Castle Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 7, 8, 9 and 15 March 2017 and was announced.

Castle Home Care Ltd is a domiciliary care service for adults, who may have a range of care needs, including physical disabilities, mental health, dementia, sensory impairments, eating disorders and learning disabilities or autistic spectrum disorders. There were 94 people using the service on the day of the inspection.

A registered manager was 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.

We found some areas that required improvement:

Systems in place to manage identified risks, including those identified in relation to eating and drinking, were not sufficiently robust. For example, we found that risk assessments had not always been updated when people's needs had changed. In addition, charts used to monitor people's food and fluid intake, did not always reflect accurately what they had eaten or drunk.

People did not always receive their care when they expected it. Some people told us they often had to wait for staff to arrive.

The provider had carried out checks on new staff to make sure they were suitable to work at the service however; improvements were required to ensure all legally required checks are carried out before new staff start working with people.

Medication was not always managed in a safe way. Records we looked at did not demonstrate that people had consistently received their medication as prescribed.

Improvements were also needed in terms of managerial oversight at the service; in order to monitor the quality of the service provided and drive continuous improvement.

We identified a number of areas during the inspection where the service was doing well too:

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe, and staff were confident about reporting any concerns they might have.

Staff had the right skills and knowledge to meet people's needs. They had received training to carry out their roles, including support to complete nationally recognised induction and health and social care

qualifications.

The service worked with external healthcare professionals, to ensure effective arrangements were in place to meet people's healthcare needs.

Staff provided care and support in a caring and meaningful way. They treated people with kindness and compassion, and respected their privacy and dignity at all times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. They were given opportunities to express their views on the service they received, and to be actively involved in making decisions about their care and support. Staff sought people's consent before providing care and support.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to. People were confident in raising concerns if they needed to do so.

The registered manager provided effective leadership at the service, and promoted a positive culture that was open and transparent. Everyone felt she was approachable and fair.

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?

Requires Improvement

The service was not always safe

The timing of care calls meant that people were sometimes left waiting for staff to arrive.

Systems were in place to ensure people's daily medicines were managed in a safe way, but these were not always followed.

Improvements were required to ensure care records contained up to date and accurate information for staff to manage identified risks associated with people's care, and that risk management strategies were followed appropriately.

The provider carried out checks on new staff to make sure they were suitable to work at the service, but improvements were required to ensure all legally required checks are carried out before new staff start work.

Staff understood how to protect people from avoidable harm and abuse.

Is the service effective?

Good

The service was effective

People received care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

Systems were in place to ensure the service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

Where the service was responsible, people received support to ensure they had food and drink of their preference.

People were also supported to access relevant healthcare services, where needed.

Is the service caring?

Good

The service was caring

Staff treated people with kindness and compassion.

Staff listened to people and involved them in making decisions about their care.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive

People personalised care that was appropriate for them.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well led

There were systems in place to support the service to deliver good quality care however, these were not sufficiently robust.

A registered manager was in post who provided effective leadership.

We found that the service promoted a positive culture that was inclusive and empowering.

Castle Home Care Limited

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.

The inspection was announced and was carried out on 7, 8, 9 and 15 March 2017 by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, they supported us by making phone calls to people and their relatives.

We gave the service 48 hours' notice of the inspection, because they provide a domiciliary care service and we needed to be sure that the registered manager and other members of staff would be available.

Before the inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

In addition, we asked for feedback from the local authority; who has a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us directly about their experiences. We spoke with six people using the service and six relatives. We also spoke with the provider / registered manager, the HR manager, deputy manager and a care member of staff / staff mentor.

We then looked at care records for three people, as well as other records relating to the running of the service. These included staff records, medication records, audits and meeting minutes; so that we could

corroborate our findings and ensure the care being provided to people was appropriate for them.

Requires Improvement

Is the service safe?

Our findings

People provided mixed feedback about whether there were enough staff to keep them safe and meet their needs. Some people told us they had regular care staff, which they appreciated and that they turned up on time. However, many people told us that they were often left waiting for care staff who did not arrive when expected. One person told us: "I am happy with the care, it is the timing, and the carers do their best to get here on time." They continued: "The carers can be very late but they turn up eventually. The carers do not try to leave early; they stay the full time even if they are late." Another person said: "Yes, a little while ago the carers were always late, but it is improving. On a few occasions I had to ring to see when the carers were coming, but usually they do phone and let me know they will be late. The carers have never missed me completely." A third person added: "Some of the carers leave early."

