Age Concern York

Age Concern York In Safe Hands Services

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this service on 17 and 25 January 2017. The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

Age Concern York - In Safe Hands is registered to provide personal care to people in their own homes. The agency employs paid care staff and volunteers. They can support people living with dementia, learning disabilities, mental health conditions, physical disabilities or sensory impairment. Some of their work is to provide support to the main carer who looks after an adult at home, so that they can have a break from their caring role. At the time of our inspection there were a mixture of paid care workers and volunteers working for In Safe Hands York service; volunteers provided a sitting service (staying with a person in their home whilst their carer went out or had a break), whilst care workers mainly supported people to access the community and/or activities. Support was typically provided to people for two to four hours during one weekly visit. At the time of our inspection, the service was supporting 60 people and was providing the registered activity of personal care for up to nine of those people.

The service was last inspected in September 2015. At that time, we found the service to be in breach of Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider submitted an action plan with information to address those areas that were in breach. During this inspection we found that, the actions the registered provider had implemented because of our previous inspection meant they were no longer in breach of Regulation 12 or Regulation 17.

The registered provider is required to have a registered manager in post and on the day of our inspection, there was a manager registered with the Care Quality Commission (CQC). 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.

Care workers and volunteers we spoke with understood the types of abuse they might see and knew how to respond to protect people from avoidable harm and abuse. People's needs were assessed and risk assessments put in place.

The service had a safe recruitment process and a system to ensure that they had sufficient care workers and volunteers to meet people's needs. Pre-employment checks were completed before employees commenced their role which meant only those people considered suitable to work with vulnerable people were employed.

Systems and processes had been implemented that helped to ensure medicines for people were administered safely in line with policy and procedure. Medicines audits were completed monthly and where

errors or omissions were recorded actions were implemented that help prevent re-occurrence.

Where accidents and incidents had been reported we found a system in place to record and evaluate the event and the registered manager signed these off to certify they had been dealt with and where appropriate corrective measures implemented.

Care workers and volunteers we spoke with told us they felt supported in their work and that advice and guidance was always available when needed. Training was managed electronically and this included areas the registered provider considered essential and other areas that were specific to people's individual needs. This meant staff had the appropriate knowledge required to meet with people's individual needs.

Staff and management understood the requirements of legislation under the Mental Capacity Act 2005 (MCA). Staff told us they always assumed people had capacity unless assessments identified otherwise. Staff encouraged people to make their own decisions. Where people had received an assessment for capacity this was documented along with any best interest decision. Further information was not always available where a best interest decision had been made. The registered manager told us the main carer and the local authority had this information and they were awaiting a copy of the outcome. People were involved in their care planning and we saw where people had capacity to do so they had signed their consent to the care and support along with the main carer and the registered provider.

People were matched to one care worker or volunteer and had long-term support from one person meaning that care workers and volunteers knew how best to support that person and this consistency helped people to develop meaningful caring relationship. People told us that care workers and volunteers treated them with dignity and respect and staff told us they understood how to maintain their confidentiality.

As part of quality assurance, the registered provider completed quarterly surveys to collect people's views and telephoned people and staff to check on their service satisfaction. Staff completed reviews after each visit that identified any concerns. Feedback was evaluated and any concerns were promptly acted on which helped to improve the service people received.

Activities people enjoyed were documented and reviewed with the person and their families. Confirmation was provided that staff spent time with people and encouraged them to participate in their preferred activity and people told us they valued this important part of the support provided by staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Care workers and volunteers had received training in safeguarding adults from abuse and understood the types of abuse they might see and knew how to respond to keep people using the service safe.

People's needs were assessed and proportionate risk assessments put in place to minimise risks and prevent avoidable harm to the person and from their home environment.

Medication was administered safely and in-line with best practice.

Accidents and incidents were recorded, analysed and signed off to help prevent re-occurrence.

Is the service effective?

Good

The service was effective.

Staff received appropriate training to meet with people's individual needs and this was electronically recorded.

The service was following legislation under the mental capacity act 2005 and staff supported people to make choices and decisions.

People were supported to eat and drink and care workers and volunteers were aware of individual dietary requirements that were recorded as appropriate in people's care records.

Is the service caring?

Good

The service was caring.

People using the service had developed meaningful and positive caring relationships with the care workers and volunteers from In Safe Hands
Services.

Care workers and volunteers supported people using the service to be actively involved in making decisions about the support they received.

