

Allied Care and Nursing Ltd

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Inspection report

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28 November 2017

29 November 2017

12 December 2017

10 January 2018

22 January 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was completed on the 28 and 29 November 2017, 12 December 2017, 10 and 22 January 2018 and was announced. At the time of this inspection there were 45 people receiving a service from Allied Care & Nursing Ltd.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service for older adults living within Southend on Sea. The domiciliary care agency office is in close proximity to all major bus and train routes.

At the last inspection on the 5 and 6 December 2016 and 11 January 2017, the service was rated 'Requires Improvement'. A breach of regulatory requirements was evident for Regulation 12 [Safe care and treatment], Regulation 13 [Safeguarding service users from abuse and improper treatment], Regulation 17 [Good governance], Regulation 18 [Staffing] and Regulation 19 [Fit and proper persons employed]. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of 'Safe', 'Effective', 'Responsive' and 'Well-Led' to at least good. The action plan was received detailing the improvements they intended to make. At this inspection, we found the service remained rated 'Requires Improvement'. This is the second time the service has been rated 'Requires Improvement'.

The registered provider was also the registered manager. The registered provider had delegated the day-to-day running of the service to the newly appointed care manager. The latter was previously the care coordinator. 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.

Staff recruitment practices required significant strengthening as not all records had been sought. Newly employed staff had not received a comprehensive induction. This included induction for staff where they had been promoted to a different role. Not all staff had received mandatory training or other specialist training to meet people's needs. Staff had not received regular formal supervision and where this was in place, staff did not feel it was 'fit for purpose'.

Effective robust arrangements were not always in place to assess and monitor the quality of the service. Quality assurance systems had failed to identify the issues we found during our inspection to help drive and make all of the necessary improvements required to achieve compliance with regulatory requirements and the registered provider's own policies and procedures.

Although there was no impact to suggest that people's care and support needs were not being met, not all risks to people's health, welfare and safety had been identified. Improvements were required to guide staff in the steps they should take to mitigate risks to ensure people's safety and wellbeing.

Although people told us that staff provided care and support that was kind and caring, not all arrangements were as effective as they should be and if not monitored carefully, could potentially impact on the delivery of care people received. This referred specifically to the deployment of staff not always being appropriate and staff attending to people on their own despite the person using the service being assessed as requiring two members of staff.

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. People were protected by the registered provider's arrangements for the prevention and control of infection despite not all staff having attained training in this subject. Arrangements were in place for learning and when things go wrong.

People's nutritional and hydration needs were met. People received appropriate healthcare support as and when needed and staff knew what to do to summon assistance. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have choice and control of their lives. However, staff understanding and knowledge of the key requirements of the Mental Capacity Act (MCA) 2005 required improvement.

Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. People confirmed they were treated with respect and dignity and were able to maintain their independence wherever possible.

Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Information about how to make a complaint was available and people's representatives told us they were confident to raise issues or concerns.

We have made recommendations about the management of risk and the deployment of staff within the service to meet people's care and support needs.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Not all risks to people were identified and improvements were required to record how these were to be mitigated to ensure people's safety and wellbeing.

Improvements were required to ensure staff were recruited safely and all records as required by regulation sought. The deployment of staff was not always suitable to meet people's care and support need. Not all staff had up-to-date medication, infection control and food hygiene training.

The arrangements to review and investigate events and incidents and to learn from these required minor improvement.

Policies and procedures were followed by staff to safeguard people and staff understood these measures.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Training for staff was not up-to-date. Not all staff had received a robust induction and improvements were required to ensure staff received formal supervision and 'spot visits'.

Suitable arrangements were in place to meet people's nutritional, hydration and healthcare needs.

Requires Improvement ●

Is the service caring?

Whilst some aspects of care provided by staff were good, other arrangements were not as effective as they should be and this could potentially impact on the delivery of good quality care if not monitored carefully.

People and their relatives were positive about the care and support provided by staff. People told us staff were kind, caring and treated them with respect and dignity. Staff demonstrated an understanding and awareness of how to support people to maintain their independence.

