

San Damiano Corporation Ltd

SD Care Agency

Inspection report

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22 November 2017

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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?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place over three days. We carried out our inspection to the offices of the service on 16 November 2017 which was announced. We gave 48 hours' notice of the inspection to ensure that staff would be available in the office. This is our methodology for inspecting domiciliary care agencies. Following that we carried out telephone interviews with staff on 20 and 22 November 2017.

SD Care Agency is registered to provide personal care needs of older people who may have dementia, physical disabilities and sensory impairments. At the time of our inspection the service was providing personal care to 44 people.

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.

Systems and procedures to safeguard people from abuse were not being followed by the registered manager. They had failed to notify the local authority and the Care Quality Commission (CQC) about four safeguarding concerns that had been reported to them.

People were not receiving the care in the way they preferred it. Staff had not visited at the times specified which caused concern to people. When staff were on annual leave, new staff allocated were not introduced which caused anxiety to people.

Contemporaneous records were not always maintained for each person and actions identified when carrying out performance reviews on staff were not recorded.

Quality assurance systems were in place but not all were robust. The issues we had identified during the inspection had not been noted through the quality assurance systems. People, relatives and associated professionals were able to provide regular feedback through completing questionnaires. Comments were positive about the care provided to people.

People and their relatives told us that they felt safe with staff who attended to their needs. Staff who visited

people had a good understanding of the different types of abuse and the procedures to be followed if they had witnessed or suspected abuse had taken place. Robust recruitment processes were followed to help ensure that only suitable people were employed at the agency. People received the medicines they required. Infection control procedures were in place that helped staff to protect people against the risk of cross infection.

People were supported by staff to ensure their needs were met when they arrived. There was a system in place to protect people from potential risks and staff had a good understanding of how to manage identified risks. Care plans were in place for people and included information about how people preferred to be supported.

Accidents and incidents were recorded and monitored by the registered manager. These were discussed with staff to help minimise the risk of a repeated event. If an emergency occurred at the office or there were adverse weather conditions, people's care would not be interrupted as there were procedures in place which were known by staff. Emergency out of hour's contact details were provided to people in the Service User Guide and in their care records.

People were supported by staff who received training, supervisions and annual appraisals that helped them to meet people's needs. They also received spot checks to ensure they supported people effectively. New staff commencing their duties undertook induction training to help prepare them for their role.

Staff were up to date with current guidance to enable people to make decisions. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

People prepared and cooked their own meals for staff to heat in the microwave. Meals taken by people were recorded in care records. Staff alerted people's relatives where concerns had been identified and healthcare professionals were involved as and when required.

People were supported by staff to remain as independent as they were able. People were encouraged to complete daily tasks such as washing and dressing. People told us that staff showed kindness and their privacy and dignity were respected by all staff who attended to them.

People were protected because a complaints procedure was available for any concerns they had. All people had been provided with a copy of this document. Complaints received by the provider had been investigated and resolved within timescales set in the policy.

Staff informed us that they felt supported by the registered manager who had an open door policy and were approachable. Staff meetings took place and staff received regular contact from their line manager and the registered manager.

The provider had a set of aims and objectives that included respecting and encouraging the rights of individual people, supporting individual choice and respecting the individual requirements for privacy.

During our inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made one recommendation to the registered provider. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People may not always be safe from harm. The registered manager and provider had not understood their safeguarding responsibilities in regards to following the reporting procedures when abuse or suspected abuse had been identified.

People received the medicines they required.

People were cared for by a sufficient number of staff who had gone through a formal recruitment process before commencing work.

People were kept free from infection because staff understood the infection control processes to prevent cross infection.

Where accidents and incidents had occurred staff took action to help ensure these did not reoccur.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Staff had an understanding of the Mental Capacity Act (MCA) and their responsibilities in respect of this.

People were supported with their health and dietary needs. When a risk had been identified appropriate risk assessments had been produced to monitor the risk posed.

Good ●

Is the service caring?

The service was not consistently caring.

People's preferences in relation to the timing of their visits were not always being adhered to.

