

Merseyside Adult Support Services Limited

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Inspection report

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Date of inspection visit:
02 November 2016
07 November 2016
08 November 2016

Date of publication:
23 December 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was announced and took place on 2, 7 and 8 November 2016.

The service was last inspected on 21 August 2014 where it was found to be compliant in all the areas that we looked at.

Merseyside Adult Support Services Limited (MASS) is a domiciliary care agency which offers personalised services, including support to reduce social isolation and home support to adults who have a learning and/or physical disability. The agency office is located in Clubmoor, Liverpool and serves people in local and neighbouring communities. It was established in 1996 and both directors have been in post since the agency was established and have relatives who receive support from the agency.

MASS has a registered manager 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. This inspection focussed on the domiciliary care provided by MASS. The service provided services to people with learning and physical disabilities in their own homes. This service currently provides personal care and support for twenty people within their own homes. At the time of the inspection the service offered support to 71 people, however only twenty people received care and support which involved an activity the provider was registered for with the Care Quality Commission.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

Medication was not well managed and the medication charts that we viewed were not clear and charts did not always identify people's medication correctly. The manager had taken some steps to improve this during the inspection.

The requirements of the Mental Capacity Act were not always followed. People did not always have mental capacity assessments and best interest decisions where required.

The care files that we looked at contained the detailed relevant information that staff needed to care for the person including their preferences. It was clear through discussions with staff that they knew the people they were supporting very well. People were generally supported by a consistent team of carers that enabled them to build up positive relationships who had worked with them over a number of years. However, we noted that care files were not updated to reflect any changes that had occurred.

Discussions with staff members identified that they felt happy and supported in their roles. They told us that the registered manager was supportive and they felt that they could contact her and approach her at any

time. However, we looked at supervision records and could see that staff were not always consistently receiving supervision and appraisals.

The service did not have a comprehensive quality assurance system in place and few checks were made on the quality and safety of the service. The manager sought feedback from the people who used the service in an annual survey.

The people who used the service and their relatives told us that they were treated with respect and kindness by the staff. Comments included, ""They are a great bunch – all friends of mine", They are respectful and kind" and "They are very good workers and kind". People told us that the staff were always on time.

There were sufficient staff to complete the visits scheduled for each person and the registered manager did not accept any additional visits if she did not have the staff in place to complete these. Travel time was factored into staff schedules and they had sufficient time to move between visits. Visits were recorded in the daily records and people knew to contact the office with any problems. No concerns had been made to the provider about missed calls.

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they knew what to do if they suspected that someone was at risk of abuse or they saw signs of abuse. People using the service reported that they felt safe and their relatives told us that they were confident that their relatives were safe and supported by the staff of MASS.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medication was not well managed and the medication charts that we viewed were not clear and charts did not always identify the medication correctly. The manager had taken some steps to improve this during the inspection.

Staff were aware of their responsibilities to protect people from this risk of abuse. People using the service and their relatives told us that they felt safe and secure when staff visited them in their own home.

Recruitment records demonstrated there were systems in place to help ensure staff employed at the service were suitable to work with vulnerable people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Records showed that staff had received induction when they began working for the service. Some staff had received supervision meetings but these had not been consistent or regular.

The requirements of the Mental Capacity Act were not always followed. People did not always have mental capacity assessments and best interest decisions where required.

People told us that they felt well cared for and they had no concerns about staff knowledge and skills.

Requires Improvement ●

Is the service caring?

The service was caring.

The people that were using the service and their relatives told us that the staff were kind and caring.

People received continuity of care from a team of dedicated staff who knew them, their needs and preferences well. This had

Good ●

helped staff and the people who used the service to develop positive working relationships so people received care and support in a manner that suited them.

Is the service responsive?

The service was not always responsive.

Care plans were person centred and provided detailed guidance for staff to be able to support people in their care to meet their individual needs. However, the care plans were not regularly updated and changes that were recorded in the daily records were not always evident on the care plans.

The provider had a complaints policy and processes were in place to record any complaints received and everyone we spoke to knew how to complain.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider did not have a comprehensive quality assurance system in place and few checks were carried out to monitor and review practices within the service.

