Everyday Recruitment Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 26 and 29 April 2016 and was announced.

Everyday Recruitment Agency Limited, also known as 'ERA', is a domiciliary care service that provides support to people in West Sussex, including in Bognor Regis, Chichester, Selsey and The Witterings. At the time of our visit the service was supporting 155 people with personal care. This included 14 children between the ages of 4 and 18 years old.

The service had a registered manager. 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.

People may not have been protected from harm because risks to their health and safety had not always been assessed. Where risks were known there was often a lack of guidance for staff on how to minimise them and monitoring of risks was not always effective.

People received their medicines safely but in a few cases specific guidance on individual support needs was missing.

Staff understood local safeguarding procedures and reported any concerns promptly.

People had confidence in the staff who supported them. There were enough staff employed and the rotas were managed effectively. Staff received training to enable them to deliver effective care. They were supported in their roles and professional development by a system of supervision. Staff understood how consent should be considered in line with the Mental Capacity Act 2005. People and/or their representatives were involved in planning the care that they received. During our visit the registered manager modified the assessment form to ensure that the level of people's involvement and consent was clearly recorded. Staff supported people to prepare meals and to eat and drink if required.

People spoke highly of the staff and told us that they treated them with dignity and respect. In our survey sent out prior to the inspection, 100 percent of respondents said that staff were caring and kind. A relative wrote a letter of thanks to the provider which read, 'As you know I am very happy with so much about ERA but it is particularly the carers that make ERA so successful'.

People's care needs and their satisfaction with the service was regularly reviewed. Staff responded quickly to changes in people's needs and made referrals to other healthcare professionals such as the GP, district nurses or occupational therapist when additional support was required.

People felt able to contact the registered manager or staff if they had concerns and said that they received a

quick response. People told us that they understood how to make a complaint.

The registered manager used feedback from people and staff to monitor the quality of the service and to identify improvements. Suggestions had been acted upon. Although there was a system of quality assurance by senior care workers in the community we found that some care plans were missing information and that checks on daily notes and medication records had failed to identify some issues. We have made a recommendation that the registered manager and provider review their quality audits to ensure that all areas of the service are checked.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

People were at risk of harm because guidance to staff on how to minimise risks was not sufficient and monitoring of risks was not always effective.

Medicines were administered safely.

There were enough staff to cover calls and ensure people received a reliable service.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs. They had received all necessary training to carry out their roles and felt supported by their seniors.

Staff understood how consent should be considered and people were consulted on the care they received.

People were offered a choice of food and drink and given appropriate support if required.

The provider liaised with health care professionals to support people in maintaining good health.

Is the service caring?

Good

The service was caring.

People received care from regular staff who knew them well and cared about them.

People felt involved in making decisions relating to their care and were encouraged to pursue their independence.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care had been planned and reviewed to ensure that it met their needs. Staff knew people well and understood their wishes.

People were able to share their experiences and were confident they would receive a prompt response to any concerns.

Is the service well-led?

Requires Improvement

The service was not well-led in all areas.

The registered manager did not have a fully effective system to ensure that necessary information about each person's care was available to staff and appropriately checked.

The registered manager used people's feedback and checks by seniors in the community to monitor the delivery of care and make improvements to the service.

The culture of the service was open and staff ideas were valued.

People and staff felt able to share ideas or concerns with the management.

Everyday Recruitment Agency Limited

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 29 April 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

One inspector and an expert by experience in older people and dementia undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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. We also reviewed three previous inspection reports and notifications received from the registered manager before the inspection. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

Before the inspection, the Commission sent out questionnaires to obtain feedback from 50 people who used the service, their relatives and friends, 43 staff and five community professionals. We received 21 responses from people who used the service, seven from staff and one response from a community professional.

We visited the office where we met with the registered manager, the deputy manager and the provider. We met three care workers and spoke on the telephone with a further three care workers and two senior care

workers. We also spoke on the telephone with the provider's training manager.

We visited two people who used the service in their homes and telephoned 11people and three relatives to ask for their views and experiences. Following the inspection, we contacted a social worker and an occupational therapist. They consented to share their views in this report.

We looked at nine care records, medication administration records (MAR) and visit records. We also reviewed five staff recruitment, training and supervision records, quality feedback surveys, minutes of meetings, staff rotas, quality monitoring reports and other records relating to the management of the service.

Everyday Recruitment Agency Limited was last inspected in July 2013 and there were no concerns.

Requires Improvement

Is the service safe?