The service used an electronic call monitoring system, which provided an audit trail of when care calls were carried out, including the time staff arrived and how long they stayed for. We checked the timings of calls for a sample of people over a two week period. We found that planned calls were not always taking place when scheduled. For example, one person had received their tea care call one hour and 11 minutes later than planned. This delay had meant a gap of over five hours since their last care call at lunch time. Some people using the service were dependent on staff to support them with using the toilet, or to eat and drink. One person told us they often had to wait for their breakfast because care staff were late.

Many of the care calls were also significantly less than the planned length of time; with staff only staying for five minutes instead of the agreed 30 minutes on one occasion. Over a period of two weeks, one person had received almost 13.5 hours less actual care than had been planned. This placed them at risk of not having their assessed needs met in a safe or person centred way.

This was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager spoke openly and honestly about the fact that there had been some issues with timings of care calls, and described some of the actions she had taken, or planned to take, to address this. She told us that she had recently successfully recruited a number of new staff to the service, which would mean that care call times would now start to stabilise. In addition, she talked about a new initiative that was being explored which involved recruiting drivers to transport care staff to people's homes. She explained that this would enable new staff, who did not have their own transport to be employed. The HR (Human Resource) manager for the service confirmed that she was already in the process of interviewing potential candidates interested in the new position of driver.

The HR manager went on to describe the processes in place to ensure that safe recruitment practices were being followed; to confirm new staff were suitable to work with people using the service. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We saw evidence of thorough processes being followed, although we did find some gaps in terms of legally required checks

being carried out. For example, a full employment history, health declarations and verification of why staff had left a previous role in health and social care, were not always evident. The HR manager provided evidence that she had accessed information about all the legal checks that needed to be carried out before a new member of staff started work, and told us that current recruitment processes would be adapted to ensure these were followed in future.

People confirmed that arrangements were in place for managing risks associated with their care; to ensure their safety and protect them. One relative told us: "Yes, there was a risk assessment completed by the agency" and added: "There have been no accidents with the hoist." A number of people told us that staff always wore gloves and aprons, when providing personal care; to promote the prevention and control of infection. A relative said: "Gloves and aprons are worn. They are kept at the house, the agency send them to the house." Other people echoed these comments, highlighting that risk management policies and procedures were being followed by the service.

However, when we looked at care records, we found risk assessments sometimes contained information that was confusing, or had not always been updated when someone's needs had changed. For example, one person's risk assessment regarding their mobility stated they needed support in this area but there was no specific guidance for staff on how this might be achieved. This meant there was a risk of the person receiving inconsistent support to manage their mobility requirements. We also read conflicting information about how staff should support someone to minimise the risk of them developing a pressure ulcer. The person's risk assessment stated they were at low risk, but their care plan contradicted this by stating the risk was high, following a period in hospital. In addition, we found vague information within the person's care plan, about how the risk should be managed. We read that staff should apply 'all creams' as needed. However, there was no further detail in the care plan or the person's MAR sheet to say which creams to use, and where these should be applied. We spoke with staff who stated that the person was no longer at risk and did not require any cream to be applied. This meant the care plan was no longer up to date or accurate. The management team acknowledged our findings and took action during the inspection to update the care records; to reflect the most up to date care and support required.

In addition, staff told us that people identified as being at risk from malnutrition or dehydration, were closely monitored. Records supported this and showed that food and fluid charts were completed by staff, to monitor those most at risk. However, the effectiveness of the charts we saw was not clear because we found they had not always been filled in, or information was too vague to be clear about how much someone had eaten or drunk. For example, one entry stated: 'ate some'. This was a concern because the person's care records stated they were at risk of developing pressure ulcers if they were to experience an unhealthy amount of weight loss or dehydration, and that they refused food on occasions. Staff told us they sometimes asked the person what they had eaten however, the person's care records indicated they experienced some memory loss; meaning that this might not be an accurate way to establish what they had eaten. In addition, we found no information in the person's care records regarding their current weight and how this was being monitored. The registered manager said this was done by the district nursing team, but there was nothing to evidence this, or to indicate whether the person's weight was stable or if the identified risk had increased. This meant the person had been placed at possible risk, because systems to mitigate the risk identified in relation to their eating and drinking were not sufficiently robust.

This was a breach of Regulation 12(2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to ensure people received their medication in a safe way, but these were not always followed.