The provider was not submitting the required notifications to the CQC as required by the regulations.

The registered manager did complete an annual survey to gain feedback from the people who used the service and their relatives.

Requires Improvement ●

Merseyside Adult Support Services 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 2, 7 and 8 November 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service so we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about MASS. They told us that they had no concerns.

The registered manager was available throughout the inspection to provide documentation and feedback.

During the course of our inspection we spoke with four people who used the service and six of their relatives, as many people using the service found it difficult to speak to us on the telephone. We spoke with the registered manager and the service director as well as five carers. We also spoke to two professionals from other support agencies that work alongside MASS.

We visited three people separately in their homes with their permission. We looked at care records for four people who used the service. Records reviewed included: staff rotas, policies and procedures, three staff files covering recruitment and training records, medicine administration records (MAR), and complaints.

Is the service safe?

Our findings

Discussions with people who used the service identified that they felt safe and well cared for within their own homes. Comments included, "They turn up on time and I know exactly who is coming", "I'm happy with the support" and "I am happy and feel safe".

Relatives who we spoke with told us that they felt the service was safe and they had no concerns. Comments included, "We get a call to remind us who is coming and they are always on time", "I'm very confident of the care, he is safe with them and they are respectful" and "She is very safe with them, I wouldn't leave her otherwise".

We checked the medicine arrangements and saw that new medicine administration records (MAR) had been implemented in people's homes in between our visits to the service. We spoke to the manager regarding this and she advised that she had realised that the ones they had been using were not sufficient and had implemented new ones. We could see that they had been produced by the pharmacist and accurately identified the medication that the person had been prescribed. The registered manager had started to gain signatures of the staff who could sign these sheets to confirm that the medication had been administered. There were also new forms in place for the administration of PRN medication; this is medication that is given 'when required'. Since these had only been completed for one day, we asked to see the MAR sheets for the previous month.

We noted a number of concerns in the records for medicine management for the month of October 2016. The MAR were all handwritten, but there was no evidence to demonstrate that they had been checked and signed by two people to reduce the risk of transcribing errors. Furthermore, they did not identify the amount of medication that should be administered on each occasion. We found in someone's daily records that pain relief had been given on three separate occasions but this had not been recorded on their MAR and the MAR did not make clear how much medication could be given and how frequently. We saw in another instance that pain relief had been given and it was not clear from the MAR, what medication this was, how much should be given and how frequently. On another MAR, again it was unclear how much medication should be given and how frequently. It is important with pain relief medication that times are recorded when the medication is given in order that any risk of overdose is minimised. There was no protocol evident on the records for staff to follow when administering PRN medicines.

We found that there were gaps in the recording of medicine administration. We noted three instances on one person's MAR where no signature had been written and on another there were a large number of gaps. We spoke to the registered manager in relation to this and she advised that one person stayed with relatives overnight; therefore they would have administered the medication. There was no clear system in place for recording when people were staying over with relatives.

The registered manager acknowledged that she had recognised the shortfall in the recording of medicine administration and that as most people were supported by the same staff over a long period of time, she was confident that the medication had been given safely, but the records were not completed clearly. She

advised that she would speak with each staff member who administered medication in order that they were clear on all the new forms and that they had signed to confirm they had completed the training and could safely administer medication and sign the MAR. We saw that staff administering medication had received training and this was updated on a regular basis.

Whilst the registered manager had started to implement changes, the administration of medication up until the point of our inspection was not safe and the changes need to be fully implemented and sustained.

These issues were a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not always ensure the proper and safe management of medicines.

We looked at the staff files for three members of staff to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held an application form as well as notes from the interview and evidence of references. We could see that the provider updated the DBS checks every three years.

We looked at the staffing list and there were 39 people who actively worked for the agency. There were currently 71 people in receipt of a service, 20 of whom were receiving personal care. We asked the manager if there were sufficient staff to meet the needs for the different people, at the times of their choice. The registered manager advised that they were a local company and they did not take on new clients unless they had the staff capacity to provide a service. We checked the staffing rotas and noted that the pattern of staffing was consistent throughout the week and that the visits had adequate space between them in order for staff to travel between visits as required. The registered manager also stated that there were sufficient staff who worked on a bank basis to cover any sickness and holidays. People supported by the service told us that the staff always arrived on time and that they always stayed for the length of the visit.

