

Mrs Helen Lise Cass

# Safe Care

## Inspection report

38 Delamere Road  
Trowbridge  
Wiltshire  
BA14 8ST

Tel: 01225350612

Date of inspection visit:  
03 July 2017

Date of publication:  
08 September 2017

### 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?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

Safe Care provides domiciliary care and support services to people with individual needs in their own homes. At the time of our inspection 35 people were being supported by this service with personal care and a further 10 were supported with domestic and wellbeing visits. This inspection took place on 3 July 2017. This was an announced inspection which meant the provider had prior knowledge that we would be visiting the service. This was because the location provides a domiciliary care service, and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

The service is registered as an individual provider and did not have a condition requiring a registered manager to be in place at this service, as the provider was in day to day control. The individual provider is responsible for the day to day running of the location, and has the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. People, their relatives and staff referred to the provider as the manager, but throughout this report we have used the term provider.

At our previous inspection the home received a rating of requires improvement and were in breach of three Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service remained in breach of all of these three breaches and a further three breaches of the Regulations were found. You can see what action we told the provider to take at the back of the full version of the report. We are taking further action in relation to this provider and full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Risks to people's personal safety had not always been assessed or plans put in place to minimise these risks and to provide guidance to staff.

Staff had not been supported to receive necessary training relevant to their role before they started providing care to people. This meant people were receiving care from staff that were not appropriately trained which potentially put them at risk of unsafe practice.

Care plans were not always person centred and where people had a specific health need there was not always clear information in place and documents were not always completed appropriately. There was no end of life wishes documented in people's care plans.

Since our last inspection the provider had failed to document monitoring that was conducted on the quality of care delivered. We saw that where incidents had occurred there was no documentation or investigation recorded of these other than what staff wrote in the daily record. The provider told us that because she had been working care shifts, she had been unable to progress much in the last year.

Services are required by law to send us statutory notifications about incidents and events that have

occurred at the service and which may need further investigation. During our inspection we found that the service had not reported four notifications which included one incidents involving the police, one death of a person using the service, one allegation of abuse and a grade three pressure sore. The provider was not aware of the responsibilities of her registration and was not acting in line with these requirements.

We saw that the provider had not displayed their ratings from the last inspection on their website or at the location from where the service is run. This a requirement and further action is being taken in relation to this.

People spoke positively about the staff and reliability of the service commenting "They are very timely. If they are going to be late because of traffic they let me know" and "They always arrive on time, very reliable." The provider would also complete visits to people and had a good understanding of their needs.

People told us they were treated with kindness and compassion in their day-to-day care. Comments from people, their family members and health care professionals were very positive about staff and told us they were caring, including "I am very happy with them. They do everything I need doing" and "I am very pleased with them. They give excellent care."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no complaints since our last inspection. People and their relatives told us "If I have any niggles I ring the office and they are very helpful" and "I would speak to the manager. She is very good."

## 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.

Risks to people's personal safety had not always been assessed or plans put in place to minimise these risks and to provide guidance to staff.

The provider's policy lacked information on how to support people who need their medicines administering in a disguised format or 'As and when required'.

People we spoke with told us they felt safe with the care and support provided by the staff and service.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff had not been supported to receive necessary training relevant to their role before they started providing care to people, which potentially put them at risk of unsafe practice.

Consent to care had not always been obtained by the appropriate person. One person who was unable to make some decisions did not have a mental capacity assessment in place to support this.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

### Is the service caring?

**Good** ●

The service was caring.

People, their family members and health care professionals gave us very positive feedback about staff and told us they were caring.

People had regular staff to support them who knew them well and enabled a consistent service to be provided.

People said they were treated with dignity and respect. Staff told us how they aimed to provide care in a respectful way whilst promoting people's independence.

### Is the service responsive?

The service was not always responsive.

People's care plans lacked detail and had not been developed when people's needs had changed. Where risks had been identified, care plans did not contain information on how to manage this effectively and minimise concerns.

There was a system in place to manage complaints and comments. People felt confident any complaints would be listened to and acted upon.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Improvements had not been made in line with the provider's action plan in order to meet the previous breaches identified at the last inspection. The service lacked drive for improvement.

Notifications had not been submitted to The Care Quality Commission.

The ratings from the last inspection were not displayed on the provider's website or at the location from which the service was run.