Requires Improvement ●

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to remain independent and make their own decisions.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were in place for each person.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered manager was not aware of their statutory requirements and duties in relation to reporting incidents to the CQC.

Quality audits were not fully robust and outcomes of some audits taking place were not written down.

The registered manager promoted a positive culture within the staff team and staff felt supported by her.

There were systems in place to monitor the quality of the care that people received.

People's views about the running of the agency were sought and the provider showed a commitment to improve the service for people.

SD Care Agency

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 checked 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 was a comprehensive inspection.

This inspection took place on 16, 20 and 22 November 2017 and was announced. The inspection was carried out by two inspectors.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, 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.

As part of our inspection we spoke with four people and five relatives. We spoke with the provider, registered manager and four staff during our visit to the office and had telephone discussions with two members of staff following this. We also spoke with the local authority safeguarding team and the quality assurance managers. We read care plans for four people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments.

We looked at four staff recruitment files and training records. We saw records of quality assurance audits. We looked at a selection of policies and procedures.

Our findings

People and their relatives felt safe with staff who attended to them. One person told us, "I feel very safe with all the staff, they have never mistreated me." Another person told us, "I do feel very safe with the staff; they are all very nice people." Relatives were confident that their family members were safe with staff from the agency. One relative told us, "My [family member] has a very good relationship with all the staff who visit and they are safe at all times."

Systems were in place to safeguard people from abuse; however the registered manager had not followed the processes to report safeguarding concerns. The agency's safeguarding policy stipulated that local authority service teams must be contacted to inform them of any concern or harm. Four safeguarding concerns had not been reported directly to the local authority safeguarding team. These were discovered when other people from outside of the agency raised concerns with the local authority adult social care team. During our visit we were informed that there were currently five open safeguarding investigations. We contacted the local adult social care team and the local quality assurance manager who told us that the provider was trying to address the concerns themselves instead of following the local safeguarding procedures. We were also told that these had been thoroughly investigated and the provider and registered manager worked well with them. These safeguarding concerns were now to be closed.

Failure of the provider to take action as soon as they were alerted to suspected, alleged or actual abuse in line with the procedures agreed by the local safeguarding board is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were helped to stay safe because staff understood their responsibilities in relation to safeguarding. Staff told us that they had received training about abuse and this had included whistle blowing. Records provided to us confirmed this. Staff told us they would not hesitate to report any abuse. One staff member told us, "I would report abuse to the office and the local safeguarding team. We have to keep people safe." Staff told us they would not hesitate to report any bad practice to the registered manager.

People were cared for by a sufficient number of staff who had the right skills. The registered manager and staff told us that there were sufficient numbers of staff deployed to attend to the assessed needs of people. Staff told us they were allowed 15 minutes travel time between visits and this was confirmed by the care administrator who produced the duty rotas. People told us that they had never had any missed visits. Staff told us that they had never missed a visit and if they were running more than 15 minutes late they would telephone the person and the office to let them know. Staff told us they did not need to rush when providing

care to people, even if they had arrived late.

When people had accidents or incidents these were recorded and monitored by the registered manager. Records of accidents and incidents were detailed and included the action staff had taken and the outcome and lessons learned. For example, one accident was a person received a skin tear. It was noted that the staff member was sent on refresher moving and handling training. Staff told us that they reported all accidents and incidents to the office and that these were discussed during staff meetings.

Risks to people's safety were identified and control measures implemented to keep them safe. The registered manager told us that where a risk had been identified during the pre-admission process then risk assessments were put in place to minimise the risk. People's care records contained assessments in areas that included skin integrity, mobility and falls. One person's records showed they were at risk of falls. Walking aids used by the person were recorded. Another person had a risk assessment for moving and handling which stated the size of the sling to be used for the person and the number of staff required when using the hoist. Relatives told us that risk assessments were included in their family member's care files. One relative told us, "My [family member] has risk assessments in place that include falls and mobility." The provider also undertook risk assessments in regard to the person's home environment and access to their home. For example, the property surroundings, lighting and parking, type of flooring, gas and electric appliances and any known hazards associated with the property. Staff were aware of risks to people and how to manage these.