Good ●

Is the service responsive?

The service was responsive.

People's care plans were sufficiently detailed and accurate in relation to their care and support needs, with the exception of risk assessments.

Complaint management arrangements were in place. There was a low incidence of complaints and the service had received many compliments.

Good ●

Is the service well-led?

The provider's systems to check the quality and safety of the service required improvement because it had not identified or rectified some of the areas of concern that we found at the last inspection.

Requires Improvement ●

Allied Care and Nursing Ltd

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.

Inspection site visit activity started on 28 November 2017 and ended on 22 January 2018. We visited the office location on the 28 and 29 November 2017 to see the registered manager and office staff; and to review staff records, people's care records and policies and procedures. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they or another representative would be in. We conducted visits to people's home on the 12 December 2017 and spoke with staff on the 10 and 22 January 2018.

The inspection team consisted of one inspector.

We used information the provider sent us in the 'Provider Information Return'. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with five people living at the service, two relatives, five members of staff, the care manager, the administrator and the registered provider. We reviewed seven people's care files and seven staff recruitment and support records. We also looked at the service's quality assurance procedures and processes, the registered provider's arrangements for managing medication, staff training records, and complaint and compliment records.

Is the service safe?

Our findings

Safe was rated as 'Requires Improvement' at our last inspection on the 5 and 6 December 2016 and 11 January 2017. At this inspection, we found that safe remained rated as 'Requires Improvement.' At our previous comprehensive inspection to the service in December 2016 and January 2017, we found that not all risks to people were identified and assessed and minor improvements were required in relation to medicines management. Robust procedures and processes were not in place to safeguard people from harm and abuse. The registered provider's arrangements for the recruitment of staff were not safe and effective. This meant there was a breach of Regulation 12, 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found that not all of the required improvements had been sustained and maintained. This referred specifically to the registered provider's arrangements to assess and record risk and to promote safe recruitment practices. Areas that had improved included protecting people from harm and abuse.

Staff recruitment records showed the provider's recruitment practices continued to not be operated in line with their own policy and procedure or with regulatory requirements. The registered provider confirmed that the task of recruitment and selection of new members of staff remained the responsibility of the service's administrator but overseen by the service's care manager. Despite our findings in December 2016 and January 2017, at this inspection these arrangements continued to be ineffectual as the registered provider was unable to show that effective and proper recruitment checks had been completed on all staff before they commenced working at the service. The registered provider's Provider Information Return [PIR] dated 3 November 2017, recorded all care staff underwent proper recruitment checks. This did not concur with our findings.

We found that satisfactory evidence of conduct in their previous employment, in the form of written references, had not been received for five out of seven members of care staff prior to their employment at this service. In addition, three member of staff's 'professional' reference was not from their most recent employer. We found that three members of staff had been employed prior to a Disclosure and Barring Service (DBS) certificate being obtained. There was no evidence to show staff were supervised and the above decision to commence employment had been risk assessed. Furthermore there was no information recorded as part of good practice procedures relating to the interview for six out of seven members of staff. No recruitment file was evident for the service's administrator and this was confirmed as accurate by the newly appointed care manager.

A written record was not completed or retained to demonstrate the discussion had as part of the interview process and the rationale for staff's appointment. This showed that robust measures had not been undertaken to retain information recorded to enable the registered provider's representative to make an initial assessment as to the candidates relevant skills, competence and experience for the role and; to narrow down whether or not they were suitable. Staff told us the interview process was not robust and confirmed a record of the interview was not maintained. We discussed the above with the registered provider. They were unable to provide a rationale relating to the shortfalls identified and the recruitment

practices within the service.