People were treated with dignity and respect and care workers understood the importance of maintaining people's confidentiality.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's needs. Both the carer and the person being cared for were involved in discussions regarding their care and support needs.

People were clear about how to raise concerns should they have any.

People had been consulted on their interests and hobbies and the preference for activities was documented.

Is the service well-led?

Good

The service was well led.

The registered manager had systems in place which helped to review and develop the service.

The registered provider sought the views and opinions of people who used the service, other stakeholders and staff and acted upon any feedback.

Age Concern York In Safe Hands Services

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 took place on 17 and 25 January 2017 and was announced. The registered provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The inspection was carried out by one Adult Social Care Inspector. Before our visit, we looked at information we held about the service. We also contacted City of York Council's safeguarding and commissioning teams to ask if they had any relevant information to share.

We did not ask this service to send us a provider information return (PIR) before this inspection. The PIR is a document that the registered provider can use to record key information about the service, what they do well and what improvements they plan to make.

As part of this inspection, we spoke with three people using the service and eight relatives who were also the main carer for the person.

We spoke with two care workers and one volunteer, the registered manager and the chief officer. We visited the registered provider's office and looked at six care plans. We looked at personnel and training files for five care staff and other records used in the management and monitoring of the service.

Good

Is the service safe?

Our findings

During our previous inspection on 18 September 2015, we found the registered provider did not have systems and processes in place that ensured the safe management and administration of medication for people. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider submitted an action plan with information to address the breach of regulation.

At this inspection we checked the management and administration of medicines for people who received a service and we found that actions implemented as a result of our previous inspection meant the registered provider was compliant with Regulation (12) (g).

People told us that they thought the staff were well trained in medication and knew what they were doing. One relative said, "I am really pleased with the service; I always give my relative his tablets before I go out but I have worried that he might try to take another dose because he gets confused." They continued, "The care worker isn't allowed to get involved with [Name of person] medication but they know [Name of person] had them and the carer distracts [Name of person] so that they don't try to take any more."

We found one person was in receipt of assistance with their medication. Information was available in the persons care plan which directed the care worker to the person's Medication Administration Record (MAR). MAR charts included information for care workers to administer both prescribed and as and when required medication (PRN) for example, pain relief. Care workers signed the MAR record and these were audited each month by the registered manager. Where any concerns were noted, investigations and actions were recorded to mitigate re-occurrence.

The registered manager told us, "We do not provide support with all the person's medicines, the main carer administers some at other times during the day." They continued, "This has resulted in gaps on the MAR which we are addressing by completing the MAR with a 'O' for 'Other' to highlight the medication was administered by the person's main carer."

Where care workers were responsible for the administration of medicines, they had completed training in the 'administration of medication in a domiciliary care setting', organised by the 'Workforce Development Unit via the City of York Council.' The registered provider had included medicine checks as part of spot checks completed where they checked that staff were competent in the administration of medicines. An up to date policy and procedure that provided staff with guidance for the management of medicines was in place. These measures helped to ensure that where people received help with their medicines, and that this was completed safely.

During our previous inspection on 18 September 2015, we found the registered manager did not document that they had reviewed and signed off accident and incident forms to say that they were satisfied that the service had responded appropriately. We made a recommendation for the registered provider to seek additional guidance on the completion of accident and incident forms.

At this inspection, the registered manager showed us an accidents and incidents file they had introduced to monitor, investigate and sign off when incidents and accidents happen. We found the service had two recorded incidents in the previous twelve months. Information recorded included details of the incident, who was involved, an investigation with any outcomes and actions and these were then signed and dated by the registered manager.
One incident had resulted in an update to a policy and procedure. The registered manager told us, "We made changes to the policy and procedure to reflect the incident and prevent re-occurrence." This meant the registered provider had effective systems and processes in place to manage and learn from accidents and incidents that helped to protect everybody from avoidable harm.

Everyone we spoke with told us that they or their relatives felt very safe with their care workers and that staff know what they were doing and were kind and respectful. Comments included, "I'm very happy; the person who comes is excellent." "I really look forward to seeing [care worker]; I'm very happy." "It's nice to see a cheerful face and [care worker] chats to me; we have a good gossip."

