2017, that of the 70 staff employed at that time 29 had completed formal industry qualifications. Staff confirmed that they received regular training with comments including, "Yes, we have online training and in person training." Another said, "We have access to a wide range of training." The registered manager informed us that she had secured additional training for staff over and above the required topics set by the provider organisation and these included, palliative care, recording and reporting, good dementia care, MAR (medication administration records), and dysphagia (difficulties with swallowing).

The policy of the provider was that all staff should receive supervision approximately every three months. This included spot checks which incorporated an element of staff supervision and practice monitoring. We saw the records for supervision and spot checks. The matrix indicated that the majority of staff had received supervision, spot checks and appraisals within corporately required timescales. Staff feedback confirmed that they were adequately supported through a schedule of supervisions which had significantly improved over the last three months. Spot checks and staff meetings, including night sitting staff, were held regularly to enable practice observation, discussion and information sharing. We were told that staff did receive pay

for attending meetings.

People's legal rights to make their own decisions were upheld and understood by staff who had a clear understanding of the Mental Capacity Act (2005) (MCA). The 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. Applications to deprive people of their liberty must be made to the Court of Protection. At the time of our visit, no one was being deprived of their liberty or lacked capacity.

Good

Is the service caring?

Our findings

The service was caring. People were treated with care and kindness. Staff were knowledgeable about the people they cared for regularly, their needs and what they liked to do. One relative told us, "I do appreciate the service provided. It helps me feel some confidence that my (family member) is well looked after". Another person said, "The carers are lovely, some of them are more like family now."

People's diverse needs and how to meet them were contained in people's individual care plans. We saw they included cultural and spiritual needs, where they had been identified. People's relatives, where appropriate, said they had been involved in planning and reviewing their care. Care plans included an area for people to sign to confirm they had been involved in care planning where appropriate. The recording of people's preferences, likes and dislikes was in evidence. The registered manager and care staff endeavoured to keep in regular contact with the person's relatives by phone and/or in person where appropriate.

The registered manager told us she frequently visited people and worked alongside care workers periodically. We were confident from what we were told and from the records we saw that care staff were committed to maintaining people's well-being and were alert to people's changing needs. However, this was most evident when care staff were deployed regularly to support people's needs who were familiar to them. Records seen confirmed that unannounced spot checks were periodically undertaken whilst they were working with individuals in their homes to ensure that care staff were working to the values of the company.

Information was provided for people and their carers through a service user guide. This gave guidance about what to expect from the service and included contact details should they need to speak with someone either during or out of office hours. This was confirmed in discussion with people and/or their relatives. A standardised folder was maintained in each person's home that provided essential information about the person including a copy of their most up to date care plan. Various other leaflets and information was provided for the convenience of the person and if appropriate their family members.

People's care records were kept secure in an electronic data base together with a paper copy and a duplicate in the person's home. There were periodic checks of people's care plans and daily records which were maintained in people's homes. It was as a result of these checks that recording and reporting training had been implemented to improve the standard of recording and to ensure that all staff understood when to escalate concerns. Daily logs once completed were returned to the office and locked into cabinets kept within the office. We saw that daily logs provided information about each call in differing degrees of detail, and generally gave an overview of the person's wellbeing. The registered manager told us staff were fully aware of their responsibility not to disclose people's personal information to anyone, and not to refer to other clients or their carers when in a person's home. People told us they had no concerns about confidentiality and said their care workers were discrete. We asked people if their workers protected their privacy and dignity. They told us they did, one person commenting, "They always protect my privacy and treat me with respect". One person did tell us they preferred more mature care staff to assist them with intimate tasks and this had been adhered to.

Good

Is the service responsive?

Our findings

The service was responsive. People had individual care plans developed from an assessment carried out prior to them using the service. Wherever possible prospective care staff were introduced to people before the service commenced. However, we did receive feedback from two people to say that this did not always happen in their experience. Care plans were sufficiently detailed and contained information with regard to people's individual wishes about how they preferred to be supported. They gave guidance to staff with regard to supporting people in aspects of the care the service was responsible for. They also helped to ensure people remained in control of their lives and retained as much independence wherever they were able and when appropriate. Formal reviews of people's care plans were undertaken after three months, six months and then annually as a minimum or whenever people's needs changed. We were told that a telephone review after a week into a new care package had just commenced to ascertain satisfaction with the arrangements. There was a periodic review of daily care notes, usually undertaken during spot checks, which were also used to improve record keeping overall. People told us there had been spot checks and they were involved in the reviews, had the opportunity to discuss their care and request changes.

Staff provided some feedback about how they responded to peoples or their carer's changing needs. This was confirmed through feedback from people and their relatives. Staff wrote any concerns in the daily notes and informed the office immediately. We were told that office staff would then inform the next care staff member due to visit the person and/or inform the relative where appropriate. They would also take action if a more in depth review of the care was needed or if referral to a health care professional was indicated. Daily records were audited by the registered manager or the care coordinators on a periodic basis dependent on the level of care provided.

We heard from one of the care co-ordinators that work had been undertaken with other organisations in order to enhance the support available to people. For example, one person had become quite depressed and was complaining of failing sight. The service arranged a consultant appointment together with hospital transport. As a result, a specific magnifying tool was supplied and the person was now much happier and able to undertake a previously enjoyed hobby which involved needlework. In another example, a meeting had been arranged with Age UK to arrange access to specific financial advice and support for those people who may need it. In addition, research into lunch clubs, befriending services and short term respite providers had resulted in some people accessing these services with tangible benefits to them. There was now a greater emphasis within the service on networking with other services and distributing relevant leaflets to those people who might benefit from them.

