

Elmes Homecare UK Ltd

Elmes Homecare

Inspection report

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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

This inspection took place on 29 and 30 October 2018. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager or staff would be available at the location. This was the first inspection of the service since they registered with the CQC in February 2018. At the time of our inspection there were eight people using the service and receiving the regulated activity; personal care.

Elmes Homecare is a domiciliary care agency. It provides personal care and support to people in their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had 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.

At this inspection we found breaches of legal requirements because staff recruitment procedures were not robust to ensure staff were suitable and able to provide care and support safely and the provider failed to ensure there were comprehensive, robust systems in place to monitor the quality and safety of the service provided to people. You can see the action we have told the provider to take at the back of the full version of the report. We have also made a recommendation to the provider about the correct completion of mental capacity assessments in line with the codes of practice and principles of the Mental Capacity Act 2005.

Assessments were conducted to identify, assess and manage risks to people's health and well-being. However, assessments were not always detailed and did not always provide guidance for staff on how to support people to manage identified risks and this required improvement. People were supported where required to safely manage and administer their medicines but improvement was required to ensure medicines records were monitored and audited on a regular basis. There were system's in place for investigating and learning from incidents and accidents. However, no monitoring systems were in place to identify any themes or trends and to prevent reoccurrence and this required improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care staff were aware to seek consent from people when offering them support and demonstrated a good understanding of the Mental Capacity Act 2005. However Mental capacity assessments were not completed in line with the codes of practice and principles of the Mental Capacity Act 2005. People told us they felt staff were skilled and understood how best to support them. Staff completed an induction before they started working with people. This was in line with the Care Certificate. Staff told us they received training appropriate to meet the needs of the people they supported and supervision on a regular basis. However, practical office based training for staff was not delivered by appropriately trained staff and this required improvement.

There were policies and procedures in place to safeguard people from possible harm or abuse and staff we spoke with understood the types of abuse that could occur, the signs they would look for and how to report any concerns. There were arrangements in place to deal with emergencies and infection control. There were consistent levels of staff who provided regular care to people. Assessments of people's care and support needs were carried out before they started using the service. People told us staff supported them to meet their nutrition and hydration needs where this was part of their plan of care. People received support to manage their healthcare needs.

People and their relatives spoke positively about the care they received from staff. People and their relatives told us they were consulted and involved in planning and reviewing their care and support needs and were provided with information that met their needs to help support decision making. People and their relatives told us that staff treated them with respect, supported their independence and maintained their privacy and dignity.

People received personalised care that met their needs. Care plans were developed in collaboration with people and their relatives where appropriate and from information gathered about them to reflect their individual needs and preferences. Care plans considered the support people may require with regard to any protected characteristics they had under the Equality Act 2010. The deputy manager told us that no one currently using the service required support with end of life care. However, they advised that if someone required this support they would liaise with the person, their relatives and health and social care professionals to ensure they could provide the correct level of support they may need. People told us they were aware of the provider's complaints procedure and would raise any concerns or complaints if they needed to.

People, their relatives and staff spoke positively about the registered and deputy manager. Staff told us that they attended regular team meetings and had the opportunity to discuss areas which effected their work and the service. There were systems and processes in place to gather feedback from staff, relatives and people using the service. The service worked with external organisations including health and social care professionals to ensure people's needs were met and were active with supporting the local community.

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

Staff recruitment procedures were not robust to ensure staff were suitable and able to provide care and support safely.

Risk assessments identified the risks posed to people, however, assessments were not always detailed and did not always provide guidance for staff on how to support people to manage identified risks and this required improvement.

People were supported where required to safely manage and administer their medicines but improvement was required to ensure medicines records were monitored and audited on a regular basis.

There were systems in place for investigating and learning from incidents and accidents. However, no monitoring systems were in place to identify any themes or trends and to prevent reoccurrence.

There were policies and procedures in place to safeguard people from possible harm or abuse.

There were arrangements in place to deal with emergencies and manage infection control.

There were consistent levels of staff who provided regular care to people.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

Mental capacity assessments were not completed in line with the codes of practice and principles of the Mental Capacity Act (2005).

Practical office based training for staff was not delivered by appropriately trained staff.

Staff completed an induction before they started working with

Requires Improvement ●

people. This was in line with the Care Certificate.

Staff told us they received supervision on a regular basis.