The provider did not understand the principles of good quality assurance and had not always documented evidence to show the service was being monitored in order to identify and address any concerns.

People, their relatives and staff spoke positively about the provider and felt well supported.

**Inadequate** ●

# Safe Care

## 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 3 July 2017. This was an announced inspection which meant the provider had prior notice that we would be visiting. This was because the location provides a domiciliary care service to people in their own homes, and we wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf. The inspection team consisted of one inspector, and an expert-by-experience who made phone calls to people and their relatives to gain their feedback on using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service was previously inspected in May 2016 and the provider was found to be in breach of three of the regulations. The service was rated as 'Requires improvement'. Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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 used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with seven people being supported by the service, six relatives and three staff. We also spoke with the assistant manager and the registered provider and two health and social care professionals. We reviewed records relating to people's care and other records relating to the management of the service. These included the care records for five people, medicine administration records (MAR), four staff files and the provider's policies.

# Is the service safe?

## Our findings

Risks to people's personal safety had not always been assessed or plans developed to give staff guidance on how to minimise these risks. One person had reduced mobility on some days and their care plan stated "Sometimes unsteady and not safe to walk" and "On a bad day carers to use the commode". There was no risk assessment in place to support this person with their mobility or information documented about signs that identified this person may be unsteady on their feet so staff could support them effectively and safely.

One person's daily records stated that they "Remains on commode on leaving'. We saw this had been regularly recorded by staff, including for five days in a row. This person required support to transfer from bed or a chair using the aid of a hoist so when staff left this person on their commode they were unable to transfer until their family member assisted them. The provider told us the family member was often out during visits and would return after staff had left so they did not know how long the person waited. The provider further told us that this was the person's wishes that staff do this. However there was no risk assessment or care plan in place documenting the person's agreement to this decision. This meant staff were leaving this person in a vulnerable position.

Some risks had been identified in people's care plans but a risk management assessment had not been developed from this on how staff would support people. For example it had been recorded that one person's 'Feet may drag on the floor when the person manoeuvres, and when moving person in the wheelchair to take it backwards to avoid their feet getting caught'. There was no other information or actions that had been taken such as a referral to the appropriate health professional for more suitable equipment. A risk plan was not in place to ensure care was delivered in a way that did not cause injury to this person. For another person where environmental risks had been identified to the property which included the provisions of grab rails or smoke detectors the provider said they had raised this with a health co-ordinator and prompted the person to also address this, but this had not been documented.

An assessment had been completed for one person by external health professionals that stated they were at risk of falls but this had not been included in the person's care plan and a risk assessment was not in place to support the person from future falls. Another person's care plan recorded a risk may be that the person tried to get out of bed and the action taken was to put a bedside table beside the bed. It did not state what the actual risk was in this person getting out of bed or how it could be managed in ways that were less restrictive.

For one person that had a pressure sore grade three, the provider told us there was information and guidance at the person's house from the district nurse on keeping this person in their bed. However no risk assessment had been completed or information updated in the person's care plan around the management and development of the pressure sore.

This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People that needed support with their medicines had support from the staff and medicine administration record (MAR) in place were signed when they had administered a person's medicines. The provider was going to review the MAR format as it did not record information about a person's allergies or who their GP was in order for staff to have this important information to hand.

At the time of our inspection no one was on medicine to take 'As required' (PRN) or covert medicine (Covert medicine is medicine is given to a person in a disguised form without their knowledge but in their best interests). However there was no information in the provider's medicine management policy for staff to follow if they had to support someone with these types of medicine administration. At our last inspection the provider had told us they would review this policy but we saw this had still not been done.

The medicines policy stated that staff were not to do some medicine management including catheter care, injections and eye drops. We saw that staff were administering one person's eye drops and signing for this which did not follow the provider's own policy. We raised this with the provider to address.

People and their relatives were happy with the support from staff and told us "I have a medicines box and we do it together to make sure I get it right" and "She has help and the carers always make sure they are in date and clear out any old ones." We saw there were no gaps in the recording of medicines administered and no medicine errors had been reported or recorded.

People we spoke with told us they felt safe with the care and support provided by the staff and service commenting "I feel very safe in their hands", "I feel safe because they keep me calm when they are here. I don't have many panic attacks thanks to them. If they are hoisting me and I panic they stop until I feel ok", "I feel very safe when they are here to help me have a bath. They make sure I don't slip or fall when I get in and out of the bath" and "I am safe with them or I would not have them." Staff were able to tell us about the different types of abuse people may be susceptible too and commented if they suspected a person was being abused would "Contact professionals straight away, I wouldn't care who it was" and "I would talk to the manager about any abuse."