All of the people we spoke with told us they managed their own medication, or had help from a family member. Staff told us that where they were responsible for supporting people with their medication, that improvements had been made, to ensure robust and safe methods of medication administration were in place. For example, they told us that medication administration records (MAR) were now typed, to make information about people's medication clear and to minimise the risk of error. The registered manager also told us that all staff received regular updates regarding medication training, and completed a comprehensive course as part of their induction, prior to commencing work.

We saw that people's care records contained information about their medication, and separate MAR sheets provided clear instructions for staff to follow in terms of when people's medication was due. However, when we checked the MAR sheets for one person across a two month period, we identified a number of concerns. This included gaps and on one occasion, a whole day's worth of medication could not be accounted for. On another occasion PRN (as required) medication, used to treat pain and fever, had been given over a six day period, but staff had not recorded the reason for giving this. This meant there was no way to identify if there had been a change in the person's health care needs. We also found an entry which recorded that the person had taken some of their own medication, but it was not clear what they had taken, because staff had signed the MAR sheet as normal. Of concern, was the fact that the person's care records clearly stated that they had not been assessed to be able to take their own medication safely. We also found that staff had recorded that medication, including one used for the prevention of illnesses associated with heart conditions, had run out for five days. Other medication had been crossed out on the MAR sheet, with no explanations provided. Some of the changes made by staff to the MAR sheets made them hard to understand, and it was not clear if the person had received all their medication as prescribed.

The management team acknowledged our concerns and provided evidence that showed staff had taken some actions at the time, to address some of the concerns we found. This included reminding family members responsible for reordering medication, that medication had run out. However, they were in agreement that the records we looked at did not demonstrate the proper and safe management of the person's medication.

This was a breach of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team told us that they would fully investigate the errors and update us with their findings. The registered manager also confirmed that urgent additional training would be arranged to remind staff on how to manage peoples' medication in a safe way. She added that they planned to update the current medication policy and procedure to provide clearer guidance for staff in the safe management and administration of medication.

Consideration had been given to untoward events and how these might be managed. The registered manager told us about the systems in place for responding to any emergencies or untoward events, such as bad weather or staff shortages. She described how each of these situations would be managed, and referred to a priority call system that would be implemented, in the event of an emergency. She explained that this approach would ensure that those people most at risk would still receive the care and support they needed. We saw that written contingency procedures had been developed to support staff in such an event.

The registered manager also talked to us about the support provided to staff, in order to keep them safe; particularly when out working alone. She told us that a member of staff took responsibility each day for ensuring staff had completed their calls, and to check that they were safe. Records showed that personal safety was also discussed with staff during meetings.

Everyone we spoke with confirmed that they felt protected from abuse and avoidable harm. One person said: "I do feel safe when the carers are here." A relative added: "Yes my family member is safe when the carers are here, and they [the person] wear a panic button so they can push that if anything goes wrong."

Staff told us they had been trained to recognise signs of potential abuse, and understood their responsibilities in regard to keeping people safe. They were very clear that they would report any concerns to a senior member of staff. The registered manager provided evidence that she checked to ensure staff had the right knowledge and knew what to do in the event of a possible safeguarding incident. We saw that information was shared with staff about whistleblowing procedures and safeguarding, including who to contact in the event of suspected abuse. Records we looked at confirmed that staff had received training in safeguarding and that the service followed locally agreed safeguarding protocols.

Good

Is the service effective?

Our findings

People generally felt they were supported to have their assessed needs met by staff with the necessary skills and knowledge. One person told us: "One carer didn't seem to know how to use the hoist however, in the past few months there is a better set of carers and training standards have improved."

Staff talked to us about the training and support they received to help them in their roles, and to meet people's assessed needs, preferences and choices. They told us they received the right training to do their jobs. Equipment, such as that used to support people with their mobility, was seen within a room used by staff for training purposes. The deputy manager explained that they tried their best to prepare staff to be able to use equipment, but given the nature of the service, they would often find variations between the equipment used for training and the actual equipment found in people's homes. The HR manager talked to us about induction training which involved new staff completing the Care Certificate (a nationally recognised induction programme), with up to four classroom based days to support their learning. She explained that new staff members then shadowed a more experienced member of staff for a minimum of three full shifts, in order to assess their confidence and competence. We saw that a comprehensive checklist had been developed, to support this process.