Assessments of people's care and support needs were carried out before they started using the service.

People told us staff supported them to meet their nutrition and hydration needs where this was part of their plan of care.

People received support to manage their healthcare needs.

Is the service caring?

Good ●

The service was caring

People and their relatives spoke positively about the care they received from staff.

People and their relatives told us they were consulted and involved in planning and reviewing their care.

People and their relatives told us that staff treated them with respect, supported their independence and maintained their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive

People received personalised care that met their needs.

Care plans were developed in collaboration with people and their relatives where appropriate.

Care plans considered the support people may require with regard to any protected characteristics they had under the Equality Act 2010.

The deputy manager told us that no one currently using the service required support with end of life care. However, they would seek support to provide the correct level of care if required.

People told us they were aware of the provider's complaints procedure and would raise any concerns or complaints if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

The provider failed to ensure there were comprehensive, robust systems in place to monitor the quality and safety of the service provided to people.

There was a registered manager in post at the time of our inspection and they were also the provider.

People, their relatives and staff spoke positively about the registered and deputy manager.

Staff attended regular team meetings and had the opportunity to discuss areas which effected their work and the service.

There were systems and processes in place to gather feedback from staff, relatives and people using the service.

The service worked with external organisations including health and social care professionals to ensure people's needs were met and were active with supporting the local community.

Elmes Homecare

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 29 and 30 October 2018. One inspector and an inspection manager carried out the inspection. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager or staff would be available during the inspection. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also contacted the local authority to obtain their views of the service. We used this information to help inform our inspection planning.

As part of our inspection we visited the office location and spoke with the registered manager, deputy manager and two care staff. We visited two people using the service within their own homes and following our inspection we also spoke with three people or their relatives by telephone to gain their views of the service they received. We looked at the care plans and records of six people using the service, five staff records including staff recruitment records, training and supervision and records relating to the management of the service such as audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person commented, "The way they [staff] care for me is thorough and gentle. I feel safe and confident with the girls that come." Another person told us, "We got settled with them [staff] very quickly. We have a regular carer and [relative] gets on well with them, the carer is a cheery lady." Despite these positive comments, we found that the provider did not always operate a robust staff recruitment procedure to ensure staff were suitable and able to provide care and support safely appropriate to their roles.

During our inspection we reviewed five staff files. On both days of our inspection none of the files we reviewed contained a full employment history, with satisfactory written explanations of any gaps in employment. The provider was able to locate two staff members CVs (Curriculum Vitae) during our inspection. Following our inspection, the provider emailed us to say that some staff CVs had been found in a locked cabinet. However, even though the CVs showed where staff had previously worked the provider still did not know why staff had left their previous roles in care or explored any gaps in their work history. The provider showed us amended application forms which asks staff to give a full work history and explanation for gaps in employment, so they hoped to ensure this information would be in place going forward. The provider had requested a disclosure and barring service (DBS) check before staff started work. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services. Some DBS checks we looked at showed that staff had historical convictions. The provider had not assessed the risk of these convictions and how they may impact on staff delivering people's care.

These issues were in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessments were conducted to identify, assess and manage risks to people's health and well-being. Risk assessments and individual care plans identified the risks posed to people, for example in relation to mobility, personal care, nutrition and hydration and medicines management amongst others. However, assessments were not always detailed nor provided detailed guidance for staff on how to best support people to manage identified risks. For example, one risk assessment documented that the person required the use of mobility aids to mobilise and transfer safely within their home, however, there was no guidance for staff on the support they needed to provide to ensure safe mobility or guidance on the use of equipment in place. Another assessment documented that the person required the support from two members of staff to mobilise and transfer by way of a hoist but again no guidance was provided for staff on the safe use of the equipment and this required improvement. We drew these issues to the attention of the registered manager and deputy manager who told us that one person's care plan and risk assessments required updating which they were in the process of doing and that the service was implementing a new electronic care planning system which would ensure care plans contained detailed guidance. We will check on the progress of this at our next inspection of the service.