This continued to be a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate arrangements were still not always in place to manage risks to people's safety. Where risk assessments were in place, we found that these primarily related to people's moving and handling needs and environmental risks. Other risks relating to people's health and wellbeing had not always been considered, identified and assessed. For example, no risk assessment was evident for people who required catheter or stoma care and the associated risks, such as, blockage, the risk of infection, pain and discomfort to the person had not been measured. Furthermore, risk assessments had not been considered for people who had poor skin integrity and which had resulted in a pressure lesion or pressure ulcer developing. Additionally, where people were identified as at risk of aspiration and choking as a result of swallowing difficulties, no information was recorded detailing steps staff should take to keep the person safe. Although there was no impact to suggest that people's needs were not being met, the above risks had not been identified or anticipated and people were at potential risk of receiving care and support that was unsafe and did not meet their needs.

We recommend that the service seek support and training from a reputable source to ensure risks to people are assessed, recorded and mitigated for their safety and wellbeing at all times.

Information within people's individual support plans specified which people required their medication to be administered or prompted, administered by family members and those who were able to manage their medication with minimal staff support. No one was identified as requiring their medication to be given without their knowledge or consent. We looked at the Medication Administration Records [MAR] forms for four people. Where people required a once weekly medication which should be administered at least 30 minutes before all other medicines and food, the MAR form showed it was given at the same time as other medications. We discussed this with the care manager. They acknowledged that they were unaware of the potential risks and the special circumstances that must be adhered to in relation to this medication. An assurance was provided that a review of people's medication would be undertaken to ensure the prescriber's instructions were followed.

Concerns were identified in relation to medicines management since our last inspection in January 2017. In September 2017 an incident occurred whereby one person had been administered the wrong medication. We discussed this with the previous care manager to the service. They told us that following the incident, an incident report had been completed and both members of staff had been spoken with. The incident report recorded both members of staff would receive refresher medication training; however this was only undertaken with one member of staff. Not all staff spoken with had received medication training, though they were supporting people to take their medication. The administrator and care manager were advised to ensure all staff who administered medication received appropriate up-dated training.

People and relatives told us there were always sufficient numbers of staff available to provide the care and support as detailed within their support plan. Where staff were assigned regular visits each day, people told us that staff generally stayed for the full amount of time allocated so as to ensure care tasks had been completed and to meet the person's needs. Each person spoken with confirmed there had not been any missed calls. The care manager told us the only way the service would know if there had been any missed or late calls was if the person using the service or their member of family directly contacted the office and advised them.

Staff confirmed they generally received their roster one week in advance. However, staff stated their visits were not always well planned by the coordinators responsible for scheduling, as they did not always make available sufficient travel time between visits. This meant more often than not staff were late for their visits. Staff spoken with told us there were occasions whereby they had been asked by either the care manager or care coordinator to attend to people on their own despite the person using the service being assessed as requiring two members of staff.

We recommend that the service review the deployment of staff to ensure it meets people's care and support needs in a timely way and as per their assessed needs to ensure their safety.

People told us they were confident that their member of family was kept safe at all times. Effective safeguarding arrangements were now in place to keep people safe. No safeguarding concerns had been highlighted since our last inspection to the service in January 2017. Staff were able to demonstrate a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse, however not all staff were confident the registered provider and care manager would deal with any concerns effectively.

People were protected by the prevention and control of infection. Staff told us they understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance when supporting people in their own homes. Staff confirmed they had access to sufficient supplies of Personal Protection Equipment [PPE], such as gloves and aprons. However, the staff training matrix which was provided by the service's administrator showed the majority of staff employed at the service did not have up-to-date infection control and food hygiene training. The service's administrator confirmed the information recorded was accurate and up-to-date.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review investigate and learn from events and incidents; however improvements were required to ensure these arrangements were robust.

Is the service effective?

Our findings

Effective was rated as 'Requires Improvement' at our last inspection on the 5 and 6 December 2016 and 11 January 2017. At this inspection, we found that effective remained rated as 'Requires Improvement.' At our previous comprehensive inspection to the service in December 2016 and January 2017, we found that robust procedures and processes were not in place to ensure staff received appropriate training, induction and formal supervision. These were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found not all of the required improvements had been sustained and maintained. Some efforts had been made to undertake supervisions for staff but this was not consistently applied.