Our findings

People were not always protected because risks to their health and safety had not been fully assessed. Where risks were known there was limited written guidance for staff on how to minimise them.

Each person had a profile which detailed their personal details and an overview of the assistance they required. This included a section on health and medical care. In this section risks had been highlighted, such as a risk of falling or of developing pressure areas. It also detailed where a person had diabetes and whether this was diet or insulin controlled. We found that these risks had not been fully assessed and that there was limited or no guidance available to staff on how to mitigate them. In most cases, the support plans did not make reference to these risks meaning staff lacked guidance on how to minimise risks to each individual.

One person was supported by staff with food shopping and meal preparation. Their profile recorded that they were, 'Type two diabetic – diet controlled'. In the support plan we read, 'Drinks and breakfast' 'Offer drinks and snacks' and 'Heat and serve ready meal'. There was no reference to the person's diabetes or diet in the support plan. This put the person at risk because staff may not have known how best to support them in maintaining stable blood sugar levels. Another person was cared for in bed which meant they were at an increased risk of developing pressure areas. There was no reference to checking the condition of their skin or on ways to minimise this risk recorded in the support plan. Two other people were noted as having had 'recent falls' or being 'prone to falls' but there was no assessment in place or information for staff on how to keep the person safe when mobilising.

Some risks had been assessed, for example where equipment was used to help people to mobilise. This included full body hoists, stand aids and wheelchairs. We saw examples of these assessments in some files but found that they were missing in others. We discussed our concerns with the registered manager. The registered manager told us that they would update the computer system so staff were prompted to complete relevant risk assessments. He explained that this would provide a clear record of the risks identified in each person's care which could then be audited to ensure that staff had appropriate guidance on how to minimise risks to people.

Records did not demonstrate that risks had been monitored to ensure people's safety. Where people were known to have a poor appetite or were at risk of malnutrition, staff maintained a food monitoring record. These records showed the foods offered and served to each person but did not provide clear information on how much had been eaten. Comments from staff included 'Just started' or 'Still eating'. The registered manager told us that the expectation was that the following staff member would record how much was eaten. The lack of a clear record meant that the person's diet and nutrition could not be reliably monitored. This put them at risk of not receiving adequate nutrition.

The lack of risk assessment, effective monitoring and guidance on how to minimise risks to people's health and safety was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some good examples of risk assessment. Each person's home environment had been assessed to determine risks to the person or to staff. This included risks from loose mats, wires, pets and the absence of external lights or smoke alarms. The registered manager told us that they had recommended some people receive further guidance on fire safety from the fire and rescue service and had supported them to arrange this. In one support plan there was guidance for staff on how to respond in the event the person had an epileptic seizure. This information was detailed and included when to seek medical attention. For another person who had a Percutaneous Endoscopic Gastrostomy (PEG), (a tube placed directly into the stomach through which fluid and nutritional fluid can be delivered) fitted staff were directed to ensure this was covered by clothing to reduce the risk of the person pulling it.

People were happy with the support they received to manage their medicines. One person told us, "They will stand and wait for me to take my tablets". Each person had a medication assessment in place. This detailed the level of support they required to manage their medicines safely; that is whether staff were to prompt them or take responsibility for administration meaning that they had seen the person take it. For the most part these assessments were up to date and provided clear information to staff. We discussed two exceptions with the registered manager who liaised directly with senior care workers to ensure the assessments were updated.

Medication Administration Records (MAR) charts were completed, including for prescribed topical creams. These demonstrated that people had received their medicines as prescribed. Staff described to us how they managed medicines prescribed on an 'as required' (PRN) basis, such as for pain relief. MAR charts demonstrated that 'as required' medicines had been offered to people. Where they were not needed or had been refused this was recorded. One person who had been assessed as able to safely self-medicate pain relief if staff made the tablets available told us, "They leave two in a pot on the table. I keep a record of the time I take it which is transferred to the record book". In these instances a code was used on the MAR to indicate that the medicine had been 'left out for later'. Guidance for staff on how to support people with PRN medicines was available. These PRN protocols described what the medicine was for, when it should be given, the dose and the gap between doses. We found that PRN protocols were missing for two people in relation to pain relief. The registered manager shared this information with the senior care workers to ensure that staff had information on how to support each individual with PRN medicines.