Although the provider told us they liked to pick up some shifts and would continue to do this as "It's nice to see what's going on" we saw that they spent a lot of time covering shifts and some weeks would be completing 35 hours of care visits which did not leave time to effectively manage or lead the service. The provider also left during this inspection to complete some care visits. Three new staff had been employed and were due to start working in the next few weeks.

People spoke positively about the staff and reliability of the service commenting "They are very timely. If they are going to be late because of traffic they let me know", "They always arrive on time, very reliable", "Yes they are usually on time, they have never missed any", "I have only had one occasion when the evening carer didn't turn up and I called the out of hours number and the manager came herself" and "I don't have any problems with them, they are usually on time." Relatives also praised the staff saying "I think they employ enough staff, we have no issues with them at all", "I think they are absolutely reliable", "We have had them on and off for seven or eight years and we have never had a problem with them", "We have no concerns at all, I think they do have enough staff", "I think they are very reliable" and "They are very good with their times." The provider told us "We have a good set of staff, the staff retention is good."

The service followed safe recruitment practices. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.



# Is the service effective?

## Our findings

At our last inspection in May 2016 the service was found to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received all the required training relevant to their role in order to effectively meet people's needs. An action plan was provided by the provider which stated they would they would address this situation without delay. At this inspection on 3 July 2017 we found that the service had not taken the required actions needed to meet this Regulation and remained in breach.

The provider told us new starters would receive an induction which included going through the service user guide, reading and signing any policies that were relevant to their role, basic first aid training on DVD and then a period of time shadowing care visits, which was normally shadowing the provider herself.

We viewed the training records for staff which showed that not all staff had been supported to undertake the necessary training for their role. For example only one staff member was recorded as having completed food hygiene training and this had been done in 2006. Only one staff member had completed recent medicines training this year. Four other staff had completed it in 2010 and 2013 and three staff had not received any medicines training despite administering medicines to people. We saw one person's appraisal record documented their medicines training had not been refreshed since they started in 2013. The provider said staff were booked on a course for later in the year. Only three staff had completed Mental Capacity training and this was in 2012. Three staff had not yet received any safeguarding training. Where staff had completed training there was not always evidence of this in their staff files and despite completing courses a while ago the provider said they were still waiting for certificates. One staff member however told us they thought opportunities for training had improved and they were able to refresh their knowledge quite regularly.

Further gaps were identified in end of life care, pressure sore care, catheter care and manual handling training. The provider was a manual handler trainer and had refreshed her own practice in November 2016 and despite having a room set up at the office to train staff in this this had not been done. This meant people identified as having these specific needs were receiving care from staff that were not appropriately trained which potentially put them at risk of unsafe practice.

The provider told us that it had been hard to source and get staff on training courses, and that she showed staff how to deliver care and administer medicines during the shadow shifts but formal training had not been provided. We reviewed the provider's induction policy which stated that staff were to receive a six week induction programme including essential training. This had not been followed. The provider's medicine policy stated that 'Care workers may only assist a person to take medicine when formally trained and has demonstrated required competence'. This had not been followed. The provider's health and safety policy stated to 'Ensure that staff have the necessary experience and capability to carry out tasks they will be expected to undertake. This will be supported by continuous staff training'. This had also not been followed. The service user guide that was given to people when they started to use the service documented that 'Workers receive training in care tasks until they prove they are completed. All training is updated annually'. This information given to people was incorrect.

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

Although staff had not received all their necessary training people and their relatives did not raise any concerns over the staff's knowledge or training commenting "They are able to do whatever I ask them to do", "I have every confidence in them. They are well trained and well managed", "They are generally very well trained and this comes down from the manager I think", "They are very well trained and they always ask if there is anything else they can do" and "They are very well trained and professional. No extra training needed." One staff member said "I have done long distance learning courses which the manager supplied on DVD, I am doing diabetes and haven't finished medicines yet." Another staff said "I am doing an infection control course at the moment. We do training when it comes in but sometimes it gets cancelled as not enough people to go on it."