The HR manager told us that staff were provided with on-going training in all relevant subjects as required. She added that if more specialist training was required to meet someone's specific needs, then this would be arranged prior to a new care package commencing. We saw that a training matrix had been developed which enabled the management team to review all staff training and see when updates / refresher training was due. This confirmed that staff had received training that was relevant to their roles such as induction, safeguarding, dementia awareness, manual handling, pressure awareness, nutrition, customer service and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us that staff meetings were held to enable the registered manager to meet with them as a group, and to discuss good practice and potential areas for staff development. Recent minutes showed areas such as staffing, the Care Quality Commission (CQC), recruitment, infection control, training, safeguarding and health and safety matters had been discussed.

The registered manager told us about how staff were supported to carry out their roles and responsibilities. She said it was important for her and the management team to be have an awareness of how staff were feeling and coping. She described a number of different methods used to do this including individual meetings, appraisals and onsite supervision. Records we looked at showed that this was happening. It was clear from speaking with the management team that there were high expectations in terms of the standards of care staff were expected to provide. However, there was also a supportive approach, to ensure staff were helped to be the best they could be. The deputy manager confirmed that there was an out of hours on call system in operation too, which meant that support and advice was available for staff when needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles.

The registered manager had a good understanding of her responsibilities regarding the requirements of the MCA and told us that if someone using the service the client lacked capacity, then a best interest decision would be made to seek appropriate care for that person. She confirmed however, that no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made.

People we spoke with confirmed they were asked for their consent before support and care was provided. Records we looked at supported this and showed that people were are asked to consent to their care and support in advance. Where people had DNARCPRs (Do Not Attempt Cardiopulmonary Resuscitation) in place, these had been completed in the appropriate manner, with evidence of people's involvement in making these decisions.

Most of the people we spoke with received help from their relatives, to ensure they had enough to eat and drink. However, where support with eating and drinking was provided by the service, people confirmed the food and drink they received met their preferences. One person told us: "The carers get the food I want to eat. I am able to get snacks." A relative said: "When I go out the carer will warm a ready meal for [the person]."

Care records included information about people's preferences in terms of food and drink, and staff demonstrated a good understanding about involving people in making decisions about what to eat and drink as far as possible. They told us that it often depended on what was actually available in each person's home.

People's day to day health needs were generally managed by themselves or their relatives. The registered manager told us that if they were concerned about a person, they would speak to the person or their relatives directly about making an appointment with a relevant health care professional. Records we looked at supported this. In addition, she told us the service could make a referral through the 'OneCall' system. She explained that this was a community nursing service, who they called upon when they required more specialist support or advice.

We saw in people's records that emergency information had been prepared for each person. This would provide important information for healthcare professionals, about the person and their assessed health needs, in the event of them needing to receive urgent medical treatment.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. One person told us: "The regular carer is very nice to me; they are very good at what they do." Another person said: "I can't complain about the carers, they suit me." Relatives echoed these comments. One relative said: "The carers are nice to [the person]. I get on well with the carers too."

We also saw some recent written feedback from people using the service that echoed these comments. One person had written: 'A big thank you to you all for your kindness, love and getting up early in the mornings; coming out to make us clean and comfortable every day. Life would not be so happy without you'. Other feedback we read showed that the people using the service had received a Christmas gift from the service, which they had greatly appreciated. The registered manager told us: "We genuinely care for all our clients and want them to receive good quality care with positive outcomes." She talked to us about an annual Christmas party that was organised by the service for people and their relatives. She told us this was well attended and that it was important event for the service each year, which people looked forward to. This demonstrated a person centred and caring approach.

People confirmed that they were involved in planning their own care. One person told us: "I said I didn't want male carers and males do not come here." Another person talked to us about their care plan and said: "It was written by me and the agency, and is acted on by the carers who come out. It is written up every day." Relatives were in agreement with this. One relative added: "I did help write the care plan and the carers keep to it. What they write, in the care plan, is correct."

It was clear from speaking with staff that they understood people's care needs and they demonstrated a consistent approach in how to meet these. We noted that the information they shared with us corresponded with the information we read in people's care records. Staff talked to us about one person who had initially resisted support, but records showed they had worked with the person in conjunction with other external professionals, and they had begun to respond more positively. Staff reported they were now making good progress in terms of regaining their health.

People told us their privacy and dignity was respected. One person told us: "The carers are very respectful of me and my home. I am given privacy when I have personal care." A relative added: "The carers are very respectful; they remember to close the door when doing personal care so my family member has some dignity."

The registered manager told us that staff received training in dignity, respect, privacy and human rights. She said staff understood that they were visitors in people's own homes, and they are reminded to show respect to people's family and friends; involving them where appropriate and previously agreed.