People were kept safe from being cared for by inappropriate staff because the provider carried out checks on all new staff that they recruited. These included a full employment history with explanations for any gaps in employment, two written references, proof of the person's identification, and a check with the Disclosure and Barring Service (DBS). A DBS check is used to identify potential staff that would not be appropriate to work within social care.

People's medicines were managed and administered safely. The registered manager told us that staff only administered medicines to two people. We spoke with one of these people who told us that they got their medicines at the right time and staff always signed the medicine administration record sheet (MAR) after they had taken each medicine. MAR records for this person were audited by the provider and no omissions of staff signatures were noted. The registered manager and records confirmed that only staff who had received training in relation to the safe administration of medicines administered medicines to people.

Interruption to people's care would be minimised in the event of an emergency. The provider had a contingency plan in place for the event of an emergency. This provided information in relation to an event that led to the closure of the office such as flood or fire. For example, if the IT systems failed then paper care plans were held and maintained at people's homes.

People were protected from the risk of infection. Staff told us that they had received training in relation to infection control and they knew who the lead person for this was at the agency. Staff were knowledgeable in infection control procedures to minimise the risk of cross infection. One member of staff told us, "We always collect our personal protective equipment (PPE) from the office and make sure that we change our aprons and gloves at the end of every visit for each client. If we have any concerns we would talk to [staff name] who is the lead person for infection control." People told us that staff always wore gloves and aprons.

Staff understood their responsibilities to raise concerns and take effective action to respond to any events to improve the service to people. Staff told us that accidents and incidents were discussed during staff meetings. One member of staff told us, "We discuss all concerns during our meetings. This helps us to try to

ensure that we do not have a repeat of these." The registered manager told us that they continuously learned from things that go wrong. The registered manager told us, "We recently learnt that when the adult social care teams ask us to take a package of care on at short notice we must ensure that we have all the correct information prior to commencing care." The provider and registered manager had recorded that for all future enquiries they would ascertain information from all professionals involved with a person such as adult social care, occupational health and all healthcare professionals so they could undertake a thorough assessment of a person to ensure that they could meet their needs.

Our findings

People and their relatives spoke positively about staff and told us they thought staff were skilled to meet their needs. One person told us, "I don't know if they get training but they are always kind to me, they know what they are doing and how to help me." Another person told us, "I am not sure what training they have but they always tell me they are fully trained. We had one new person working with another member of staff; they called it 'shadow working' that helps new staff to learn."

People were supported by trained staff that had sufficient knowledge and skills to enable them to provide effective care for people. The provider told us in their PIR that staff had received all the mandatory training as required and we found this to be the case. Staff told us that training at the service was very good. One member of staff told us, "I have had all the training and this included safeguarding, moving and handling, food and nutrition, dementia and the Mental Capacity Act." Records maintained confirmed this. They were able to describe what they had learned from their training. For example, one member of staff told us, "We have to take our time when talking to people who have dementia and we have to listen to what they have to say, never to ignore what they say." All care staff completed online training when commencing with the agency.

New staff were supported to complete an induction programme before working on their own. Staff told us that they had completed induction training that included all the mandatory training. They also told us that they had to shadow an experienced care worker until they and the agency were assured they could work competently on their own. The deputy manager confirmed what we had been told and that spot checks were carried out to monitor their roles. This also included discussions with people who staff attended. Records of these were maintained by the agency.

People were supported by staff who had supervisions (one to one meetings) with their line manager. The provider told us in their PIR that staff had regular supervisions and annual appraisals and we found this to be the case. Staff told us that they regularly had supervisions where they discussed their role and the people who they supported. One member of staff told us, "I have regular supervision and I have had an annual appraisal where my work was discussed, updates from the agency and any training I required updating or would like to undertake." We noted in the records that one member of staff had requested to undertake a particular training and they were being supported to do this by the provider.

People's nutritional needs were being met. Not all people required food to be prepared or cooked by staff. People who had support with their meals were satisfied with the way their meals were cooked. One person

told us, "Staff get my breakfast cereals ready for me and warm my meals in the microwave." Another person told us, "I and my family cook my meals, all staff have to do is warm them up in the microwave, there have not been any issues with my food." Records showed that staff had received training in relation to food hygiene. The registered manager told us that if an issue in relation to people's nutrition and hydration was identified then food and fluid charts were used to monitor people's intake.