People were supported where required to safely manage and administer their medicines. However,

improvement was required to ensure medicines records were monitored and audited on a regular basis as systems were not in place to ensure people's safety and good staff practice. People had medicines care plans in place which detailed their known medicines risks, allergies and current medicines prescribed. Staff completed medicines administration records (MARs) which we saw were up to date and accurate at the time of our inspection. This showed that people had received their medicines as prescribed by health care professionals. We saw and staff confirmed that they had received appropriate medicines training and an assessment of their competency to administer medicines safely. One member of staff told us, "I received medicines training when I started and was observed to ensure I knew what I was doing and that I did it right." One person using the service told us, "They [staff] are very good, they give me my tablets when I need them and never forget." There was guidance in place for staff to follow on the administration of medicines and staff we spoke with were aware of how to raise any concerns or issues.

There were systems in place for investigating and learning from incidents and accidents. However, no monitoring systems were in place to identify any themes or trends and to prevent reoccurrence and this required improvement. The deputy manager showed us an incidents and accidents book which recorded information on accidents and incidents that had occurred since the service registered with the CQC. We noted there had been one incident reported which had been addressed promptly and appropriately by staff. The deputy manager told us that all incidents and accidents were discussed with staff at meetings to ensure and promote further learning and a monitoring tool would be implemented following our inspection to ensure accidents and incidents were managed safely and to mitigate repeated hazards. We will check on this at our next inspection of the service.

There were policies and procedures in place to safeguard people from possible harm or abuse. Staff we spoke with understood the types of abuse that could occur, the signs they would look for and how to report any concerns. One member of staff told us, "With regards to the client directly it could just be a change of mood. I'd ask them are you ok and if they were hesitant I would be there for them. It could be a change in a spouse's behaviour or there could be physical evidence like a bruise or a mark and I would record or report it. If it is financial abuse then it could be that food is running low. I would immediately ring the deputy or registered manager. I could also go to the CQC or the local authority." Records confirmed that staff had received safeguarding training and were knowledgeable about how to respond to concerns appropriately. The registered manager was new to care but was aware of their responsibilities to safeguard people and how to respond and report concerns including contacting the local authority safeguarding team and notifying CQC where appropriate. We saw that there had been no safeguarding concerns raised since the provider registered with the CQC. Safeguarding information and guidance for staff was displayed within the office for their reference.

There were arrangements in place to deal with emergencies. This included an out of hours on call system that ensured management support and advice was available to staff when they needed it. One member of staff told us, "The deputy manager is always at the end of the phone if I need them." The deputy manager and staff told us that they used a staff group message system which allowed them to share information so people's needs and staff's requests could be addressed promptly.

There were consistent levels of staff who provided regular care to people. People told us that staff were on time, and stayed for the duration of their call. We saw feedback from one person's relative which said, 'Elmes Homecare have provided an efficient, professional and reliable service for my mum. My mum has been lucky to have the same carers that she has got to know and love. I feel happy and confident that my mum is well cared for when I can't be there.' Staff rotas showed that they had enough time to travel between people's visits, and that staff had regular people that they visited. One member staff member told us, "I get plenty of travel time." Another member of staff commented, "Traveling between people is not an issue. I get to spend

lots of time with people to make sure they are well cared for." Staff told us that if they were running late they informed the office who contacted people to let them know. One person told us, "I have regular carers who are almost always on time. On the odd occasion if they are running late they always call me and let me know." Records showed there had been no missed calls to people. A relative told us, "There has never been a missed call, I am very impressed."

Staff told us they were issued with a staff handbook containing information relating to the service for their reference, were provided with a uniform and an identity badge to ensure people using the service knew them before they entered their home. They also told us they were provided with personal protective equipment (PPE) to minimise the risk of infection including gloves, shoe covers, protective sleeves and aprons to use when required.

Is the service effective?

Our findings

People told us staff sought their consent when supporting them. One person said, "They [staff] are very polite and always ask how they can help me." Another person commented, "Yes they [staff] do respect me and always ask for my consent and approval when doing things."

Care staff we spoke with were aware to seek consent from people when offering them support and demonstrated a good understanding of the Mental Capacity Act 2005 (MCA). One member of staff said, "I offer people choices between two different things so they can choose." Another staff member told us, "You can't force people to do things, you can only encourage and support them." A third staff member commented, "If someone doesn't have capacity to make an informed decision themselves, I'd ask about their Power of Attorney."