When we spoke to staff, they agreed that they had sufficient time to travel between their visits and they did not have any problems with reaching the different destinations on time. One member of staff told us, "We get plenty of time to get around the visits and there is enough staff", "You always get time between visits" and "We have enough staff and you can always get between your visits with no problems". We discussed with the registered manager about call times and she advised that visits were recorded in the diary. She advised since most people had been receiving a service over a long period of time, everyone knew her therefore if someone did not arrive or was late; the people using the service knew to immediately call the office. Staff also rang into the office at the end of every visit to confirm that they were safe and had concluded their visit. We could see from the records that the visits were clearly recorded in the diaries and people we spoke to confirmed that they knew to contact the office with any problems and that they had not had any missed calls. There was an on call system and rota so people could contact the service at any time with any issues.

Staff told us that they had received training in protecting vulnerable adults and had read the provider's safeguarding policy. We were able to view training records and could see that all the staff had received up to date training in this area. All staff spoken with demonstrated their understanding of the process they would follow if a safeguarding incident occurred or they had any concerns about one of the people they provided care to. One person told us, "I'd call the office immediately or the emergency services if necessary". Staff were clear about the meaning of the term 'whistleblowing' and they were clear that they would report any concerns regarding poor practice to either the manager or equally that they could report this externally. They were all aware of the need to escalate concerns about people's welfare both within the organisation

and externally. Services which are registered are required to notify the Care Quality Commission (CQC) of any safeguarding incidents that arise. The registered manager made us aware that there had been two safeguarding incidents in the last twelve months and she had not notified us. She advised that she had misunderstood when she needed to notify and would ensure that this was done correctly in the future. We could see however that she had liaised appropriately with the local safeguarding team and all the required action had been taken in relation to the safeguarding incidents.

We reviewed care records for people using the service, and found that they identified areas of risk. Risk assessments were in place for a number of areas including safety on outings, medication and nutrition. We saw where risks had been identified, action plans were in place to mitigate the risk.

We noted that on two of the files these had not been updated in over a year, however the registered manager advised that there had been no changes in relation to these people's care. Risk assessments were also carried out of the premises and the environment to ensure that staff were aware of any associated risks and plans were put in place to ensure that they were safe whilst carrying out the care in the person's home.

Most of the time, the same set of carers were providing care to the same person, however staff told us that they recorded details of the care provided at the end of every visit and this ensured that there was a record of any issues or areas of concern and should anyone else be required to provide care, they would be able to provide appropriate care and support. We were able to view copies of the daily records and communication diaries and could see that these were very detailed and provided a good level of information. Where people were receiving continual support, staff would also have a verbal handover.

Is the service effective?

Our findings

People we spoke with told us that they were well cared for by people who had the skills and knowledge to look after them. Comments included, "They know all my likes and dislikes" and "They ask me before doing anything". We also spoke to relatives of the people who were receiving the service and they told us, "We've had the same carer for years and they know his likes and dislikes", "They are very sensitive to how he is" and "It's the same set of carers so they definitely know her needs".

Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity. 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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they noticed any change in the capacity of a person using the service, they would refer this to the manager. The registered manager spoke to us in detail about someone who lacked capacity and how decisions were now made in their best interests. We asked to view the files and we saw that the care plan recorded this, but there was no mental capacity assessment on file and no records of the best interest discussions that had taken place.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the principles of the MCA were not consistently embedded in practice. We saw that some people had signed their care plans to confirm that they had consented to their care and treatment by MASS. However we found that in some circumstances people's relatives had signed consent on their relative's behalf. We discussed this with the registered manager and explained that this indicated a gap in knowledge around the MCA, as another person is unable to give consent on behalf of someone else, unless they have legal authorisation to do. Where relatives held Lasting Power of Attorney for people, staff had not confirmed whether this related to finance or health and welfare and had not requested to see copies. We found that people's capacity to consent to care had not always been assessed and where best interest decisions were required these had not always been recorded.