There were enough staff employed to cover care calls and keep people safe. The provider told us they only took on new clients when they knew they had the capacity to meet their needs. The registered manager confirmed this saying, "We don't just pile them (calls) on, we check the rotas and we won't accept knowing we can't cover it". People received a schedule a week in advance which detailed which staff would be visiting them and the time of the calls. Most people were satisfied with the continuity of staff that visited them and their call times. One person said, "I get the same carer she is very good". Another told us, "I have two carers come but they don't always send two together, sometimes one will come later. It's to help with getting me into the wheelchair but it works fine". A third said, "It works well. If my main carer is off another one just steps in".

The provider was recruiting and an additional senior care worker had been recently recruited. The senior role was to supervise care staff and to carry out assessments and reviews of people's care. One senior care worker told us, "We've got more staff coming in now. I'm not doing as much care as we've got more staff in. I can help out with sickness and emergencies". The provider was considering new ways of attracting staff and improving retention such as by offering a proportion of staff hours on a permanent contract.

Staff recruitment practices were robust. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and

Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People who used the service felt safe. They told us that staff were kind and showed concern for their welfare. One person said, "I have a chain on my door and when she (the care worker) leaves she always reminds me to put it on". A relative told us, "Having the same carer matched to my son makes me feel he is safe". Staff had attended training in safeguarding adults at risk and those who worked with children had completed a child safeguarding course. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. We saw that the registered manager had included reminders about safeguarding in staff newsletters. In one we read, 'All suspected abuse must be reported. This also includes bruises/marks/cuts to customers'. Staff used body maps in the care files to indicate the position and date that any bruises or marks were noticed. These had been reported to the office. Where staff supported people by purchasing items for them, a clear record of transactions along with the receipts was maintained. Staff told us that they felt able to approach the registered manager if they had concerns. They also knew where to access up-to-date contact information for the local authority safeguarding team.

Good

Is the service effective?

Our findings

People and their relatives felt that staff were trained and had the necessary skills to meet their needs. Staff had confidence in their abilities and spoke highly of the training they received. One staff member said, "I did all my training with them although I'd done care before. It was a refresh, it gave me the confidence". Another told us, "The training is in depth. They go through everything. I learnt so much". Courses included moving and handling, medication, first aid, fire safety, infection control, safeguarding, food hygiene and health and safety. Additional courses in catheter care, epilepsy, oxygen therapy and PEG feeding were available and had been followed by a number of staff, primarily those who supported people with these care needs. In the provider's 2015 staff survey, all of the eleven staff who responded felt their training was, 'relevant and informative'. The provider had a system to monitor the staff training and ensure that staff received regular refresher courses. One staff member said, "You get a letter to say you are booked on training. It's all kept updated".

Staff were able to pursue professional development including diplomas in health and social care. One staff member told us, "They're helpful. I'm doing an NVQ 3 and I came in and chatted some queries through". Another said, "They are willing to find courses of a specific nature over and above the basic training. I did PEG feeding and I'm booked on management of challenging behaviour. It's progression which is really nice". New staff underwent a period of induction during which time they were expected to complete the Care Certificate, a nationally recognised standard of training for staff in health and social care settings. A new employee told us, "Before I started I did about two solid weeks of all the training and then I did shadow shifts". One person told us, "I find the new ones are very cautious about my care so they take their time".

Staff felt supported and valued. Care staff told us that they felt able to approach their seniors with any queries and told us that they were approachable. The seniors in turn felt they were supported by management. One said, "It's great, they're always there to back me up". Staff attended two supervision meetings and an appraisal each year. This provided an opportunity to discuss any concerns and to make future training plans. In addition seniors carried out spot checks on care workers. These checks considered the standard of their work, how they greeted and communicated with the person, whether they wore the necessary personal protective equipment (PPE) and whether they used equipment safely. Any issues noted during supervisions or spot checks were entered on the system which flagged them for review at the next meeting. This helped to ensure that actions were completed and issues resolved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA as part of their induction and ongoing training. The trainer told us, "We involve mental capacity in

almost all we do". They gave an example of asking staff what they would do if a person refused medication and lacked capacity to make that decision at the time. Staff were able to describe how they considered people's capacity and consent in their daily work. One said, "You can only cajole and coax". Another told us that they encouraged a person to eat a balanced diet but as the person had capacity they respected their wishes over what they wanted to eat. They told us, "It's (name of person's) choice". One senior care worker had been involved in a best interest meeting to decide on accommodation options for a person who lacked capacity to make this decision and who was no longer safe living independently. This meeting involved the family and other professionals to reach a best interest decision on behalf of the person.