Although there were arrangements and tools in place to comply with the MCA we found these were not always followed or completed correctly. This required improvement. The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager and deputy manager told us they completed mental capacity assessments for people using the service. We saw that people had mental capacity assessments retained within their care plans, however, we noted that these were not decision specific, were sometimes incomplete and were not completed in line with the principles of the MCA. For example, one assessment did not document the decision to be made but stated the persons decisions can change from moment to moment. We drew these concerns to the attention of the registered manager and deputy manager. The deputy manager told us, "I was told that if someone has a dementia or an impairment they automatically don't have capacity." We explained the key principles of the MCA and that staff should always assume that people have capacity and that the MCA is decision specific. Both confirmed that they had received training on the MCA but stated that perhaps they required further training in order to ensure people were supported appropriately in line with the MCA to make decisions and that the codes and principles of the MCA were met.

We recommend that the provider refers to the Mental Capacity Act 2005 and the codes of practice for current best practice and that further appropriate training is sourced and attended by staff.

People told us they felt staff were skilled and understood how best to support them. One person said, "I think they have been trained well, I feel confident with them." A relative said, "They appear to be well trained. Most of them are very experienced." Another relative commented, "Yes they know what to do and the service is good but I don't think the standards are quite as good as we have had previously. I am happy with the service though."

Staff completed an induction before they started working with people. This was in line with the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. New staff were also given the opportunity to shadow experienced staff so they were able to get to know people before working with them independently. One member of staff told us, "My induction was fairly short but I'm not new to care and it covered the basics. I shadowed another member of staff for a couple of weeks which was good as it gave me an opportunity to get to know people and for them to get to know me too." At the end of staff member's induction an observation was completed, assessing their competency in a range of areas such as medicines and moving and handling. This ensured staff were safe to support people with these tasks. The provider told us they planned to introduce a more in-depth medicines competency assessment and showed us the forms they planned to use.

Staff told us they received training appropriate to meet the needs of the people they supported. One member of staff told us, "Since I started I have done several on line training courses. These included things like manual handling and first aid. I have had lots of hands on practical training in the past from previous jobs." Another member of staff commented, "We do training on line but I have also had some practical training given by the deputy manager." Training records we looked at showed that staff had received training in a range of areas including, moving and handling, safe administration of medicines, first aid, hand hygiene, safeguarding adults and children and the Mental Capacity Act and deprivation of liberty safeguards amongst others. The deputy manager told us that they conducted practical office based training for staff in areas such as medicines management and moving and handling. However, the deputy manager's training records did not show that they had completed training in these areas or a train the trainer course in any specialised area other than first aid. This required improvement. We discussed the potential impact of this and the quality of the training being provided to staff as they may not be up to date with best practice and those delivering training may not have the skills to deliver effective training to staff. The deputy manager advised that they would seek train the trainer learning to ensure staff received up to date practical training and support. We will check on this at our next inspection of the service.

Staff we spoke with told us they felt supported in their roles and received regular supervision. One member of staff said, "I feel supported, it's a really nice team and we all work well together. I have had several supervisions since being here." Records confirmed that staff met on a regular basis with their line manager to discuss areas of their practice. Regular spot checks were completed to ensure staff were supervised appropriately and any areas of improvement, such as offering people more assistance to keep their homes clean, was followed up on.

Assessments of people's care and support needs were carried out before they started using the service. One person told us, "The manager and deputy manager visited me to talk about what I needed and wanted. They were very good and said that if I wasn't happy with anything I should tell them." Assessments covered areas such as individual's personal care needs and wishes, medicines management, nutrition and hydration and mobility amongst others. Assessments were then used to develop individual care plans which also included information sourced from relatives where applicable.

People told us staff supported them to meet their nutrition and hydration needs where this was part of their plan of care. One person said, "They [staff] are very good and do anything I ask. They always make sure I have drinks available." Staff we spoke with were aware of people's food and drink preferences and any known risks when individuals ate or drank. People were also supported by staff to access health and social care professionals when needed. Care plans showed that staff monitored people's wellbeing and when required referred to appropriate health and social care professionals for support and treatment.

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received from staff. We saw feedback which stated, 'I was unhappy with my mum's previous carers and was very conscious of the need to 'get it right' this time. I found Elmes Homecare made an initial visit and was impressed with their overall approach. Obviously the 'proof is in the pudding' and I am happy to say I have not been let down. They are fantastic! Their ethos of really caring for the person rather than simply performing functions, is abundantly clear in practice. They have made recommendations to make mum's life happier and healthier and their communication with me is excellent. I feel confident, relaxed and happy that mum is receiving great care. I would highly recommend Elmes to anyone looking for a carer for themselves or an elderly relative.'