People had access to health and social care professionals. People's changing needs were monitored to make sure their health needs were responded to promptly. Information in relation to people's healthcare needs were recorded in care plans and included the contact details of the GP and other healthcare professionals. People's medical histories were recorded on the pre-admission assessments and included any prescribed medication people were taking. People and relatives told us that they were responsible for attending to their own healthcare needs. The registered manager confirmed that the responsibility for healthcare needs were with people's families, however they worked with healthcare professionals as and when required. We noted that this was the case for one person who had a particular healthcare need. Records maintained confirmed that the GP, physiotherapist, occupational therapist and other healthcare professionals were involved and provided support and treatment to the person.

People's rights were upheld in line with current guidelines in relation to the Mental Capacity Act (2005) (MCA). Where important decisions needed to be made mental capacity assessments were completed to see if people could make the decision for themselves. The 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 had MCA assessments undertaken and these were maintained in their care records. The registered manager told us that all people who currently used the agency had capacity to make their own decisions.

People had signed consent forms that indicated they had agreed to receive care and support from the agency. People and their relatives told us that staff always asked for permission before they undertook any tasks. One person told us, "They ask for my permission before they do anything but they don't need to."

The registered manager told us that staff had received training in relation to the MCA, this was confirmed in training records and by staff we spoke with. One member of staff told us, "All people have the ability to make their own decisions. If we thought that people were to make an unwise decision we would inform the office and the person's family." Staff told us they always gained consent from people before they undertook tasks with them. One staff member told us, "I always ask people for their permission before I do anything for them, it is their decision to say 'yes' or 'no.' For example, I would always ask if they were ready to have their wash, I would not just do it."



Our findings

People and their relatives were complimentary about the staff that cared for them and how they were looked after. One person told us, "The staff are very caring and they are always polite to me." Another person told us, "They [staff] are very caring and they do stay for the right amount of time." Relatives were also complimentary about staff. One relative told us, "The staff are very respectful and they call my [family member] by their name, they are very helpful." Another relative told us, "The staff are delightful and very caring and they respect both of us."

Despite the positive comments above, some people and their relatives told us that there had been occasions when staff had turned up too early or late for their visits. One person told us, "They should be coming to visit me from 10:30 to 11:00 but they have been coming at 09:15 which is too early for me." They also told us that the evening visits should be at 17:50 but staff had often turned up at 17:00 which again was too early for them. Another person told us that care workers did not come at the correct time; instead they arrived between 15 to 30 minutes too early. Records provided to us showed that staff were not adhering to the agreed timings of visits. For example, one person's care plan stated that the lunch time visits should be flexible between 12:00 to 12:30. On the time staff time sheet for one occasion staff had signed that this visit commenced at 13:30. For the same person their morning visits should be at 08:00am, however the time sheets showed on three occasions the time of visits had been at 07:00, 08:20 and 08:40am. We discussed this with the registered manager on the day of our visit to the office. The registered manager told us that they had become aware of this and sent an email to all staff informing them not to visit people before their agreed times. However the day after our visit we received feedback from another person's relative informing us that staff were arriving too early and not staying for the correct amount of time. Concerns were also raised by people that new staff were arriving without them being notified by the provider or being introduced to them. One person told us, "I never know who is coming, I never get a copy of the duty rota and it is just a stranger who turns up at my door." Since our inspection the registered manager told us they had followed through on this and has terminated the employment of several carers who had been changing call times without informing the office so that agreed changes to the rota could be made. The registered manager has informed us that since this action there had been a clear improvement in carers adhering to the schedule.

Failure to ensure that care and treatment of service users was appropriate, met their needs and reflected their preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care and support from staff who had got to know them. Staff were knowledgeable about the needs of people they visited. They were able to describe how they attended to people's needs. For example, one member of staff told us one person required support with the use of a mobility aid and their toileting needs. Another member of staff told us how one person required two staff to use a hoist when transferring from their bed to a chair. Staff told us they regularly read people's care plans to ensure they were kept up to date with any changes of people's needs. They also told us they got to know people's likes and dislikes through talking with people.