The service's administrator told us they were responsible for ensuring staff employed at the service completed their training. They confirmed to us that all training with the exception of practical moving and handling which was provided via two external organisations and was completed online.

The service's administrator confirmed that mandatory training for staff employed at the service solely related to moving and handling [theory], medication, safeguarding, first aid and infection control and was completed as part of an employee's induction. They told us other training recorded within the training matrix, namely, food hygiene, fire awareness, dementia, Mental Capacity Act 2005 and continence awareness was completed thereafter with no set timelines for completion. However, the staff training matrix we reviewed showed the majority of staff had not received training in the above subjects. This meant their knowledge and skills were not up to date to ensure people received safe and effective care. For example, the training matrix showed that out of 35 members of care staff employed at the service, including the care manager, at least seven members of staff newly employed since the last inspection in January 2017, had not received practical moving and handling training. The training matrix also highlighted significant gaps in training pertaining to safeguarding, infection control, food hygiene and fire awareness. One member of staff told us, "I haven't received practical moving and handling training since being employed with Allied Care. Fortunately, I have got previous experience and I know what I am doing, for others with no experience, this is not good." The registered provider's Provider Information Return [PIR] dated 3 November 2017, recorded staff's training as being up-to-date. This did not concur with our findings.

We were told by the care manager that following the closure of a local domiciliary care service in March 2017, the majority of people who used that service transferred to Allied Care & Nursing Ltd. As a result of the increase in numbers of people using the service, several members of staff from that domiciliary care service relocated to Allied Care & Nursing Ltd. We were not able to determine what training had been attained whilst they were employed with the previous domiciliary care service as evidence to support this was not available and training achieved since being employed with the new domiciliary agency [Allied Care and Nursing Ltd] was limited. Staff spoken with confirmed they had previously received training in a range of topics and subjects.

Staff spoken with confirmed they relied on others for advice and support, particularly when supporting

people with their catheter and stoma care. One staff member confirmed they supported people with their catheter care but had received no specific training in this area. Although we found no evidence to suggest that people using the service had received inappropriate care and support at these times, we were not assured that staff employed by the service were sufficiently skilled and competent to reduce any potential risk of injury and harm to people using the service.

The service's administrator confirmed that all newly employed staff received an induction. They told us this consisted of the above mandatory training, an introduction to the organisation, including the service's aims and objectives. Additionally, staff were given the opportunity to 'shadow' a more experienced member of staff and were complimentary regarding this aspect of their induction. One member of staff told us, "Staff were very supportive and helpful." The staff files for seven members of staff employed since January 2017 provided no evidence to demonstrate they had received a robust induction in line with the above, consistent with the registered provider's own induction policy and procedure or in accordance with regulatory requirements. Where staff did not have previous experience of working within a care setting, the induction provided was no different to those with experience. Additionally, staff were not asked to commence the Skills for Care 'Care Certificate' or an equivalent. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. This was confirmed by staff spoken with. No evidence was available to show the care manager had received an induction to their new role.

Not all staff spoken with felt they were supported and valued by the registered provider/manager or care manager. Records available showed not all staff had received formal supervision or been subject to 'spot visits' by a representative of the organisation. The latter is where a representative of the organisation calls at a person's home so that they can observe staff as they go about their duties. Staff reported that where supervisions had been undertaken by the service's administrator, they had not found these to be a positive experience. Staff commented they found the experience to be a 'tick-box exercise'. The registered provider's, Provider Information Return [PIR] dated 3 November 2017, recorded staff as receiving regular 'spot visits' and supervisions being up-to-date. This did not concur with our findings.

This continued to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where staff were involved in people's nutritional and hydration support they did so as required to meet people's needs. People told us that staff where appropriate provided support with meal preparation and the provision of drinks and snacks at the times they needed them. People confirmed their nutritional and hydration needs were adequately met to a good standard.