People had been involved in decisions relating to their care. In response to our survey sent out prior to the inspection, 90 percent of people who responded said they were involved in decision making about their care. People's involvement and consent in care planning was not clearly recorded at the time of our visit. One person we visited in their home told us that they had been fully involved in planning their care and that they were very satisfied with the support they received. They had not, however, signed their support plan to demonstrate agreement, nor was there any reference to their involvement in the documentation. We discussed this with the registered manager. By the second day of our visit, the registered manager had added a drop down list to the assessment tool for staff to record how the person was involved and to record their consent.

Where assessed as requiring assistance, people were supported to eat and drink. We visited one person at lunchtime. The care worker prepared a meal for them and encouraged them to eat. She also assisted them by taking the top off their yoghurt. As the person ate they enjoyed a chat with the care worker. One person told us, "They always ask me what I want for my dinner and they cook it for me". Another said, "I am well supported for my meals, they help me to do a list and they bring in my shopping for me, I could go with them but I choose not to". Another person we visited used a straw to help them to drink. Before staff left people, they checked that they had everything they needed and that drinks were in reach. One person said, "My carer always makes sure I have a drink before she leaves".

People were supported to access healthcare services. One person told us, "If I'm not well when they arrive they will call my GP and arrange for him to come in". There were also examples of staff making contact with the district nurses or occupational therapists such as to review people's moving and handling needs. One social worker told us, "The senior supervisors seem to go out quite regularly. Whenever I mention a person they always seem to know them well and know their package of care". They also said, "If I've had any concerns or if something needed changing they are very willing to do that".

Good

Is the service caring?

Our findings

People spoke highly of the staff and told us that they enjoyed their company. One person said, "They are caring we have a good laugh". Another told us, "They are very nice girls; if I need anything they will bring it in for me". A relative said, "I wouldn't change (the care worker) for the world". In the provider's 2016 survey one person had written, 'The carers are so lovely. They must be handpicked! All of them'.

People told us that staff went above and beyond to help them. When we asked one person if the staff were good, they replied, "Some of them are more than that". They went on to explain how a care worker had fixed their telephone and helped to rearrange the front room when a new chair had been delivered. This same person also said, "We had a glorious day and (name of care worker) took me out for a little walk. It was the first time in months. It was a bright, warm day and it was wonderful to feel the breeze". During our visits to people's homes it was apparent that staff knew people well and that they had developed a good relationship with them. We heard staff comment on the birds feeding in the garden, on a person's musical interests and pass on greetings from a neighbour they had met earlier in the week. As we left one person at lunchtime, the care worker asked them what their plans were for the afternoon and asked if the snooker was on. The person checked the television and found that it was. They appeared to be very pleased about this. A social worker explained that for one person they had arranged social support via the service rather than looking at day centres since, "The relationship with the carer was so good".

The registered manager worked to promote continuity in the staff who visited people. The scheduling system showed how often a staff member had visited a person. This meant that if their regular care worker was not available, office staff had clear information on which staff knew the person. Similarly it was possible to record preferred or excluded staff on the system for each person. This helped to ensure that people's preferences were respected. When we asked the registered manager what they were most proud of they told us, "We have some brilliant carers". The provider also spoke about how the recruitment process identified the personal qualities of a prospective staff member. She told us, "The nature of the person is the most vital thing".

People were involved in planning their care. People's profiles included information on their preferences such as when they liked to get up, their favourite foods and whether they preferred to be supported by male of female staff. There was also information on how the person communicated and whether any aids were needed to support communication. In the children's support plans Makaton symbols had been used to aid communication. One person told us, "I think they are fantastic. I get the same ones (care workers) and my care plan is updated every couple of months by someone in the office". A care worker told us, "I put myself in their shoes; I like to know just what they want".

People were encouraged to be as independent as they were able. In response to our surveys sent out in advance of the inspection, 90 percent of people said that the support received helped them to be as independent as they can be. A letter had been sent to people by the registered manager setting out the expectations of the service. In this we read, 'They (staff) are there to support you to do the things that you might not be able to do and allow you to do things that you can do'. One person told us, "If it hadn't been for

the support and encouragement I received I wouldn't have been able to make the progress I have made". This person felt staff respected their wishes and limitations. They said, "I'm very grateful for all the moral support and the belief that I can do what I say I can do, equally understanding when I say I can't". Another person told us, "They're very understanding people". A staff member told us, "You can tell if they are having a good day or not".