People were protected from avoidable harm. We checked training records for staff and staff we spoke with confirmed they had completed training in safeguarding adults from abuse and understood the types of abuse to look out for. Comments included, "I would escalate any concerns to [registered manager] or a care co-ordinator; I know they would be investigated and taken seriously." "It's important we keep people safe, I would report any concerns I had and if I saw bad practice by anybody else involved with someone's care I would whistle blow them to the CQC." The registered provider had a safeguarding policy and procedure in place. The registered manager showed us the process they followed to evaluate a concern for submission to the city of York council where further investigation may be required. Safeguarding notifications were evaluated by three senior officers across the wider organisation of Age UK with a designated lead.

We looked at care plans for six people. Associated risks were documented for the person's home and their environment. Information was recorded that included assessments of risk that were associated with the activity of care and support provided by the service. Care and support plans were in place and included actions and guidance to mitigate identified risks and ensured people received care and support in a safe way. For example, a care worker had raised a concern a person used a small ladder to complete some tasks at home. The registered provider had updated the risk assessment and care plan with information that provided guidance to care workers in supporting the person with this activity should they choose. The registered manager told us, "We try not to be risk averse and as long as the person is safe we encourage care workers to support people how they choose." Risk assessments were clear, updated and signed by the person making any changes. This meant people were protected against the risk of harm because the provider had suitable arrangements in place which staff were aware of.

The registered manager told us there was a waiting list for people who required use of the service. At the time of our inspection there were 21 staff employed as care workers, 33 volunteers and 6 office staff. Staff provided both a respite for the main carer (who was often the wife, husband or partner of the person that received care and support) and provided care and support to the individual person. In addition to the main carer, the person often had an additional care contract. The registered manager told us how the service provided was flexible in its delivery. Staff confirmed that because of other carers involved in the person's care and support they did not always have to arrange cover, should they be unable to attend a visit. Families we spoke with confirmed they were aware of this when agreeing to the contract. The registered manager said, "People are never in a situation when they are on their own or at risk from harm, should the care worker be unable to attend." They said, "If they [care worker] ring in sick we speak with the main carer and arrange an alternative date to visit; the service is about providing respite to both the main carer and as a result some care and support to the person." People using the service confirmed that their care workers or

volunteers were reliable and rarely or never missed an arrangement.

The registered provider completed pre-employment checks on their staff that ensured they were of suitable character to work with vulnerable people. We checked the recruitment records for five staff and these evidenced that an application form had been completed, references had been obtained and checks had been made with the Disclosure and Barring Service (DBS) prior to the employee commencing their duties at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions.

Good

Is the service effective?

Our findings

During our previous inspection on 18 September 2015, we found the registered provider did not have systems and processes in place that ensured staff had received appropriate training to safely meet the needs of people they supported. This was a breach of Regulation 12 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider submitted an action plan with information to address the breach of regulation.

At this inspection, we checked the training records for employees who worked in the service and found that actions implemented since our previous inspection meant the registered provider was not in breach of this regulation.

All care workers and volunteers had completed an induction to the organisation and once completed they were provided with a further induction to the In Safe Hands service. The induction covered the policies and procedures of the service and provided guidance and information on the expectations of the staff in carrying out their role with an emphasis on health and safety, medication and communication. The registered manager told us, "I organise the training for all Age UK staff throughout the year and keep up to date records on In Safe Hands staff specifically." They said, "This includes when their last training sessions were undertaken and when training is due."
We saw training was managed electronically and the system recorded up to date completed training that the registered provider considered essential. For example, dementia, safeguarding moving and handling and first aid. Where staff provided care specific to people's needs we saw they had received additional training and this included the administration of medications, epilepsy, bereavement, stroke and various other courses that were planned throughout the year. A care worker told us, "The induction programme was very informative, I have years of experience working in hospitals but this work is at the other end of the scale." They continued, "I have certainly been supported with the skills I now require in my role as care worker and receive regular information when new training is available; it's good to keep my skills and knowledge up to date."

Care workers and volunteers were supported in their role through informal supervision and we saw from staff records that they had completed annual appraisals. This included information completed by the member of staff, a discussion with the appraiser, notes and recommendations. The registered manager told us they did not complete individual scheduled supervisions but one to ones were available as part of the scheduled monthly team meetings where care workers wanted a formal discussion. We saw that the service held regular team meetings for care workers and volunteers and those minutes were produced and distributed. However, we were unable to evidence where the informal supervisions were documented. We discussed this with the registered manager who told us they were going to re-introduce formal supervisions and that these would be documented to form the basis of the annual appraisals. Care workers we spoke with confirmed they submitted weekly summary review sheets with information on the visits they had completed. They told us that the office rang them to ask for updates and to find out how they were. A care worker said, "I never feel unsupported, if I have any concerns I can ring the office and they ring me to see how I am." They said, "We meet up monthly and have good discussions where we are updated on any

changes in the service, people's needs and we can discuss any concerns as well; all over a coffee."