People and their relatives told us they were consulted and involved in planning and reviewing their care and support needs and were provided with information that met their needs to help support decision making. One relative said, "It's all good. [My relative] and I are both involved." Another relative commented, "They [staff] provided us with information, it's all in the book. They contact us to make sure everything is going well." The deputy manager told us people were provided with information about the service when they joined in the form of a 'Clients Handbook' which was kept in people's care plans for their reference. This included information on the provider's philosophy of care, principles and values and standards of care that people could expect to receive. We saw that information about people was treated confidentially and people's records were stored securely within the office accessed only by authorised staff.

People and their relatives told us they were supported by a consistent staffing group who were able to get to know them well. One person said, "I can't fault the management. I have the same girls [staff] come every time and they always have a smile on their face." A relative told us, "I went on holiday and it was the first time I did not have to worry." Another relative commented, "We have a regular carer and she always comes on time." Staff we spoke with and staff rotas we looked at confirmed that staff were assigned the same people to visit on a regular basis. This enabled staff to get to know individual's preferences in the way they wished to receive their support.

The registered manager told us that all staff working for the service were signed up to be dementia friends. This is a scheme introduced by the Alzheimer's Society to raise awareness of dementia and increase the general public's understanding about the condition.

People and their relatives told us that staff treated them with respect, supported their independence and maintained their privacy and dignity. One relative said, "My [loved one] really likes and trusts their carers and so do I. They really go the extra mile." Another relative commented, "The staff are very polite and respectful." One person using the service said, "They [staff] always maintain my dignity when helping me to wash. They are respectful to me and my home. My neighbours have commented that the carers are very polite." Staff we spoke with provided us with examples of how they maintained people's privacy and dignity when supporting them such as, by closing doors and drawing curtains when providing personal care. One member of staff said, "I'll leave the door open a bit if people are in the shower, but stand outside to give them privacy. I put towels round people to ensure they are warm and covered."

Staff were knowledgeable about people's needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet identified needs or wishes. One member of staff told us, "It important for one person I visit, for them to attend their place of worship so I make sure I support them to do that."

Is the service responsive?

Our findings

People and their relatives told us the service and staff were responsive in meeting their needs. One relative commented, "This week, when my relative hasn't been well, they [staff] have been able to put in another call. They are very flexible and it is very reassuring." One person using the service said, "They [staff] are very organised and will always do what I need them to do. One day they even took a delivery for me at the office when I was unable to. They then personally brought it to me at my home. They are very good and accommodating."

People received personalised care that met their needs. Care plans were developed in collaboration with people and their relatives where appropriate and from information gathered about them to reflect their individual needs and preferences. Care plans recorded individual's preferences and detailed their chosen visit times, the duration of support visits and tasks to be undertaken by staff to ensure people's needs were met appropriately. We saw that people's care and care plans were reviewed on a regular basis to reflect changes in their needs and wishes and reviews were conducted either in person within people's homes or by telephone discussions with people and their relatives where appropriate. Staff kept daily records of each visit showing the support they provided. The registered manager told us that they were in the process of training for and implementing a new electronic care planning system. They told us that this would make the service and staff more responsive in meeting people's needs as staff would have remote access to people's care plans and visit information.

People were supported to engage in community and social activities that reflected their interests where this formed part of their plan of care. Care plans allowed for details of people's chosen leisure activities such as attending local amenities and social events to be recorded and met. Care plans considered the support people may require with regard to any protected characteristics they had under the Equality Act 2010. For example, in relation to age, race, religion, disability, sexual orientation and gender. Care plans documented the support people required, for example, to practice their faith and to meet any cultural, spiritual and dietary needs. One member of staff told us, "One person likes to go to Church and is quite reticent about doing things. I read the Bible with them and it helps to build up that relationship." The deputy manager told us that they were in the process of sourcing equality and diversity training for all staff.

The deputy manager told us that no one currently using the service required support with end of life care. However, they advised that if someone required this support they would liaise with the person, their relatives and health and social care professionals to ensure they could provide the correct level of support the person may need. They told us a care plan for end of life care would be developed when assessing or reassessing individuals needs and further staff training would be sought.