People and their families told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. We were told that a face to face visit was always arranged to a complainant as part of the information gathering process together with an acknowledgement letter. The service organised complaints separately according to the relevant commissioning authority. We saw that they had been responded to appropriately and we heard about what action had been taken to minimise the risk of reoccurrence. However, we noted from complaints records that there was insufficient detail recorded to provide a clear audit trail of the nature of the complaint, the response implemented and the conclusion

and/or action which had resulted. The registered manager undertook to address this. The complaint procedure detailed that complaints and concerns would be taken seriously provided timescales for responses and should be used as an opportunity to improve the service. We saw a file of numerous compliments which had been received about the quality of the care provided.

Requires Improvement

Is the service well-led?

Our findings

The provider had not introduced an effective recruitment system to check they were meeting their legal obligations and meeting regulations to ensure all required recruitment information and documents were available as required of the regulations. We noted from subsequent discussion with the registered manager that the day following the inspection visit the system of staff recruitment had been reviewed and changed to ensure that the likelihood of a repeat of the situation was significantly reduced.

The majority of people and their families were generally happy with the services provided by the service. They told us that the agency listened to what they had to say and acted on this to promote person centred care and improve services. There was a view from people, their relatives and care staff that the organisation of the service had improved over time with management and office based staff now available at all times. Comments from staff about the service included, "Our management team are always available at the end of the phone when we need them." "I can always contact management when and if it is needed." The feedback we received from people and/or their families included, "If for any reason we need to contact their office we are always treated with the upmost respect." Although one relative informed us that despite continued promises they were still not being sent the weekly rota.

It was evident that improvements still needed to be made with the organisation and allocation of calls for some people. However, overall we identified a positive culture, which was predominantly person centred and where the vast majority of staff demonstrated a good understanding of equality and respect. In addition, we received very positive feedback from some health care professionals about the management and responsiveness of a particular service provided by the agency with regard to supporting people following and preventing hospital discharges. One comment was, "The manager at Carewatch works tirelessly with us to ensure that the care they provide is of the highest quality".

People benefitted from a staff team who were supported in their work. There was confidence that any concerns could be taken to the management, they would be taken seriously and the registered manager would take action where appropriate. We received examples from people where requested changes had been acted on promptly and to their satisfaction. However, for a small number of people repeated requests were not being fulfilled as promised. Staff members told us the efficiency of the office based management team had improved and was now more accessible and approachable and dealt effectively with the majority of concerns they raised. The registered manager was open with them and always communicated what was happening at the service.

The service had quality assurance processes which were designed to measure the quality of the service and to act on areas that required improvement. The registered manager worked to a detailed risk assessment and improvement plan the results of which were drawn from a variety of data and audits including the organisations key performance indicators and quality visits from the organisation's quality improvement team. The most recent quality visit report was provided after the inspection visit. The quality visit was conducted over two days in March 2017. We noted that the registered managers preferred option was to maintain paper copies as well as electronic entries of a range of documentation which was not required by

the provider organisation. We saw that a range of improvements required to paper documentation was highlighted in the report which included areas raised by the inspector during the inspection visit. It was apparent that not all of these actions had been addressed including clear recorded actions/conclusions following accidents/incidents, safeguarding alerts and complaints. The quality report also raised concerns over the accuracy of audits and key performance indicators provided by the Reading branch. We saw some of the audit documentation undertaken within the branch but it was not always easy to ascertain exactly what action had been undertaken to address any errors or omissions. The registered manager undertook to address this and confirmed that it was included in their overall risk assessment and improvement plan.

Quality assurance processes included formal requests for feedback from people and/or their next of kin on a three monthly basis. In addition, periodic telephone calls were made to people by the coordinators. These calls were to discuss the quality of the service and to check if there were any concerns which needed to be addressed. We saw the client survey results for 2016 that indicated less than the desired level of satisfaction with the consistency of care staff, new staff identifying them-selves appropriately and effective responses from office based staff. These areas were included in the action plan and evidence suggested that in March 2017 satisfaction had increased except for the consistency of staff. However, the number of responses was lower in the more recent survey. We were advised that client quality surveys were planned to be outsourced by the provider organisation and this would provide more detailed feedback.

All care staff were encouraged to communicate with the office based staff on a regular basis to discuss their role, advise them on any issues they may have and to communicate relevant information regarding the people they support. Periodic unannounced spot checks were undertaken to observe the care practices of staff and to gain people's views. The service kept people and their relatives informed on what was happening with the service as far as possible. Care plans, daily records and risk assessments were reviewed on an on-going basis and any changes were recorded on the care plan and in daily records. Staff training was monitored and reviewed regularly by the use of a training matrix and supporting documentation. The key performance indicators showed that there had been a marked improvement in staff training with a most recent compliance of 93.97% and client reviews at 95%+.

The registered manager had attended workshops and service related meetings with local authorities which had been run locally and covered a range of topics. All of the service's registration requirements were met. The organisation had a system in place where individual staff could be nominated at branch level as an employee of the month. This was in order to recognise and celebrate particularly good practice or behaviour on the part of the nominated individual.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered person had not ensured that information specified in Schedule 3 was available in respect of staff employed for the purposes of carrying on a regulated activity. The registered person had failed to obtain satisfactory evidence of staff member's conduct in previous employment relating to working with children or vulnerable adults. Regulation 19 (1)(a), (3)(a) and Schedule 3 (1-8).