Staff told us supervisions were carried out regularly and enabled them to discuss any concerns they had. One staff commented "We have supervisions, I had one last week and can discuss anything." The provider worked alongside staff often so they could raise anything outside of the supervision process also. We saw staff files held letter invitations to supervisions which were a mixture of office based or observations during a care visit. The provider said some staff's supervisions had been done but not written up yet.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The provider confirmed this didn't apply to anyone receiving the service at the time of this inspection.

We saw that although people had capacity, their care plans had often been signed and agreed by a family member instead of the person themselves. The provider told us they sent the care plans to people and they sent them back to the office signed but in future would document if a person was unable to sign their own care plan and in what way they were able to seek consent from the person themselves. The provider told us that some family members had A Lasting Power of Attorney (LPA) in place but she was awaiting copies of this (LPA is a legal document that lets a person appoint one or more people to help make decisions or to make decisions on their behalf). This had been the same situation when we last inspected.

We saw that one person was able to make day to day decisions but not more complex decisions. Although a family member had LPA in place to assist with the more complex decisions there was not information recorded on the kinds of decisions this person could make and a mental capacity assessment had not been completed to support this person. The provider told us this would be addressed. One member of staff said "The people we support all make their own decisions but if I think it is a decision that won't benefit them I will advise them and it's up to them if they take the advice or not."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. We saw that whilst the provider and staff were good at making referrals discussions with other health care professionals and management of specific health conditions were not always recorded in people's care plans.

People told us they felt confident staff would seek help for them if they needed and said the staff were vigilant in checking and monitoring their wellbeing. Comments included "They always recognise if I am not myself and sit and chat until I am calmer. Sometimes they know that I need to stay in bed", "They are very

kind. They know how important it is that I keep clean to prevent bed sores", "I am very happy. They understand me and care about me. If I am in hospital they will ring to see how I am, they are always concerned about me" and "I have a lovely young man and he would know straight away if I was not well." One relative said "They always know if [X] is not having a good day and take their time and don't rush." Health care professionals told us "If there are any concerns they call me so I can go and check, they are absolutely brilliant. They return calls quickly and if they say they will do something, they do it" and "They are definitely good at raising things and sharing information. It's one of the better care agencies."

## Is the service caring?

### Our findings

People told us they were treated with kindness and compassion in their day-to-day care. Comments included "I am very happy with them. They do everything I need doing", "I am very pleased with them. They give excellent care", "They are all very nice people" and "I would like to thank them for being there for me." Relatives also praised the staff for the care shown to their loved ones saying "We are very happy, they go the extra mile", "I am very happy with the care. They give me the confidence to go away for a couple of days and leave my relative. She has also improved mentally since they have been visiting because they keep her interested in things" and "I would recommend to anyone. I now have no qualms leaving him with the carers."

People received continuity of care from regular staff. The provider and assistant manager spoke about the importance of providing regular staff for people. The assistant manager told us "I don't think any carer should be going in blind to vulnerable people, they should meet people and see the care plan first." One person said "I know them well, I usually have the same ones which I like. Another person said "I have the same carers every day." Relatives told us "They always introduce new starters first. We have four regular ones which is good because if [X] does not recognise people he can become distressed" and "They know [X] can be funny with people she does not know, so they keep to the same ones. We have the same team and we are very lucky."

One staff member said "I always support the same people" and told us how by getting to know people well they were able to recognise any changes in them or concerns." One health care professional commented "People are very happy with them, they are one of my preferred care agencies. One person told me they are brilliant and always on time for their visits."

People's dignity was respected and upheld by staff. People commented "They always ask before they do anything", "We have a routine, but they still talk to me and say what they are doing", "They always respect me when I am using the commode. I take my time and am not embarrassed at all" and "They are always very respectful towards me." One relative said "They work very hard at respecting his privacy and dignity. We are just putting a curtain across the room because we have had to bring a bed downstairs."

People told us staff encouraged them to be as independent as possible commenting "Yes they are very encouraging and let me do as much as possible", "I wash myself in the bath and have a soak while they write in the book", "They help me socialise and go shopping" and "I am able to make choices." One relative said "They encourage her to do little things for herself." The provider explained "In induction we talk about the right of choice and promote independence and knowledge of what's out there for people to access." One staff said "We encourage people to wash and dress for themselves." Another commented "We ask people how they want things, we don't want to take their independence away from them."