The Mental Capacity Act 2005 (MCA) provides a framework for acting and making decisions on behalf of individuals who lack the capacity to do so for themselves. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.
The registered manager and staff we spoke with understood the requirements of the MCA. During our previous inspection on 18 September 2015, we found the registered provider did not have systems and processes in place that ensured where a person might be unable to make decisions for themselves (where they lacked mental capacity), that they had documented mental capacity assessments or a best interest decision to provide care and support. By not documenting mental capacity assessments and best interest decisions, we could not be certain that people's rights were protected in line with the MCA.

At this inspection, we checked and found the registered provider was following legislation under the MCA.

The registered manager told us they had implemented some changes because of the feedback from our previous inspection. They told us and we saw from care plans that information had been included that advised staff where a person had received a capacity assessment or where they had a best interest decision. There was no one who received a registered activity from the service who was being deprived of their liberty.

The registered manager told us and we saw that MCA training had been provided for staff where they provided care and support to a person with dementia in addition to training in dementia awareness. This was important to ensure staff recognised when a person's condition may deteriorate and they may start to have fluctuating capacity for example with dementia. It was clear people were involved in their care planning and staff ensured they had provided consent to the care and support they received. Where people had, capacity they had been signed their care plans and where they lacked capacity and the main carer had power of attorney, they had signed their records along with the care organiser. Staff we spoke with confirmed they understood the MCA. Comments included, "I would always assume someone had capacity unless proved otherwise." "I always discuss the care and support with [Name] to make sure they understand and agree to everything." "I would escalate any concerns with the main carer, who would be able to ask for any further reviews of capacity if required."

We saw that information regarding people's health needs was recorded. This was important so that staff could provide the right level of care and support to people. All of the people we spoke with confirmed that they had access to health professionals when they needed them. Staff we spoke with did not support people with meals but did assist with drinks if required to do so. They told us and we saw that where support with meals was required information that included any dietary or nutritional needs was recorded in people's care plans. We saw that emergency contact details for people's GP and other professionals involved in their care were recorded. Staff were able to support people in attending appointments if their main carer was unable to do so, for example, by taking them to an appointment. However, we were told that it would normally be the main carer who attended the appointment. This meant the registered provider had systems and processes in place for staff to follow that meant people received care and support from other health professionals where this was required.

Good

Is the service caring?

Our findings

There were no concerns about the behaviour and attitude of the staff. Everyone spoke warmly about them. A main carer for a person told us, "The service has been amazing, my relative was quite miserable at one time because he can't get out or do things he used to do but he really looks forward to the carer coming because he has such a good rapport with them."

It was clear from our conversations and observations during the inspection that everybody was passionate about the service they provided. The chief officer talked at length about the ethos behind the organisation that was based on caring for people, their families and even their pets. This ensured people were helped to live as independently as possible in their own homes. The service was in demand due to its good reputation. The chief officer told us, "Caring is what we do, we have staff who are volunteers and those with a contract of employment are often retired and many have extensive backgrounds in providing health and social care in a variety of settings; they are passionate about caring and that's why they decide to work with us to help people." Staff were positive about the service they provided. One member of staff said, "We are there for the carers, there to listen and to provide them with a break."

The registered manager discussed the importance of ensuring people received the right service from the right person. They told us, "It is important we get the match right from the start and we have a robust process of checks and feedback to ensure this happens." When new people were introduced to the service, the registered manager or a care coordinator completed a visit with the person and their main carer. They discussed interests, hobbies, the support required and what they could expect. The main carer completed a client information form and along with the visit, the information was used to ensure the service provided was suitable for the person and their main carer's needs.

Staff described how they were introduced to a person to ensure they were suitable to work together and had similar interests. A care worker said, "The matching process is very good, it provides an opportunity for us all to get to know each other to ensure we all get on; it doesn't always work and the office are quick to respond and make changes where that is required but that doesn't happen very often." One person told us, "'I like that they [In safe Hands] brought the carer to introduce her to me before she started coming," "If I hadn't felt comfortable with that person then they'd have found somebody else but we hit it off straight away." A care worker told us, "I had an initial meeting with [Name], their main carer and a supervisor; it went well and at the next visit I went with the person to the garden centre where we were able to discuss common interests and start to build a caring relationship." They continued, "I know the supervisor obtained further feedback from the person and the main carer to make sure they were happy and we are getting on really well; no concerns at all."