This was a breach of Regulation 11 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

Staff told us that after interview and prior to starting work they had a period of induction. This included training in areas such as safeguarding, first aid, health and safety and medicines. The staff members also confirmed that they shadowed a number of shifts before starting work within the service. They stated that they often worked alongside another member of staff each time they worked with a person they were unfamiliar with, in order to familiarise themselves with their needs before caring for the person themselves.

The staff members we spoke with were unclear how often they received supervision. One person told us it was every two years and another told us it was a couple of times a year. All the staff members we spoke with told us that they could call into the office at any time for support. Comments included, "The managers are there for you if there are any problems" and "If you have any problems, you just call into the office and chat". We spoke to the registered manager regarding supervision and she informed us that people received one spot check, one appraisal and one supervision each year. We were able to view the supervision and appraisal records and found that there was insufficient evidence in the records to demonstrate effective supervision and how regularly this was being carried out. One file we looked at had no paperwork for supervision since 2014 and an appraisal was completed in 2015. On another file there was one supervision in 2016, however the last one recorded was 2014 and the appraisal was completed in 2015.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that staff members were receiving appropriate supervision and appraisal.

All the staff we spoke to confirmed that their training was up to date. Training records showed that staff had received up to date training in all the key areas such as health and safety, first aid, food safety, safeguarding and safe administration of drugs. This was provided by a local training provider and all staff advised that they found this helpful and enjoyable. We saw records that some staff had received additional training in certain areas such as diabetes awareness. The registered manager had an electronic system in place, which alerted her to when training was due. This could then be flagged with the relevant staff member to ensure everyone remained up to date with training. The registered manager also completed spot checks of carers annually in order to ensure that the standard of care remained high.

The information we looked at in the care plans was very detailed and contained lots of information about people's preferences. There was also a breakdown of each visit into tasks incorporating all the preferences of the person using the service. People we spoke with confirmed that their choices and preferences were respected and people commented that because they had had the same carer over a long period, they knew them very well. People advised that the staff were respectful of their wishes and always asked them before carrying out any tasks.

Is the service caring?

Our findings

We asked people receiving a service from MASS and their relatives about the staff who worked for the service. Everyone we spoke to was positive about the care and attitudes of the staff. Comments included, "They are a great bunch – all friends of mine", "They are respectful and kind" and "They are very good workers and kind". Relatives that we spoke to told us, "The staff are all there for [name] and everything is centred around [name]", "They are respectful, loads of fun and kind, they have good banter with her which she loves and the carers all love her" and "The carers are excellent".

We were able to view how staff communicated with people during two home visits and observe their interactions. They were respectful, encouraging and were heard to be offering people choices about activities and food they were supporting people with that day. Our observations were that the relationships between people and the staff supporting them were warm, respectful and dignified. They looked relaxed and comfortable with the staff and vice versa.

We viewed comments from the recent survey carried out by the service. One person wrote, "I find the service so good and helpful to me...and could not wish to work with better staff and a better agency". One person's relatives wrote, "MASS do an excellent job. [Name] is happy with all the staff and the company". Another person's relatives wrote, "Just an excellent service all round".

The staff members we spoke to showed they had a good understanding of the people they supported and were able to meet their various needs. The staff mainly worked with the same people and had done so over a number of years and had been able to build up good relationships with people. They told us that they enjoyed working for MASS and had very positive relationships with the people they worked with. Comments included, "I enjoy working here", "I'm happy overall, it suits me well and I enjoy it" and "I am generally happy in my job".

People using the service and their relatives told us that the staff respected their dignity and always explained what they were going to do prior to carrying out any actions. They spoke of the carers taking their time and always having time to have a chat with them. Comments included, "They are respectful and I know all their names", "They help me to stay independent" and "They always ask her and give her choices and options".

Personal information about the people using the service was securely stored in the office of MASS to ensure that confidentiality was maintained.

Each person was provided with a service user guide when they started to receive a service. This gave information about the origins and aims of the service as well as how the service was run including details of the services which could be provided, fees and how to make a complaint.

Is the service responsive?

