S.C.S. Hotline Limited

Specialist Care Services

Inspection report

The Princes Lodge, 45-49 High Street
Harefield
Uxbridge
Middlesex
UB9 6BY

Tel: 01895824242

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Ratings

Overall rating for this service

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Summary of findings

Overall summary

About the service:
Specialist Care Services Limited is a domiciliary care agency. It provides personal care to mostly older people living in their own homes in the London Borough of Hillingdon. It also supports some adults who are living with dementia and adults who have physical or learning disabilities. At the time of our inspection the service was providing care and support to 290 people.

Not everyone using the service name receives personal care. CQC only inspects the service being received by people provided with 'personal care',that is, help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

People's experience of using this service:
Staff were caring, treated people with respect and promoted people's dignity and privacy.

People told us that they felt safe. However, the provider had not always assessed the risks to people's health and well-being or done all that was reasonably practicable to mitigate those risks.

There were processes to ensure people received support with their medicines, but the provider did not always ensure the safe and proper management of medicines. The provider had not sufficiently assessed staff to ensure they were competent to give the medicines support being asked of them.

People's care and risk management plans set out the care they required, but these plans did not always provide personalised information about people and their preferences for how they liked to be supported.

There were systems in place to monitor the quality of the service and identify when improvements were required. These were not sufficiently robust to have identified the issues we found in relation to the management of risks to individuals' health and wellbeing, medicines support competency, and care planning.

There were enough staff deployed to support people and staff usually arrived on time at people's homes.

Staff received induction, training and supervision. There was a clear management structure and staff felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service.

People and staff were confident that could raise any concerns they had with the registered manager.

Staff and the registered manager regularly provided extra support and assistance to people when this was not part of people's contracted care arrangements.

We discussed the areas of concern with the registered manager during the inspection and they started to put in place systems to make the required improvements.

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment, person-centred care, and good governance. Please see the 'action we have told the provider to take' section towards the end of the report.

Rating at last inspection:
We rated the service good at our last comprehensive inspection. We published our last report on 29 September 2016.

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor intelligence we receive about the service and we will return to re-inspect in line with our inspection timescales for services rated requires improvement. We may inspect sooner if we receive any concerning information regarding the safety and quality of the care being provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Care Quality Commission

Specialist Care Services

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by two inspectors on the first day and one inspector on the second day. Two Experts by Experience also contacted people who used the service to get their views about 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.

Service and service type:
This service provides domiciliary care to people living in their own homes in the community. It provides personal care to mostly older people, some of whom might be living with dementia,
and adults who have physical or learning disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit. We needed to be sure that managers would be available to facilitate this inspection.

What we did:
We used information the provider sent us in the Provider Information Return (PIR) to support our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about

important events. A notification is information about certain changes, events and incidents affecting the service or the people who use it that providers are required to tell us about. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We visited the office where the service was managed. We spoke with the registered manager, the deputy manager, the human resources and training manager, the quality compliance manager, the provider's occupational therapist, and three care staff who visited the office. We looked at records related to the running of the service. These included the care needs assessments and care and risk management plans of six people using the service, the staff files for nine care workers and records the managers kept for monitoring the quality of the service.

After the inspection we spoke with three adult social care professionals involved with the service. The Experts by Experience spoke with 40 people or relatives of people who used the service. One person and their relative also provided written feedback about the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management
• People had risk management plans in place to reduce risks to their safety and well-being. However, the provider had not always assessed the risks to individuals' health and wellbeing or done all that was reasonably practicable to mitigate these risks. For example, one person's care plan stated they had epilepsy (a condition which causes seizures). There was no information about their experience of this or the type of seizures they experienced. There was no guidance for staff on how to support the person during or after a seizure or how to recognise that they might be about to have one.

• Two people's care plans recorded a diagnosis of diabetes. One person had been prescribed insulin to help manage the condition. We saw the provider had recently arranged diabetes awareness training for staff, but there was no recorded information for either person about how the risks associated with this condition might affect them, no guidance or information for staff about how they might recognise the person was becoming unwell or what they should do in that event.

• The care plans we viewed included those of people with assorted health conditions including Parkinson's disease, COPD (a condition which affects people's breathing), high blood pressure, asthma (also a condition affecting people's breathing), a heart condition, osteoarthritis and cellulitis. There were no assessments of the risks associated with these conditions to people's safety and well-being and no information for the staff about how to support people to minimise those risks.