Good

Is the service responsive?

Our findings

People told us that they, or where appropriate, those acting on their behalf, were encouraged to contribute to the assessment and planning of their own care. People told us they had been asked for information about their needs prior to receiving a care package, and that their needs were kept under review. One person told us: "There is a review and the care plans are changed." Other people echoed this comment and confirmed that any changes in need were discussed with them and that their care plans were updated accordingly. The registered manager told us that prior to someone using the service, a member of staff would complete a care needs assessment with them. She explained that this enabled them to understand and meet the expectations and needs of the person in a safe way. She added that the information in the care needs assessment would then be used to produce a comprehensive and person centred care plan for that individual.

We looked at care records and found that people's needs had been assessed prior to them using the service. We also saw that when someone's needs had changed, for example after a period in hospital, that their needs had been reassessed; to ensure the care package in place was still appropriate for them. We found that changes had been made where people's needs had increased, which included the provision of additional care calls. We also read some recent feedback from the local authority who commended the service for providing a high quality service to someone with complex needs at extremely short notice.

People told us that staff supported them to have as much choice and control as possible. One person said: "I decide on the day what I want for breakfast." Another person told us: "I decided I wanted to stop the third visit of the day - I can manage then." A relative echoed these comments by adding: "[Name of family member] tells the carer what they want doing when they arrive."

We looked at a sample of care records and found they contained some useful information; to support care staff in providing the care and support needed to meet individual people's needs. Additional records and monitoring charts were being maintained; to demonstrate the care provided to people on a daily basis. We also found that people's needs had been routinely reviewed; to ensure the care and support being provided was still appropriate for them.

The deputy manager confirmed that the service was not responsible for supporting people to follow their interests and take part in social activities, unless this was a specified part of their care package. She told us that only a small number of people were supported in this way. We read some recent feedback from one of these people who had written: 'Thank you for the companion visit today. It was good, I went out, which is what the social worker wanted to achieve, as well as talking and communication. A success all round.' It was evident from speaking with staff, and from notes we saw at the office, following a staff training exercise, that staff still felt it was important to talk about people about their interests, to promote positive working relationships and to help avoid social isolation. One person confirmed this approach when they told us: "The carers chat about the weather and about their family members."

We saw that information had been developed for people outlining the process they should follow if they had

any concerns with the service provided. People we spoke with were aware of the complaints procedure and who they could raise concerns with. One person told us: "The manager listens and acts on what I say. One carer that was sent I was not happy with. This carer wasn't great. I got on the phone and they haven't been sent since." A relative also confirmed that the service listened to their concerns and responded in good time. They said: "When the carers came late someone came round, and it was sorted. All good now." Staff were clear that if a concern was reported to them, they would pass this onto a senior staff member immediately.

The registered manager told us that the service sought people's feedback in a variety of ways for example, through review meetings and confidential questionnaires. She added that people were contacted by phone too and given the opportunity to provide feedback about their care. We saw that a suggestion box had been placed in the office, so that staff were also able to raise concerns or make suggestions about the service provided.

The registered manager told us that complaints were taken very seriously and that they tried to resolve them quickly. She explained that if someone was not happy with the service then they would to do everything to improve it for them, including meeting with someone herself if they were not satisfied with the initial steps taken to address their concerns. Feedback we received from people confirmed that this approach was followed. This showed that people were listened to and lessons learnt from their experiences, concerns and complaints; in order to improve the service.

Requires Improvement

Is the service well-led?

Our findings

We spoke with the management team about the quality monitoring systems in place to check the quality of service provided. The registered manager told us that she would routinely sample records and make a list of any improvements required. There was no evidence to support this however, and she explained that her systems were more informal, so a record of checks was not always maintained.

We were not assured about the effectiveness of the current quality monitoring systems because they had failed to pick up or address some of the concerns we had identified during this inspection, in particular with the quality and content of medication records, care records and call timings. For example, staff told us that people's daily records and MAR sheets were brought back to the office routinely for auditing. However, we found MAR sheets that were not complete, legible or up to date that had had not been audited for five months. This meant there had been no managerial oversight of these records during this time, placing people at risk of not receiving their medication as prescribed.