People told us that staff respected their privacy and treated them with respect. One person said, "They are very respectful when delivering personal care". In the provider's 2016 customer survey, all 76 respondents had confirmed that staff were friendly and polite and respected them as a person. One relative wrote, 'On the whole the male carers are really good and make Dad feel the best he can'. We observed that staff took care with people's property and tidied up before they finished the call. Whilst we were in the office we heard staff making calls to people to let them know that a call time had changed or that a different care worker would be visiting. Most people told us that they were informed about any changes to the rota.

Good

Is the service responsive?

Our findings

Before a person received support from the service, an assessment of their needs was completed. This included the level of support the person needed with daily tasks such as dressing, mobility, meals, social needs and communication. From this a support plan was developed to describe the support required on each visit. The support plan included specific outcomes, such as, 'To give me my medication every day', 'To encourage me to eat and drink a well balance diet' and 'To make sure that I am wearing my care line'. These outcomes were reviewed every six months to ensure that the care was meeting people's needs and expectations. Some people's care had been reviewed more frequently due to changes in their needs. One person's care had been reviewed eight times during the first four months of 2016 due to changes in their health. We looked at the results of care outcome reviews and saw that of those reviewed since April 2014 over 99 per cent had been met. Those that had not been achieved were due to circumstances such as not being able to shower due to a dressing on the person's legs or it being too cold outside for the person to go for a walk.

Staff responded quickly to changes in people's needs. The electronic records of calls made to the office or out of hours number showed that action had been taken in response to concerns. When one person refused their medication this was reported to the GP who subsequently arranged a medication assessment. The GP had also been requested to visit another person when staff noticed that they had a swollen foot. Staff had made suggestions for equipment such as for a slide sheet to assist in moving one person. An occupational therapist (OT) told us staff had contacted them when they found that the hoist sling was the wrong size for the person. The OT told us, "They were effective and efficient in reporting concerns and (name of senior care worker) returned my phone calls to discuss the situation and to arrange a joint visit".

Staff had a good understanding of people's needs. The scheme manager at one of the extra care schemes where the agency supported people had written to acknowledge the work of a care worker. They wrote, '(Name of care worker) constantly goes above and beyond his duty to engage this resident, often under very difficult circumstances. (Care worker) has taken the time to find out what interests (name of person) enjoys and to come up with support tailored to what he likes'. A staff member described how they communicated with a person who had a hearing impairment. They told us, "I make sure I'm standing in front of her when I speak, sometimes I have to write things down, sometimes gestures and sometimes she can lip read". People and their relatives were appreciative of the staff and the flexibility provided by the agency when they needed additional support. One relative wrote, 'I wish to give you and your staff team my sincere and grateful thanks for pulling out all the stops in providing extra care for (name of person) and his family over the past few weeks'. Another card of thanks read, 'It was great to know that we could rely on the girls to do whatever needed doing'.

The registered manager had developed a system of electronic records for initial assessments, support plans and care reviews. This gave staff the possibility of logging into the system remotely to review people's support plans. One staff member told us that this was helpful if they needed to carry out a visit to someone for the first time or who they had not seen for a while. They said, "If they get caught short for someone, I can just check online but they have the care plan when you go in too". The system was able to generate hospital

passports using the information in the person's current profile and support plan. This information would go with the person if they were admitted to hospital to provide key information on their preferences and care needs. The registered manager was continuously improving the system. He told us, "It does what we want it to do".

People felt able to raise concerns with the registered manager or staff. One person said, "I've always found the management helpful when I've had to call". Another told us, "I'm quite happy with all they do. I've got no complaints and no questions to ask". In response to feedback from people who used the services of the agency in an extra care setting, the registered manager had started to spend one day each week based at the property. This was because people wanted senior staff to be more accessible so that they could speak with them face to face. One staff member told us, "If there is an issue we deal with it straight away".

To improve communication, the registered manager had started a newsletter for people who used the service. This had been started in June 2015 with a second edition in December. He also hoped to set up a customer focus group. The objective of this group would be, "To help shape and improve our services for the future'. In the December newsletter people had been informed about a new facility on the provider's website for leaving feedback. When feedback was received, this generated an alert on the system which could not be deactivated until the contact had been resolved.