• People's care plans had recorded other aspects of their daily living and social care needs such as poor eye sight, 'alcohol excess' and self-neglect. There were no assessments of the risks associated with these needs to people's safety and well-being and no information for the staff about how to support people to minimise those risks.

The above evidence demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
• Staff had received training in medicines support and this was refreshed every two years. The provider had not sufficiently assessed staff to ensure they remained competent to give the medicines support being asked of them. This did not comply with National Institute for Health and Care Excellence (NICE) guidance for the effective management of medicines for people receiving social care in the community.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

• We discussed this with the provider and they introduced medicines support competency assessments shortly after our inspection visit.

• The medicines administration records (MARs) we saw showed people were receiving their medicines as prescribed. We saw evidence that senior staff checked these records regularly to ensure that staff completed them appropriately and took action to address issues these audits identified.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe with the care they received.

• The provider had suitable safeguarding systems in place. We saw that safeguarding concerns were reported, recorded, shared with the local authority and investigated where appropriate. The quality compliance manager monitored the service's safeguarding practices and reported on these to the local authority each month. This helped the provider to identify any repeated issues or themes for them to address. Adult social care professionals we spoke with were confident the provider responded appropriately to safeguarding concerns.

• The provider used regular staff team meetings, supervisions, a staff handbook and regular training sessions to make sure the staff were aware of their safeguarding responsibilities. People who used the service were also given information on how to raise concerns.

Staffing and recruitment
• There were sufficient numbers of staff deployed to meet people's needs. People told us that staff had enough time to provide their care and support and the staff visits were not rushed. One person told us, "They do stay for the right amount of time, sometimes over their time."

• People told us care staff are "Usually on time" or "On time unless held up by traffic or a problem with a previous client." The provider monitored people who needed to care at very specific times of the day to ensure they received this as required. Most people told us the provider called them if a care worker was running late, although some people told us this did not always happen for them. The provider also arranged for care staff to be on stand-by in the mornings and evenings to provide extra cover at short notice if required. For example, if other care staff needed to call an ambulance or spend longer with a person.

• Managers told us they looked to arrange care visits so staff had enough time to travel between visits and didn't have to travel very far. Care staff confirmed this. The provider used an electronic monitoring system to check that staff provided care to people at the right time. The provider monitored late and missed calls and also reported on these to the local authority.

• Staff recruitment records showed the provider completed necessary pre-employment checks so it only offered roles to fit and proper applicants.

Preventing and controlling infection
• There were appropriate arrangements for preventing and controlling infection. Staff received training on this during their induction. Staff used personal protective equipment when required and told us they could always access supplies of this. Staff had training on food hygiene and safety so they could prepare meals safely for people

Learning lessons when things go wrong
• The provider ensured that incidents and accidents were investigated appropriately and identified lessons to be learnt from these. Incident records showed actions were taken to first address the immediate issue and then minimise the risk of repetition.

• The provider used their incident reporting system to categorise the seriousness of incidents. The quality compliance manager and the registered manager reviewed these periodically to identify any trends or patterns.

• Staff we spoke with understood knew how to report concerns and were confident that they would be listened to.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Staff assessed people's care and support needs before beginning to provide a service. This included assessments for the person's home environment, moving and handling, falls and medicines support. These were informed by from people's statutory assessments of their needs.

• The provider employed an occupational therapist who assessed people's mobility and equipment needs. We saw assessments they had completed included guidance for the staff about assisting people to move safely.

• People's plans were reviewed annually or sooner if required to make sure that the service met their care needs. The registered manager told us some people's care packages had been reduced or increased due to changes in people's needs.

Staff support: induction, training, skills and experience
• Staff we spoke with were competent, knowledgeable and felt supported by the managers to develop. New staff received an induction to the service which included training and then shadowing more experienced staff. Staff said they found this helpful.

• One person told us, "[The care staff] are definitely good at what they do. I think they've all had the right training". One adult social care professional said they thought staff were well-trained. Records indicated staff were up to date with completing a range of mandatory training so they were competent to support people. Training included basic life support, health and safety, duty of care, handling people's information and dementia awareness. Training provided was in accordance with the 'Care Certificate'. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Staff also received training based on people's care and support needs, such as diabetes awareness and using catheters and other continence equipment.

• The training manager told us they emphasised room-based training for staff over e-learning and some staff told us they preferred this approach as well. The training manager told us they also ran evening training sessions to accommodate some staff's working hours and other commitments. The training manager attended seminars and local forums and training courses to keep themselves updated on adult social care practice.