People were supported to express their views and to be involved in making decisions about their care and support. The provider told us in their PIR that they listened to people and their families and that they provided care based on people's physical and emotional needs. People and their relatives told us that they were involved in writing their care plans and they could make amendments at any time. One person told us, "My care plan has been written but I am going to now ask for some changes to be made, they [office staff] will listen to me."

People's privacy and dignity was respected by staff. Staff understood the importance of respecting people's dignity and privacy. One member of staff told us, "I always make sure that I attend to the personal care needs in private and make sure that the doors are closed. I cover up any exposed parts of the body to preserve people's dignity." One person told us, "Oh yes, staff do respect my privacy. They do everything in private." Another person told us, "Staff respects me and my privacy and they asked for me if I am ready for my shower, they don't just do it." A relative told us, "Staff are very respectful and always maintain my [family member] privacy, they talk to them all the time when they are helping with their personal care." Staff told us they gave people privacy at all times. For example, one member of staff told us, "I take people to the bathroom and leave them to wash themselves in private, but I am always close by just in case they need any support."

People's independence was promoted and respected by staff. Staff told us that they encouraged people to do as much as they were able to for themselves. One member of staff told us, "We encourage them to wash parts of their body and dress themselves." One person told us, "They [staff] let me do what I can for myself; they are very good at that."

Our findings

People or their relatives were involved in developing their care, support and treatment plans. One person told us, "I was involved in writing my care plan and I know I can make changes whenever I want, in fact, I am going to telephone the office to ask for one of my visits to be made later than it is." Another person told us, "Yes I have a care plan and it has been reviewed. I can make changes to it at any time." Relatives told us they had been involved with their family member in the assessment process and the writing of the care plans. One relative told us, "My [family member] and I wrote the care plan and we are very happy with it." Another relative stated, "We were included in the assessment and the writing of the care plan and it has just been reviewed."

The provider told us in their PIR that pre-admission assessments and care plans were in place which were reviewed initially three-monthly and then six-monthly and we found this to be the case. The registered manager and the provider were in the process of moving into the new location office. We were informed that the care plans for people were held electronically, however, they could not be accessed on the day of our visit to the location because the server was not connected. We looked at the administration files where assessments and pre-admission information on individual people were held. The registered manager told us that people had copies of their care plans in paper form kept in their homes. These care plans were provided to us after the day of our visit. People's needs had been assessed prior to receiving the service and care plans had been written from these. Care plans included information about communication, toileting, moving and handling, personal care needs and people's preference to having a male or female care worker. Care plans also included important information pertaining to the person. For example, the next of kin, GP contact details, religion and ethnicity and other professional people involved with the person's care.

Staff told us that they read the care plans regularly. Staff told us that they discussed people's care plans with them during their visits and if people requested anything to be changed or added to the care plan then staff would report this to the office. Staff were able to describe the needs of people who they attended and how they ensured they were met at each visit. One member of staff told us, "I read the care plan on every visit. One person I visit needs assistance with their personal care when we arrive in the morning." They were able to describe what this entailed. Another member of staff was able to describe a person's mobility needs and how they ensured this was attended to safely for the person.

People's needs were reviewed regularly. The registered manager and the provider worked with other professionals to gain the required information about people. For example, they worked with the adult social care team and continuing health care team. The registered manager worked with the NHS Continuing

Healthcare team for the needs of one person. The provider had obtained information that enabled them to gain a firm understanding of the person's healthcare needs and who else was involved with their healthcare so they could work together to achieve the desired outcome for the person.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had a complaints policy and procedure that was included in the Service User's Guide provided to people. This included the timescales for responding to complainants and resolving the complaint, the contact details of the local government ombudsman and the local adults social care team.

People told us they knew how to make a complaint. One person told us, "I have never needed to make a complaint but I would contact the office straight away if I needed to." One relative told us that they had made a complaint and that a meeting had been arranged to further discuss their complaint. Staff told us that if a person made a complaint to them they would tell them that they would pass the complaint on to the office.