People and relatives understood how to make a complaint. Information on how to complain was included in the guide to the service which was part of each person's care folder. Senior care workers told us that they met with people regularly and were available to discuss concerns as and when they arose. People were also able to provide feedback during their care reviews. One senior care worker told us, "I haven't had any complaints. I go round and check". We looked at the records of complaints and saw that complaints received had been responded to and resolved in accordance with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

The quality assurance system at the service did not encompass all aspects of the service. There was good evidence of seeking and acting on feedback from people and staff but checks of care plans had not always been effective. We found that risks to people's health and safety had not always been assessed, monitored and mitigated. This has been reported in the 'Safe' section of this report. Senior care workers were responsible for monitoring the quality of care delivered to people via a series of spot checks on staff, monthly visits to people's homes and regular support plan reviews. We asked the registered manager whether there was any audit of care plans to ensure that seniors had completed the necessary assessments and to check that care plans contained sufficient guidance for staff to enable them to meet people's individual needs. The registered manager told us that there was no secondary check on records but informed us that all care plans would be reviewed, with subsequent audits on a sample of care plans.

When daily records and MAR charts were returned to the office these were checked and signed off by a staff member who had been assigned this task. We were unable to see from these checks what action had been taken in response to issues or gaps identified by the audit because no record had been maintained. The staff member who carried out the checks told us that they took immediate action to resolve any issues. We noted that some issues did not appear to have been picked up. This included occasional gaps in MAR charts and the fact that food diaries were not providing an accurate record of how much had been eaten. We found that the checks had not always been effective in monitoring the delivery of care to ensure that risks were mitigated. The registered manager told us that they would create a record on the system to record actions and to track their completion. He explained that this would operate in the same way as actions that were noted in staff supervisions or when complaints were received.

We recommend that the registered manager and provider review their quality assurance system to ensure that all aspects of the service are monitored and to ensure compliance with the regulations.

People were asked for their views on the service and this information was used to make improvements. At each care review people were asked five questions relating to their satisfaction with the service. This included whether they felt happy with their care, if it met their needs and if they felt safe living at home. These results were collated and used to identify any changes in the level of satisfaction. A customer survey had been sent out by the provider in 2016 and 76 responses had been received. There was a good overall satisfaction rate with 71 percent of people saying they were 'very satisfied' and 25 percent reporting they were 'satisfied'. No one reported that they were unsatisfied with the service. Suggestions from people such as to provide visit schedules in large print had been adopted with three people receiving their weekly schedules in this format at the time of our visit. In reply to some respondents saying that their carer did not arrive on time (six from 76 responses) the registered manager was trialling a call monitoring system which would enable the office to track when each visit started and whether staff stayed for the full visit duration.

The registered manager was keen to make improvements in the service and responded promptly to feedback. When gaps had been identified in some MAR charts, staff were asked at the staff meeting to call the office or put a note in with their rotas each week if they saw any gaps. The registered manager told us

that this had helped to address issues promptly, rather than waiting for records to be returned to the office. In response to our feedback regarding missing risk assessments in some care plans on the first day of the inspection, the registered manager amended the electronic records system to prompt staff to complete these assessments. This change meant that staff would be unable to proceed with the assessment until all information had been completed. One staff member told us, "It is more organised since he (the registered manager) came".

There was an open and collaborative culture at the service. Staff told us that they felt able to raise concerns. One said, "I feel I can go to them (the office) with anything, we all help each other out". Another said, "The office listen and make changes". A social worker told us, "They've always been very helpful and easy to contact". The provider told us that they were growing as a service but that they wanted to take it step by step. She told us that she liked to conduct exit interviews with staff who left employment to understand if there were areas that could be improved. Positive feedback was shared with staff either individually or collectively during staff meetings. One staff member said, "It is always nice to be appreciated. I've never had a job where I've had as much satisfaction". The registered manager understood their responsibilities in relation to Duty of Candour. This regulation specifies that providers must act in an open and transparent way. The registered manager told us, "It's about taking ownership and responsibility, offering a response and apology to customer and/or relative". At the time of our visit there had not been any notifiable incidents.

People and staff spoke positively about the registered manager. A staff member told us, "The registered manager is approachable. You can say things and it is accepted". The provider said, "I'm very pleased with what (the registered manager) is doing. Everyone can walk in the door whenever they want to". The registered manager had introduced monthly staff newsletters. These included updates on the business, reminders to staff, news on additional training and a celebration of those staff nominated as, 'Carer of the month'. Staff meetings had also been arranged in different towns to try to make it easier for staff to attend. Most staff told us that communication had improved though some still felt slightly detached because they worked independently for much of the time. The registered manager and provider worked in the office and were available to meet with staff and visitors or to receive telephone calls from people who used the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety had not always been assessed and staff lacked guidance on how to minimise known risks. Regulation 12 (1) (2)(a)(b)