• The provider's occupational therapist also provided training, support and advice to care staff about moving and handling people in their homes and using equipment to help with this.

• Staff received regular supervisions and performance appraisals. Supervisions included discussions about staff well-being, their role, performance and development and their care visits arrangements, if relevant.

Supporting people to eat and drink enough to maintain a balanced diet
• People's care plans included information about when people needed support to prepare meals, or assistance with eating these. The care plans of people at risk of dehydration had warning notes reminding staff to offer drinks and leave these with the person at the end of their visits. Care records then showed people had been supported with meals and food shopping when this was part of their care plan. People we spoke with told us also confirmed this.

• The managers described times when care staff had helped to arrange food vouchers or bought food for people when they had little or none at home, when this was not part of people's contracted care arrangements. One adult social care professional also confirmed this to us. This demonstrated that the provider was committed to supporting people to eat and drink enough to maintain a balanced diet.

• Staff had received training on fluids and nutrition support so that they could support people safely to eat and drink.

Supporting people to live healthier lives, access healthcare services and support
• People's care and risk management plans recorded basic information about people's healthcare needs. We saw evidence that indicated staff arranged for people to attend health appointments when this was required and had acted on concerns about people's health by discussing these with healthcare professionals, such as community nurses and dieticians.

• The provider's occupational therapist helped to review people's care needs annually or if these changed and then worked with statutory agencies if people needed new equipment to meet those needs. This helped the provider to respond promptly to people's changing health and care needs.

• The manager told us all staff also had an application on their work mobile phones that provided guidance on how to support a person in an emergency, such as if they were choking or experiencing an asthma attack.

Staff working with other agencies to provide consistent, effective, timely care
• Staff worked with social workers and healthcare professionals to provide care and support to people. One adult social care professional told us the provider was, "Very proactive and responsive to our requests." Another adult social care professional said that when someone is referred to the service for care the provider's staff are quick to pick up on issues and speak with the relevant agency about these. The professional told us, "They immediately say if there is a problem with an assessment or the information."

• People told us that their care met their needs. People commented, "We're happy with the way they look after us" and "I'm quite happy with them at the moment." However, some people told us that when they were visited by new care staff, or staff covering for when their usual workers were away, were not always well-informed about a person's care needs before the care visit.

Ensuring consent to care and treatment in line with law and guidance
• 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 to receive care and treatment with

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

• Staff had received training regarding the MCA. Staff we spoke with recognised that people had the right to make their own decisions and could describe how they supported people's day to day choices about their care.

• Some care plans we saw indicated a person might not have the mental capacity to consent to their care arrangements, but there were not mental capacity assessments in place for this decision. However, we saw evidence of the actions the provider was taking to remedy this. This included seeking information from the Office of the Public Guardian about registered legal representatives for such people and discussing with the local authority issues regarding people's mental capacity and arranging assessments of this. This was recorded in care records.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People gave positive feedback about the care staff who visited them. People's comments included, "They work so hard, and are always patient, [they] have enough kindness to go around", "I can't speak highly enough, they are all so cheerful and helpful", "They're very kind and very considerate" and "We have a little chat and laugh - they're all friendly." One relative told us, "[the person] has really taken to them." People also told us the office staff treated them well when they called. One person said, "They do listen and they are caring and respectful."

• People said that most staff visited them regularly and knew them well. Care staff we spoke with described how they treated people as individuals and knew how they preferred their care.

• Assessments of people's needs included information about their cultural background, religion and gender. Managers told us the service was not currently supporting anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community, but they had done in the past. The '+' stands for other marginalised and minority sexuality or gender identities. Staff had received training in promoting equality and diversity in their work.

Supporting people to express their views and be involved in making decisions about their care
• Care staff we spoke with explained how they supported people to have day-to-day choices about their care. Some people also confirmed this to us too. This included respecting people's preferences for the gender of the care staff working with them. One person's relative told us, "They all adapt well to [the person's] needs."

• Some people told us they received a rota or schedule of which staff would be visiting them, which can help people be more informed about their care. However, some people said they did not get this.

• People and relatives told us they were involved in planning and reviewing their care. The managers also described working in partnership with and supporting relatives to be involved in people's care. This meant people had opportunities to make decisions about their care.

• Records of spot-checks of care workers' performance showed that the service regularly encouraged people to give feedback about their care. We saw that senior staff then acted on people's comments.