From April 2016 all NHS care or adult social care services are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. The deputy manager told us most people using the service could communicate their needs effectively and could understand information provided to them in the current

written format, for example the client's handbook. However, they told us that if someone was not able to understand this information they could provide it to them in different formats to meet their needs, for example, in large print, easy read or pictorial versions or in different written languages.

People told us they were aware of the provider's complaints procedure and would raise any concerns or complaints if they needed to. One relative commented, "I would phone the office if I had any concerns at all. They are usually very good in the office so I know that they would sort things out." One person using the service told us, "I can't fault the service and have nothing to complain about." The service had a complaints policy and procedure in place and people were provided with suitable information on how to make a complaint. The registered manager told us they had received no complaints since they registered with the CQC.

Is the service well-led?

Our findings

People and their relatives spoke positively about the service and management and told us they felt it was well run. One relative told us, "I walked in and met the provider and deputy manager and I just got the feeling something was right. It was the best thing I ever did." Another relative commented, "I genuinely know I can text the deputy manager and either they or the key person that day will come back really quickly." One person using the service told us, [Staff member] was very professional and kind and I was amazed at how she worked and achieved what she did." Another person commented, "The service I receive is brilliant." However, whilst people's feedback was positive, we found some concerns with aspects of the management of the service.

The provider did not have comprehensive, robust systems in place to monitor the quality and safety of the service provided to people. The registered manager and deputy manager showed us a range of auditing proformas they planned to implement. These included care plan audits, staff file audits and checks of medicines records. However, at the time of our inspection they were only completing impromptu checks, and were unable to show us any evidence of formal systems currently in place to review how the service was being managed. We did see evidence that when issues, such as the process of informing people when staff were running late had been identified, these were discussed in team meetings. The provider had also identified an issue regarding the completion of medicines records and this had been addressed with staff. However, these informal checks had failed to identify the issues we found at this inspection regarding staff recruitment records, the fact that risk assessments were not always detailed or containing guidance for staff on how to manage identified risks, a lack of accident and incident monitoring systems, the quality of training provided to staff and the lack of knowledge and understanding in completing mental capacity assessments.

These issues were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

There was a registered manager in post at the time of our inspection and they were also the provider. Although they were new to care and did not have a health and social care background or experience in the sector they were able to demonstrate an understanding of the requirements of being a registered manager and their legal responsibilities with regard to the Health and Social Care Act 2008 and associated regulations. They were aware of the legal requirement to display their CQC rating.

Staff spoke positively about the registered and deputy manager. One member of staff said, "They [registered and deputy manager] are very approachable." Another member of staff told us, "The manager and deputy are very supportive. They are always available if we need them." A third member of staff commented, "I feel supported to do my job. The manager is very good and the team works well together. We meet on a regular basis to discuss the service."

Staff told us that they attended regular team meetings and had the opportunity to discuss areas which effected their work and the service. We reviewed the minutes of recent meetings and items discussed included celebrating the staff team's successes and the provider's expectation that staff should go 'the extra

mile' for people. The provider also produced a regular newsletter for staff and people using the service highlighting interesting things that were happening in the local community. One newsletter reminded staff that it was national picnic day and encouraged them to take people outside for a drink or snack to help celebrate the occasion.

There were systems and processes in place to gather feedback from staff, relatives and people using the service. The provider completed monthly telephone reviews with people and their relatives where appropriate. Feedback seen was positive and included comments such as, 'They are always on hand to talk. There have been one or two occasions when [my relative] needed emergency call outs and the [registered and deputy manager] have responded quickly and efficiently. Nothing is too much trouble', and, 'The [registered and deputy manager] are very thorough, the care plan was reviewed with [my relative] and I after the care had started.'

Questionnaires had been sent to staff and people to seek more formal feedback and these were in the process of being returned. The provider told us they were planning to collate and analyse all of the responses to look for any trends or patterns. The provider did not currently have any systems or processes in place to gain the views from other stakeholders or professionals involved in the service such as district nurses or GPs. They told us this was something they planned to implement going forward.

The service worked with external organisations including health and social care professionals to ensure people's needs were met. The deputy manager told us that they communicated with local authorities, GPs and other health professionals when required. The registered manager told us they promoted the service to be an active member of the local community. They told us they had recently partnered with a local primary school to help raise money for dementia and added 50 percent to the final fundraising total.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure robust recruitment procedures were established and operated effectively.</p>