The care manager told us if staff were concerned about a person's health and wellbeing, information would be relayed to the care co-ordinator or themselves for escalation and action. People told us and relatives confirmed that people experienced positive outcomes regarding their health and wellbeing. Records showed that appropriate contact to healthcare professionals and services were made when required.

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. We checked whether the service was working within the principles of the MCA.

The majority of staff had not received MCA training and were not able to demonstrate a good knowledge

and understanding of MCA and its underlining key principles; and how this related to the people they supported. People told us they were supported to make their own decisions and staff sought their consent before undertaking tasks, for example providing assistance with personal care or their moving and handling needs.

Is the service caring?

Our findings

People using the service and those acting on their behalf were complimentary about the care and support provided. People told us they were treated with care and kindness at all times. One person told us, "The care and support I receive is absolutely brilliant. I had support previously from two other care agencies, not a patch on this one [Allied Care & Nursing Ltd]. The staff are friendly and have built up a bond and relationship with me. The staff that visit me know what my needs are and how I like to be cared for. Nothing is too much trouble." Another person told us, "I would describe the support I receive as very good, it is too a high standard. Staff understands the care and support I need. I previously had a rough deal with other agencies but not this one. A third person who was relatively new to receiving support through a domiciliary care agency stated their experience of Allied Care & Nursing Ltd was very positive.

Relatives told us their family member received a good level of care and support. Relatives spoke highly of individual staff members and confirmed their member of family had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. People confirmed they were treated with respect and dignity at all times, for example, care was taken by staff to preserve a person's dignity when providing personal care and people were spoken to, using their preferred name and not in a derogatory manner. Staff told us that people were supported to be as independent as possible and were encouraged to do as much as they could for themselves according to their individual abilities and strengths. This was confirmed as accurate by people using the service.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives confirmed they had been involved in decisions about their care and support and this had been used to develop their care plan. People and their relatives had been given the opportunity to provide feedback about the service through the completion of an annual questionnaire.

Is the service responsive?

Our findings

Recommendations and referrals to the service were made through the Local Authority, Continuing Healthcare [CHC] arrangements, direct payments and personal budgets. Referrals and enquiries were also received by the service from people wishing to contract privately with the organisation. An initial assessment was completed by the organisation and this was used to inform the person's support plan. Although the latter was completed, a record of the initial assessment confirming that the person's needs could be met was not retained.

People's support plans included the level of support required, the number of staff required to provide support each visit, the length of time for each visit and additional duties and tasks to be undertaken by staff. Records also showed that assessments relating to moving and handling and the environment were completed. However, as stated previously, improvements were required to ensure that risks to people's health, wellbeing and safety were identified and recorded for all areas of potential risk. No evidence was available to show that the content of the care plan had been agreed with the person who used the service or those acting on their behalf.

Guidance on how to make a complaint was given to people when they first started using the service. People and family members told us they knew how to make a complaint and who to complain to and that they would feel able to raise any concerns, or make a complaint by speaking to the a member of staff or someone in the office. Records showed one complaint about the service had been made since our last inspection to the service in January 2017. A record was maintained detailing the specific nature of the complaint and the actions taken to address this. Improvements were needed to ensure the actions followed were completed.

A record of compliments had been maintained to capture the service's achievements. One person commented in writing, 'Thank you so much for the wonderful care that you were able to arrange and give to my relative. We were so lucky to have been able to have you [Allied Care & Nursing Ltd] to care for them and really appreciate all that you did to make that happen. Every one of your ladies [staff] was outstanding.'

Although no one using the service was receiving end of life care, the care manager told us people would be supported to receive good end of life care and support so as to ensure a comfortable, dignified and pain-free death. Furthermore, they told us that they would work closely with relevant healthcare professionals and provide relevant support to people's families and staff.

Is the service well-led?

Our findings

Well-Led was rated as 'Requires Improvement' at our last inspection on the 5 and 6 December 2016 and 11 January 2017. At this inspection, we found that well-led remained rated as 'Requires Improvement.' At our previous comprehensive inspection to the service in December 2016 and January 2017, we found that quality assurance and governance arrangements were not robust. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider shared with us their action plan and this provided detail on their progress to make the required improvements. At this inspection we found that progress had not been made and improvements were still required.