There had been three complaints since the service registered with the CQC. Two of these had been investigated thoroughly and people and their relatives were satisfied with their responses. The third complaint was currently on-going.



Our findings

The registered manager was not meeting their statutory requirements of their registration as they had not notified the Care Quality Commissions (CQC) about significant events. This is information we use to monitor the service and ensure they responded appropriately to keep people safe. Registered bodies are required to notify us of specific incidents relating to the services. The registered manager had notified us about one safeguarding concern that was being investigated by the local authority safeguarding team. However, we found four further safeguarding concerns that had not been notified to the CQC.

Failure to notify the CQC of any incidents in relation to a service user is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Quality assurance processes were in place; however records of action taken when an issue had been identified had not been recorded. Spot checks of staff were undertaken on a regular basis at people's homes and records of these were maintained. However, there was no recorded information about how any identified issue was discussed with the member of staff concerned. For example, we saw that two members of staff were recorded as lacking in record keeping and one required refresher training in moving and handling. There was no evidence to demonstrate these had been followed up. We spoke to the registered manager who told us they had taken action but could not provide us with the evidence that this was the case. However, there registered manager has, since our inspection visit, provided us with evidence that these issues had been discussed with staff.

People could contact the office about their support needs and they told us they had regular contact with the office. One person told us, "I have regular contact with staff from the office, they ask me how things are going." Another person told us, "Communication with the office is very good; they work really hard at that." A third person told us, "Someone from the office visits every three months to undertake spot checks."

People and those important to them had opportunities to feedback their views about the agency and the quality of the service they received. The agency used 'Working Feedback' which was an external provider who gathered and analysed feedback about the agency on their behalf. Records for March to October 2017 were provided to us. The comments in these were positive and included, "The manager and her staff are very dedicated and passionate about finding the right staff and we would highly recommend the agency," "I cannot fault the care provided, I feel more confident and stronger now." "I am extremely satisfied with the care the agency has provided. On the very rare occasion there has been a problem they have acted on it immediately." Other comments included that the agency was very reliable, considerate and kind. All of the

surveys informed that they would recommend the agency to others. Other quality assurance processes were in place and these included audits of MAR sheets, daily notes, and review of care plans, supervisions and appraisals.

The service promoted a positive culture. There was a staffing hierarchy that consisted of the registered manager, deputy manager and care assistants. All staff knew what their individual roles were and the duties they were to perform. Staff told us that they thought the agency was well managed and that they felt supported by the registered manager and the senior staff. One member of staff told us, "The communication is very good, we work as a team and the management listens to what we have to say." Staff told us they were asked for their views about how the service was run during staff meetings and supervisions but they had not put anything forward to date. The provider recognised good culture within the staff team and as such awarded staff bonuses in relation to their discipline, timekeeping and uniform as well as their general performance.

The agency had a set of aims and objectives and staff were aware of these. They included respecting and encouraging the rights of individual people, supporting individual choice and respecting the individual requirements for privacy.

The provider and registered manager told us how they continuously learned to improve the service. They told us that they had learned from the safeguarding incidents the importance of making referrals to the right organisations. They also now knew that the local authority led inquiries on any safeguarding concerns. As a result they had a representative from the adult social care team coming to visit them to offer advice. The provider also told us that although they had taken difficult cases in the past, they would not now accept any person until all the information had been received to ensure they were able to meet all the needs of people. Furthermore, as part of improvement, the provider had purchased tablet computers for staff as care plans, risk assessments, policies and procedures and accidents and incidents were to held electronically so everything was accessible and transparent. The local authority safeguarding team and the adult social care team (ASC) informed us that the provider had worked well with them to continuously improve the quality of care provided to people. The ASC team stated that the agency were a 'go to' agency who they could rely on when they needed to place people at short notice.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered manager had failed to notify the CQC of any incidents in relation to a service user.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure care and treatment of service users met their needs and reflected their preferences.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to take action as soon as they were alerted to suspected, alleged or actual abuse in line with the procedures agreed by the local safeguarding board.</p>