Respecting and promoting people's privacy, dignity and independence
• Staff treated people in a way that respected their privacy and dignity. When asked if this happened,

people's comments included, "Absolutely so" and "Yes, very much so." Another person's relative said, "[the person] definitely gets treated with dignity and respect." Staff explained how they promoted privacy and dignity when providing personal care. This included always speaking with the person, helping the person to suitably cover areas of themselves while washing, and making sure the environment was private.

• Care staff we spoke with demonstrated empathy for the people they worked with and explained how they supported people to do some things independently. Some people told us care staff helped them to do things themselves and provided assistance when they needed it. One person said, "If I ask for anything, they help. They are really helpful people." Another person said, "I don't ask them to do anything that I can do."

• The quality compliance manager acted as the provider's data protection officer and each month audited the provider's handling of people's confidential information. We saw that this included ensuring care records were maintained securely at the provider's offices, when care staff were travelling to care visits and on care workers' mobile electronic devices. Care records were destroyed appropriately when required. This helped to ensure the provider maintained its responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; accessible information

• People's care and risk management plans only contained brief information and did not always reflect a person-centred approach to supporting people. Care plans gave basic information about the tasks care staff needed to complete during a visit without always including personalised information about people's preferences or the way they wanted to be cared for. For example, one person's care plan stated they needed support with bathing and meal preparation. There was no recorded information about how they liked to be supported to wash or about the food they liked or disliked and how they preferred this to be prepared or served.

• The assessments of people's care and support needs did not always inform their care and risk management plans. For example, while people's initial assessments may have noted information about their cultural background and spiritual preferences, this information and what it meant to people and their daily living was not then included in the care plans we saw. This meant care and risk management plans did not always consider people's whole life needs.

• It was not always clear how people's planned care helped to promote their independence. One person's care plan stated that they were ''fiercely independent.'' There was no information about how they should be supported to retain skills and be independent where they wanted. The only reference to this was an instruction to the care staff to ''be proactive and insist on helping.''

• Information about people's communication abilities and needs was not always clear. For example, one person's statutory assessment of their needs stated they had difficulties with their speech. The person's care plan only stated that care staff should speak to the person's family for support with this.

• We spot-checked daily care records and these showed people received their planned care. However, these records often only repetitively listed completed care tasks and did not record any personalised information about a person's well-being at that time, how staff interacted with them or how staff involved them in their care.

The above evidence demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Care plans included a 'personal profile' that provided some bullet points of basic information about people's personal history or life story before they used the service. However, staff we spoke with said they

used this to "relate to [the person] and as a conversation starter to break the ice."

• We discussed our findings with the provider and shortly after our inspection visit they introduced a new support plan format aimed at enabling staff to record more person-centred information about a person, such as more of their personal history and how they preferred their care to be provided.

• The provider had recorded numerous examples since our last inspection of when staff had made repeated extra efforts, beyond people's contracted care arrangements, to make positive differences to people's well-being. One care worker described "doing something beyond our remit" for people who "seemed to have slipped through the net." These activities ranged from swapping people's library books for them, to repairing clothes for people, to collecting newspapers and donating children's toys to families who needed them; from completing 'deep cleans' of people's houses when they were very dirty and hazardous to the person's safety, to organising and delivering new furniture to people, to helping a person to arrange fixing their boiler, and arranging the funeral for a person who had used the service when no one else was available to do this.

• The provider also encouraged and supported people to access their community and reduce the risk of them experiencing social isolation. We saw records indicating staff had bought birthday or Christmas presents for people who had no relatives or friends. Staff had helped similarly isolated older people who used the service to attend a local Christmas party in 2018 when doing so was not part of people's contracted care arrangements.

End of life care and support
• The provider worked in partnership with local palliative care and nursing teams to provide end of life care. The managers explained staff asked about people's end of life care wishes when assessing or reviewing their care needs with them and recorded this where appropriate.

• The registered manager described working sensitively with people's families and other agencies when providing such care. We saw the provider had received written compliments from people's family about this. One relative had written, "To all the staff who cared for [the person] - the service you provide is truly outstanding."

Improving care quality in response to complaints or concerns
• There was an effective system in place for handling complaints. The provider had responded appropriately when people had raised issues. An adult social care professional also confirmed to us the service responded to complaints in a timely and proper manner.

• People had been given information about the complaints process and knew how to raise concerns. People told us they were confident their concerns would be listened to.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improvement

• The provider carried out a range of checks and audits to monitor safety, quality and make improvements when needed. However, this system of checks had not consistently operated effectively as it had not identified the issues we found during the inspection.