## Is the service responsive?

### Our findings

At our last inspection in May 2016 the service was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were not very person centred and where people had a specific health need there was not always clear information in place and documents were not always completed appropriately. There were no end of life wishes documented in people's care plans. An action plan was provided by the provider which stated they would they would address this situation without delay. At this inspection on 3 July 2017, we found that the service had not taken the required actions needed to meet this Regulation and remained in breach.

Although care plans did contain some personalised information about people and how they preferred their daily routines they still lacked detail and had not been developed much from the initial assessments. For example one person's care plan stated they would demonstrate and communicate with their hands and that they were unable to retain instructions due to their diagnosis of dementia. There was no specific communication care plan in place that provided detail on how staff should effectively communicate with this person or what different gestures might mean for that person. There was no information on if or how the person's diagnosis of dementia impacted on any of their daily living routines and what staff could do to support this person in order to provide appropriate care.

We saw that at times care plans did not always contain appropriate terminology and documented statements such as 'before doing bottom', instead of referring to the individual and making the care plan more person centred in this process. We saw that daily records had not been archived and information dated back to 2014 in some people's care plans.

We saw that there were no end of life care plans or documented information in people's care plans despite the service supporting people at this stage of their lives. The provider told us they would take advice from other professionals about people's advanced decisions but guidance to staff was not currently documented to ensure they gave care in line with people's wishes. The service had been visited by the Local Authority quality assurance team and had received pointers on how to improve their care plans. The provider said now the assistant manager was on board they were starting to address this commenting "We are going through care plans at the moment to make them more person centred and have archived some."

When people's needs had changed and potential risks had been identified, a risk assessment had not been completed in order to manage this effectively and minimise the concerns. We saw that people's care plans were not very organised and often the old care plans would be left in with the new ones after a review, some dating back to 2014 which made it hard to find the most up to date one and understand the person's current needs.

This was a breach of Regulation 9 Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were reviewed regularly and as required. We saw invitations for re-assessments of their care

needs documented in care plans. People were encouraged to invite anyone else they wanted to be present at the reviews. We saw that some wellbeing telephone calls had been made where the provider had rung to ensure people were ok and happy with the staff and care they received. One person said "My care plan is up to date." A relative told us "My relative has a plan and I am involved in it. The manager came last week to review it." The provider commented "The staff have worked with me for a while, they feed back about changes and we reassess if we need more staff." One staff told us "We change care plans as needs change. We do whatever they need us to do."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no complaints since our last inspection. The provider recorded informal concerns and investigated these in the same way as a formal complaint, documenting on a record, speaking with the person concerned and staff and then checking with the person at a later date to see if things had improved. The provider told us "We do hear good things about Safe Care, people come through recommendations, we get good feedback. I don't lose people through them being dissatisfied with the service."

People and their relatives told us "If I have any niggles I ring the office and they are very helpful", "I would speak to the manager. She is very good", "I would ring the manager, but I don't have any at all" and "We don't have any but I would speak with the manager or staff who are fantastic."

## Is the service well-led?

### Our findings

The service is registered as an individual provider, and does not have a condition in place stating a registered manager needs to be in post at the service. The provider managed the daily running of the service and was referred to as the manager by people, their relatives and staff.

At our last inspection in May 2016 the service was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective systems in place to monitor the quality of care and support that people received. An action plan was provided by the provider which stated they would address this situation without delay. At this inspection on 3 July 2017, we found that the service had not taken the required actions needed to meet this Regulation and remained in breach.

The provider had no systematic audits of quality monitoring in place to monitor the service and had failed to address this since the last inspection. We saw that where incidents had occurred there was no documentation or investigation recorded of these other than what staff wrote in the daily record. The provider said they completed visual checks of people's medicine administration records on their care visits and of the daily records but did not document this. The provider told us that because they had been working care shifts, she had been unable to progress much in the last year, but planned to start auditing a percentage of care plans and staff files each month and make an action plan of things they needed.

We saw that people had been given the opportunity to feedback about the care and support they received through an annual survey. In November 2016, 31 people had responded and the comments made were mostly all positive. The provider had put the information into a graph but told us they had still not shared it with people or staff like they said she would at the last inspection. People told us "We receive a survey regularly", "Yes we receive it and I put my name on it. I would recommend them to anyone" and "We receive one most years."