In addition, we found that arrangements for continually reviewing safeguarding concerns, accidents and incidents to make sure themes are identified and any necessary action taken, also required improvement. For example, the book used to record accidents experienced by staff members had also not been reviewed by a senior member of staff for five months. Records also showed that a person using the service had experienced a fall, but it was clear from speaking with senior staff that they were not aware of this. This raised questions about how falls or changes in need were reported and monitored. The deputy manager confirmed there were no formal processes in place, but a record would be maintained electronically if it was reported to the management team by staff. She showed us daily handover records to support this. It was clear from speaking with staff in the office that they had a good knowledge of issues that had been reported, and were able to give a clear account of actions that had been taken as a result to promote people's health, safety and wellbeing. However, this system did not provide clear oversight of potential risk areas such as falls. In addition, without regular auditing of records taking place, the system also depended on staff reporting all concerns at the time they occurred. This meant that the arrangements to assess, monitor and mitigate risks relating to people were not sufficiently robust.

This was a breach of Regulation 17 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager acknowledged our concerns and told us she intended to review the existing auditing and quality monitoring systems, to see how these could be strengthened. She also told us that she was looking to introduce a new electronic system in the next 12 months, which she believed would enhance communication and enable the management team to monitor people and staff more closely, to improve their safety. She explained that the new system would enable staff to contact staff in the office directly, to report any concerns or to highlight where extra help was needed.

The service promoted a positive culture that was person cantered, open and inclusive. People told us there were opportunities to be involved in developing the service, which included completing satisfaction surveys.

One person told us: "Yes there are questionnaires sent to fill in from the agency." The registered manager told us that follow up checks were also carried out with people, after they had received their support; to ensure they received care and support as expected. Records we looked at supported this.

We saw the results of satisfaction surveys that had been sent out in 2016; to gain people's feedback on how well the service was doing, and to see if there were areas that could be improved. Overall, people had provided positive feedback about the service they received, and where improvements had been suggested, action had been taken in response. The registered manager told us before the inspection that she aimed to be transparent with everyone using and working with the service. She added: 'Where we haven't got something right we will hold our hands up and work toward an improvement."

We saw that useful information had also been displayed around the office about safeguarding, whistleblowing, dignity, the Care Quality Commission (CQC), dementia and local health care advice and support. Clear information had also been developed for prospective users of the service, setting out what they could expect from the service including how to contact a member of staff at any time. The deputy manager told us that information was also shared with staff through emails or face to face discussions at meetings. Again, records supported that this was happening and demonstrated honesty and transparency, in terms of learning from mistakes when they had occurred. We saw for instance, that staff had been reminded about the correct way to complete MAR sheets, in response to our earlier findings.

Systems were in place to ensure legally notifiable incidents were reported to us, the CQC in a timely way and records showed that this was happening as required.

Staff made positive comments about the open culture at the service and confirmed they were supported to question practice. They told us clearly that they knew how to whistle blow and raise concerns, if required. We noted from speaking with different members of staff that their responses were very similar and corroborated information that we had read or been told by the registered manager. For example in terms of people's care needs and how these were met, and the general day to day running of the service. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with the staff team.

The service demonstrated good management and leadership. People knew who the registered manager was and told us she was approachable. One person told us: "The manager is very approachable and a good listener." Another person added: "I get on well with the manager, who is great. If I have any problems the manager will try to sort them out." A relative echoed these comments by adding: "I have met the manager a few times. We went through a rough patch with [name of person] and the manager was a great help."

Staff we spoke with were also in agreement and told us they felt well supported. The registered manager told us that the service was led by a strong experienced team of Directors. She said that the management team met regularly in order to risk assess and plan for the future of the business; to ensure the delivery of a quality service to people. We were shown evidence from a recent meeting that showed this was happening. The service had also been awarded a contract with the local authority as an approved provider.

We noted that there was a relaxed, comfortable atmosphere in the office. Staff we spoke with were clear about their roles and responsibilities. The HR manager talked enthusiastically about the service's philosophy, and the core values that had been developed. She told us they aimed to be the best they can be; empowering people and promoting their independence. We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly. We found the registered manager to be open and knowledgeable about the service, and she

responded positively to our findings and feedback; in order to improve the quality of service provided.

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 9 HSCA RA Regulations 2014 Person-centred care Care calls were not always provided as planned. This placed people at risk of not having their assessed needs met in a safe or person centred way.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medication was not always managed in a safe way. This placed people at risk of not receiving their medication as prescribed. People had been placed at possible risk, because systems in place to manage the risks identified in relation to their eating and drinking, were not sufficiently robust.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems used to assess, monitor and mitigate risks relating to the health, safety and welfare of people using the service, were not sufficiently robust.