• The assurance systems had not identified and addressed that risks to individuals' health and wellbeing were not always assessed or that reasonably practicable actions were taken to mitigate these risks.

• The monitoring systems had not identified and addressed the requirement to assess staff to be competent to give the medicines support being asked of them.

• The provider had not identified and addressed that people's care and risk management plans did not always provide personalised information about people and their preferences for how they liked to be supported.

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

• The provider's quality assurance checks included regular monitoring visits and telephone calls to ask people about their experiences of the service. These were recorded and showed that people had been asked about whether the staff were polite, met their needs and arrived on time for visits.

• The registered manager used monthly and annual quality reports to monitor the quality and safety of the service. The quality compliance manager and an external care quality consultant also conducted periodic quality reviews. These included a review of care staff and office staff communication, visiting people who used the service to gain their feedback about the service, a mock inspection and an annual audit of the service. The registered manager had an action plan in place to address the improvement issues or recommendations that these reviews identified.

• The provider had a clear management structure in place. This consisted of the registered manager and deputy manager, the human resources and training manager, the quality compliance manager, care coordinators and field assessors. An external care quality consultant also advised the provider.

• The senior staff and managers were visible and available to care staff and regularly attended care visits themselves. One member of staff told us, "It does work like a family. People lead from the top and they're a good influence." Another member of staff told us, "[the registered manager] will always go out of [their] way to make sure clients and carers are happy as that helps things run smoothly." Other staff told us the registered manager was supportive, "A fair boss" and "Very understanding." One adult social care professional told us, "[the registered manager] takes personal interest in everything. They are very 'hands on'."

• The provider had recently reviewed and strengthened its data protection practices. The quality compliance manager had also voluntarily invited the Information Commissioner's Office (ICO) to audit and make recommendations regarding the provider's data protection practices. An ICO representative visited the service on the second day of our inspection. This meant the provider was assuring itself there were robust arrangements to ensure the security, availability, sharing and integrity of confidential data in line with data protection standards.

• The provider consistently informed the Care Quality Commission of important events that happened in the service in a timely manner.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• People told us they were happy with their care and support. One person said, "They are all wonderful." We also saw a range of recorded compliments the service had received from people who used the service and their relatives.

• The registered manager had a clear passion and vision for the service to provide good care and support, with a commitment to continuously improving and developing the service. They told us, "We like making a difference to people's lives." Staff told us, "[the registered manager's] motto is 'Never Say Never'" and they would find ways to help people and staff.

• There was a positive and open culture within the service. Staff we spoke with said they liked working for the provider and both the staff and managers were enthusiastic about and proud of the service. One member of staff told us how pleased they were with work staff had done over and above what was expected of the service. Another member of staff told us, "It's the most rewarding job I've ever done."

• The registered manager used monthly and annual quality reports to monitor the quality and safety of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• There were various quality assurance arrangements in place to maintain the quality of the service. This included unannounced spot-checks of care workers' performance. People and care staff said these checks took place and we saw records that showed they were conducted regularly.

• The provider conducted an annual anonymous survey with people who used the service to invite feedback about the service and suggestions for improvements. Results from the most recent survey were collated in August 2018 and showed that 94% of people were happy with the care staff and 96% of people were happy with the provider's office staff.

• The managers held regular team meetings and we saw issues such as training, safeguarding, teamwork

and medicines support were discussed.

• The registered manager promoted an inclusive workplace for staff, which included those with protected equality characteristics.

• The registered manager encouraged staff involvement in the running of the service by inviting ideas for improvements. Staff confirmed to us the registered manager would consider the suggestions at team meetings, select one a month to put into action, and the member of staff who submitted it won £50. The most recent suggestion concerned inventive practical measures to train staff in supporting people using continence aids.

Working in partnership with others

• The service worked in partnership with other agencies, such as social workers, district nurses, GPs and hospital staff, to help to provide coordinated care to people. Adult social care professionals told us, "They're accessible, approachable, communicative," that they had "Worked with them for many, many years, [with] no negative experiences" and "they're good, [they] keep in touch all the time, keeping everyone informed."

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 The registered person did not ensure that medicines were always managed safely. The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences. Regulation 9(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was provided in a safe way for service users because they did not always: -Assess the risks to the health and safety of service users receiving care. -Do all that was reasonably practicable to mitigate such risks. -Ensure the safe and proper management of medicines. Regulation 12(1) and (2)(a), (b) and (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the

regulated activity.

Regulation 17(1)