We reviewed the action plan had been sent after the last inspection in May 2016, highlighting the action that would be taken to address the concerns. This included actions the provider was going to take to address the three breaches of regulation found at the last inspection. The action plan stated that these actions would be completed by August 2016. We found the action plan had not been followed. The provider told us that they had thoughts and ideas since the last inspection and submitting the action plan but they needed implementing which had not yet been done and that it was hard to find the time for the paperwork side but the new assistant manager would help now. The provider had not taken action and was not managing the service adequately in order to meet the requirements of the regulations.

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

We spoke with the provider about the lack of improvement in the service since our last inspection and they informed us "My focus is on care, last year was a bad year, I know it's the management side." The provider

had recently recruited an assistant manager to support them with the running of the service and told us "It's been a weight off, to have someone to talk to; she (the assistant manager) has been shadowing carers to meet people and staff." The provider told us that they and the assistant manager were planning to have an update meeting once a week so they both knew what was happening in the service.

Services are required by law to send us statutory notifications about incidents and events that have occurred at the service and which may need further investigation. During our inspection we found that the provider had not reported four notifications which included one incident involving the police, one death of a person using the service, one allegation of abuse and a grade three pressure sore. The provider told us she thought it was the district nurse's role to report the pressure wound. This demonstrated the provider was not aware of the responsibilities of her registration and was not acting in line with these requirements. The provider said she needed to read up on what should be reported and these notifications would be submitted without delay. We had still not received these notifications at the time of writing this report.

This was a breach of Regulation 18 Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009.

We saw that the provider had not displayed their ratings from the last inspection on their website or at the location from where the service is run. This a requirement and further action is being taken in relation to this.

This was a breach of Regulation 20A Requirement as to display of performance assessments of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had arranged one staff meeting since our last inspection in May 2017 and this had been used as an opportunity to introduce the assistant manager. We saw that staff had been given an agenda and encouraged to add anything they wanted to discuss. The provider said they hoped to hold three or four of these meetings a year and the next was booked for October 2017. At the time of our inspection there were no progression opportunities for staff within the service. The provider said they had thought about introducing lead roles among the staff in areas such as pressure care and developing a key worker system so people would have a named member of staff, but this was not currently in operation.

People spoke very positively about the management of the service. Comments included "The manager gets the job done. She always rings to see how I am and I am very comfortable with her. She supported me recently when I had a problem", "There is nothing they could do better, they provide peace of mind for me" and "The manager is good, she even covers when they are short staffed." Relatives told us "It's very well managed", "I have every confidence in them. They are brilliant and the manager is my rock", "We know the manager, she is always helpful" and "It is well managed. The manager is quite efficient and business like." One health care professional told us "I deal with the manager; she's very professional and caring." A staff member told us "The manager is really good." Another staff said "I can go to her (provider) no problem."

Staff were encouraged to use the office as a central hub to drop in when they wanted and have their lunch, read up on information or come for a chat. The provider told us she was considering a key code entry so she did not have to be present if staff wanted to use it. The care office and provider's office were secured from the rest of the building so people's confidential information was kept safe.



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 18 Registration Regulations 2009 Notifications of other incidents  Services are required by law to send us statutory notifications about incidents and events that have occurred at the service and which may need further investigation. During our inspection we found that the service had not reported four notifications. Regulation 18 (2)(a)(i)(b)(i)(e)(f)

### The enforcement action we took:

To issue a Warning notice

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care plans were not always person centred and where people had a specific health need there was not always clear information in place. Regulation 9 (3) (a).

### The enforcement action we took:

Impose a positive condition on the provider's registration

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people's personal safety had not always been assessed or plans put in place to minimise these risks and provide guidance to staff. Regulation 12 (2) (a).

### The enforcement action we took:

Impose a positive condition on the provider's registration

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not have effective systems in place to monitor the quality of care and support that people received. The provider had not evaluated and taken the necessary steps to improve their practice. Regulation 17 (2) (f).

**The enforcement action we took:**

Impose a positive condition on the provider's registration

Regulated activity	Regulation
Personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>We saw that the provider had not displayed their ratings from the last inspection on their website or at the location from where the service is run. Regulation 20A (2)(a)(5)(a).</p>

**The enforcement action we took:**

Issue a fixed penalty notice to the provider

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received all the required training relevant to their role in order to effectively meet people's needs. Regulation 18 (2) (a).</p>

**The enforcement action we took:**

Impose a positive condition on the provider's registration