People were supported to express their views and were actively involved in their decision making. Feedback was documented from the main carer who provided information on their husband, wife or partner. Care plans were signed by the person, their main carer and by a care coordinator. A relative said, "They [care worker] came to see us right at the start and wrote down lots of information so that they really understood [Name] and the kinds of things they are interested in." Care workers told us they completed a 'Sitting

record". We saw this included feedback on each visit that they had completed, what had happened during the visit any concerns or changes that the person or their main carer had requested. One person we spoke with said, "I am in the driving seat; they [staff] ask me what I want to do or if I want to go out and that's what we do." Another person told us, "I try to be as independent as I can and I like to peel the potatoes while my wife is out so the carer just watches me into the kitchen to make sure I don't fall." This meant the registered provider had systems and processes in place that ensured people, their main carers and their families were consistently asked about choices and their independence was supported.

Everybody we spoke with confirmed that staff treated them with kindness and respect. A family member confirmed, "They are absolutely excellent, [care worker] takes my relative out and is very careful with them," "[Name] is diabetic and would quite happily eat sweet sticky cakes but [care worker] is able to guide them away from anything that is likely to make them ill." Care workers told us, "I have been providing support for [Name], for many years but I still knock and announce myself when I go round." "I would always treat people how I would wish to be treated, for example when we are out they [person] may require the bathroom, as long as they are safe, I will wait outside the door to give them privacy." I am always very careful with any discussions I have with the person in public, I would not discuss anything confidential the person may tell me, unless I had some concerns. This showed us that care workers and volunteers treated the people using the service with respect and took steps to maintain people's dignity and confidentiality.

Good

Is the service responsive?

Our findings

Care workers told us they had access to written records for people. They told us these records formed a care plan for the individual and we saw this information was assessed, reviewed and evaluated with involvement from people, their carers' and where appropriate other health professionals. People told us they liked the service because it was flexible and was responsive to their individual needs and those of their main carers. One of the main carers said, "They are very flexible, the care worker usually comes for two hours on a Wednesday but if I have an appointment or anything I can negotiate a different day or time." In addition "They [care workers] are so accommodating, it's like a 'take a break' service where they stay with [Name] so that I can go out." "Sometimes I need an odd hour so I get in touch and we sort out splitting the time so I might have an hour on two days or two hours together another time. It really takes a weight off my mind."

Where changes to people's needs and care were identified, we saw care plans had been updated. For example a care worker had identified a person had problems swallowing at meal times and had a tendency to fall asleep whilst eating. This meant they were at risk of choking. We saw the care worker documented this information on the person's daily records. The care coordinator had responded accordingly and engaged assistance from a Speech and Language Therapist (SALT) who provided guidance on the types of food and positioning of the person at meal times. This helped prevent the person choking. The care worker told us, "If we have any concerns we can speak with the office or write it in our notes and they respond very quickly."

People had been consulted on their interests and hobbies and the preference for activities was documented. A care worker said, "[Name] has a real passion for trains, we go out to the railway museum in York and when we arrive their face lights up; we have a coffee and a laugh, it does us both good and gives the main carer a break for a couple of hours." Relatives confirmed how care workers from In Safe Hands improved the quality of people's lives by assisting them with the provision of activities that they sometimes found difficult to fit in. Comments included, "My relative loves playing dominoes." "[Name] never gets tired of the game and the carer is fantastic, the only thing we were missing before was having somebody who had the time to sit playing dominoes with [Name] for a couple of hours and now we have that." "The carer does well; I just enjoy the company and playing scrabble." "My relative always loved gardening but they can't do it anymore. The carer still takes them to the garden centre though which they really enjoy and [Name] tells them all about the different plants; that's something [Name] doesn't forget and the care worker provides encouragement."