The registered provider was also the 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. Since our last inspection to the service in January 2017, there had been changes to the management team. The previous care manager was no longer in post and the care coordinator had been promoted to the role of care manager. The registered provider had delegated the day-to-day running of the service to the care manager.

The registered provider and care manager told us that information to assess and monitor the quality of the service provided was now in place and this was recorded in a variety of ways. The registered provider told us that since the last inspection to the service in January 2017, the outcome of management meetings was now recorded. Although minutes of these meetings were readily available, none of these had recognised and highlighted the shortfalls identified as part of this inspection.

There was a lack of quality assurance monitoring used to identify areas for improvement and this lapse in practice and progress had led to the shortfalls identified as part of this inspection. This referred specifically to the registered provider's recruitment procedures; ensuring staff employed at the service received appropriate training, a robust induction and regular formal supervision and 'spot visits'. Risks to people and the actions taken to reduce these risks were not consistently identified to monitor potential risks relating to people's safety or wellbeing. The deployment of sufficient staff to make sure people's care and support needs could be met had not been appropriately monitored.

Despite these identified areas that required improvement, people were happy with the care being delivered and there had been little evidence of the above, negatively impacting on people's health and wellbeing. The care manager showed a commitment to improving the service in terms of their recording and governance processes and to ensure that people were not exposed to undue risk. However, it was evident they were not fully aware of their specific roles and responsibilities or had a broad awareness and understanding of the fundamental standards and regulatory requirements. The care manager and a member of staff no longer employed at the service had completed the PIR on the 3 November 2017. This was not completed to a good standard, as the information recorded did not portray an accurate image of the service's level of compliance with regulatory requirements and the registered provider's own policies and procedures. The PIR told us there were few areas requiring improvement and yet this did not concur with our findings.

Staffs comments about the management of the service were variable. Not all staff were complimentary about the care manager and the overall support they received. Not all staff thought the service was well managed. The care manager told us they met with the provider on average once a week. They confirmed the registered provider was contactable by telephone for advice and support. Out of five members of staff spoken with, four confirmed they rarely saw or met the registered provider and could not remember when they last saw the registered provider to talk to. This meant that we could not be assured that the registered provider was able to fulfil all functions of their role given the limited time they were at the office and following the above inspection findings.

While the registered provider's vision for the service [aims and objectives] was recorded within the 'Carer's Handbook', staff were not able to demonstrate a good understanding of these or where these were recorded. Staff confirmed the service's aims and objectives were not discussed to ensure staffs understanding and practice was monitored against these.

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

The care manager told us and records confirmed that people using the service had received a review during 2017. No areas of concern were highlighted. Information was also available to show that people using the service and those acting on their behalf had been asked to complete a satisfaction questionnaire so as to give a view about the quality of the service provided in 2017. At that time 41 questionnaires were sent out and 25 responses were received. The comments recorded were noted to be positive, with the majority of answers recorded being either 'always', 'mostly' and on a few occasions 'sometimes'. Prior to our inspection the Care Quality Commission sent out satisfaction questionnaires to 11 people who used the service, 25 members of staff and 11 relatives. The 'Commission' received four responses from people who used the service, six from staff employed at the service and one relative. The majority of comments were again positive, with people and relatives stating they were happy with the overall level of care and support provided by Allied Care & Nursing Ltd.

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 Improvements were required in relation to the provider's quality and assurance processes to ensure these are operated effectively to achieve and guarantee compliance. |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Improvements are required to ensure effective recruitment and selection procedures for staff are safe and in place. |

The enforcement action we took:

Warning Notice Served

| Regulated activity | Regulation |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider must ensure staff employed at the service receives appropriate training, induction, supervision and 'spot checks' to enable them to carry out their role effectively. |

The enforcement action we took:

Warning Notice Served