Discussion with staff revealed that where there were people using the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation, we were told that those diverse needs were adequately provided for within the service. Care records we saw confirmed this and the staff who we spoke with displayed empathy in respect of people's needs. An 'Advanced' care plan was in place that documented people's preferences for their future care and where they would like to receive that care. Records included their religious and cultural needs. A care plan recorded, 'I like to go to church each week' and 'If I am not able to go to church I would like someone to visit me.' We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

We saw evidence that care coordinators called people using the service to make sure they were happy with the care and support they received and that people were matched with a suitable care worker or volunteer. People we spoke with told us they felt able to raise concerns or complain and were confident that any issues or problems would be resolved by the manager. Feedback from families and people we spoke with was positive they said, "The care coordinator has been really good; they came to see us and went through everything and we know they are available if ever we need any advice or anything." "The care coordinator did a full assessment of my relative's needs at the beginning and they came again recently to update everything and make sure there hadn't been any changes that they needed to know about."

The service had a complaints procedure in place and where the service had received a complaint this had been investigated, an incident report produced and a formal apology sent to the person addressing the concerns they raised. This meant that the registered provider had systems and processes in place to listen to people's views, comments and concerns and responded to improve people's experiences of using In Safe Hands Services.

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. At the time of this inspection, the manager was registered with the Care Quality Commission (CQC), which meant the registered provider was complying with the conditions of their registration.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. We discussed the submission of notifications with the registered manager, as we had not received any in the previous twelve months. The registered manager evidenced and discussed three events from December 2016 which had not been submitted as a notification to the CQC. The registered manager told us they had been on holiday over Christmas and that the events had happened with people who did not receive the regulated activity 'personal care' under the terms of the registration. However, the people did receive a service from In Safe Hands. The registered manager confirmed this was an oversight and submitted the required notifications following the inspection.

During our previous inspection on 18 September 2015, we found the registered manager did not establish and operate systems or processes to effectively assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider submitted an action plan with information to address the breach of regulation.

At this inspection, we checked and found the actions submitted by the registered provider had been implemented and we found the registered provider was not in breach of this regulation.

The registered provider had implemented an audit system for medication administration and management. The process was documented and we saw where errors or omissions had been identified because of the audits that actions had been implemented to reduce reoccurrence and helped ensure the safe administration of medicines for people. Training that included medication was managed by the implementation of an electronic system that highlighted each member of staff and the training they had received. This enabled the registered manager to plan refresher training and additional courses in a timely manner that helped ensure staff had the most up to date skills to meet people's individual needs.

Where accidents and incidents had occurred the registered provider showed us how associated information was recorded and investigated with documented outcomes and actions completed and signed off by the registered manager. This meant the registered provider had effective systems and processes in place to manage and learn from accidents and incidents that helped to protect everybody from avoidable harm.

Views from people and their families were sought by quarterly questionnaires. We saw from this feedback that 100% of respondents agreed the service was of benefit to the main carer, that 95% of respondents agreed the person enjoyed the company of the care worker who visited and that 95% of respondents had the opportunity to do interesting activities. Overall 76% of respondents rated the service as 'Excellent', 22% as 'Very Good' and 2% as 'Good'.

The registered manager told us the information was used to identify areas they were doing well in and where any concerns or other feedback was recorded by respondents these were responded to and improvements implemented. For example, we saw the family of a person had responded with information that an activity the person had attended was no longer available and had suggested other activities they enjoyed. The registered manager showed us where they had updated the person's care plan because of the feedback received.

Other systems and processes were in place for example, the submission of information on daily visits by staff and telephone calls to people and their families was used to gauge feedback that helped provide high quality care and support, tailored to people's individual needs, in their own homes.

Everybody spoke positively about the way the service was managed. There was a clear structure of staff in place and those we spoke with had a clear understanding of their individual roles, responsibilities and where and when to escalate any concerns. Care workers and volunteers told us they felt they were very well supported and were able to contact somebody in the organisation should they need to. They told us they were kept up to date with best practice, information about the organisation and people's individual needs in a variety of ways. We saw information was circulated in a monthly newsletter that included 'bite-size' training opportunities, events that included dementia friendly cinema times, dementia friendly swimming, and contacts for York directory of mental health with information and advice about coping with a variety of mental health issues. Staff told us this information helped them to stay updated and provided additional information on opportunities and events for the people they supported.

We saw from records that staff meetings were held monthly, which gave opportunities for staff to provide feedback and discuss any concerns both individually and as a group sharing their knowledge and experiences. We looked at the minutes from the meeting agenda for December 2016. The staff meeting was used to discuss a variety of topics, for example, people's wishes for resuscitation and the associated required paperwork was discussed, and we read the service was preparing for their next inspection by the CQC. This meant that staff were kept informed and up to date with any changes to their practice and they had opportunities to discuss any issues and share best practice.