Our findings

We asked people who used the service whether they found the service provided by MASS to be responsive. Feedback received confirmed that people felt the service was responsive to individual needs. Comments included, "They check all the time that I'm ok and happy", "They ask if we are happy and review things" and "They ask for feedback and if you don't like anything". Relatives told us, "They are flexible and accommodating and will send staff if we need to cover an appointment", "They keep us up to date with the diary and are dead good" and "We have a diary and they write and update on things in that".

We asked to view the pre-admission assessments that are carried out prior to someone using a service to ascertain whether their needs could be met by that service. The registered manager advised that these were completed prior to people receiving a service, however as most people had been receiving a service over a long period of time, she no longer kept copies of these. She was able to show us a blank copy, which was the same assessment paperwork as the care plans.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan had personalised information and reflected the preferences of the individual. As well as the risk assessments and care plan, each care file also had a breakdown of all the tasks to be completed reflecting the individual's preferences on each of the visits during the day. We saw that the plans were not always written in a style that would enable any staff member reading it to have a very good idea of what help and assistance someone needed at a particular time. This information was contained in different places and often differed. For instance, someone had gum disease and needed prescribed mouthwash to assist with this. This was handwritten in one version of the care plan, but the version which had been updated in the office did not contain this information. We spoke to a member of staff who told us that someone needed to keep daily food diaries as they met with a health counsellor each month, this was not mentioned in the care plan. On one care file, it did not contain details of any prescribed medication but when we visited the person at home, we found that they were taking prescribed medication.

We noted that the daily records in each care plan gave a detailed overview of what services had been provided at each visit and how they had been arranged around the wishes and choices of the individual. Any changes to the care were clearly documented in the daily records, however the care plans and risk assessments were not reviewed to reflect these changes in the person's care. Staff we spoke to were very knowledgeable about the people that they were supporting and their current care needs, but the care plans did not always reflect this current knowledge. We spoke to the registered manager in relation to care plans and she advised that they reviewed care plans once a year, but more frequently where there were changes. We noted on three of the care files that we looked at, no reviews had taken place since May, June and August 2015. We did see on some of the files that there were monthly reports that summarised how the person had been each month, what activities they had taken part in and any health visits, however these were not consistently up to date on each care file and any changes had not been noted and updated on the care plan.

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

2014. The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user.

The care plans we viewed contained background history in relation to any health needs and their social contacts, previous jobs and their family background as well as likes, dislikes, preferred names and social activities. We asked staff members about several people's choices, likes and dislikes within the care plans and the staff we spoke to were very knowledgeable about the people they cared for. One person told us, "I always read back through the diaries to when I was last in". The people using the service confirmed that the staff caring for them knew them well. The service director advised that she arranged the rota around the needs of people, always ensuring the people were supported by staff that they knew.

We saw that people were supported with a range of activities: social events such as attending the local disco or pub, community activities such as tending an allotment as well as volunteer work. People also received support with occupational activities such as cleaning, cooking and shopping. People had also been supported to go on holiday with staff members both in this country and abroad.

The provider had a complaints policy and processes were in place to record any complaints received and address them in accordance with their policy. The service had not received any complaints, however everyone we spoke with told us that they knew how to complain and that the complaints policy was included in the care plan. Comments included, "I haven't had to complain about anything but could chat to staff", "I have not had to complain, but could talk to Joanne" and "We've not had to complain but would ring the office straight away".

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided by MASS to be well led. People spoken with told us they were generally happy with the way the service was managed. Comments included, "They are very reliable and it's a very valuable service to us", "Any problems, we get in touch and they are responsive and sort it out" and "The office let me know any problems".

There was a registered manager who had been in post since the organisation was founded in 1996. She was supported by the service director who had also worked for the organisation since it was founded. The registered manager told us that she gathered feedback from the people who used the service and their representatives, including their relatives and friends, annually and people were able to contact the office at any time with comments. She advised that senior carers often completed checks of medication and care plans, but these were not recorded.

MASS did not have a comprehensive quality assurance system in place. There was no auditing process in place for checking medication and MARs. Care plans were not being reviewed within the timescales that the registered manager verbally told us these should be completed and there was no system in place for auditing care plans. There were few written records of any quality control checks that were completed by the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service.

As part of the inspection, all the folders and documentation that were requested were not always available. At times, the documentation did not contain the information that we expected. Staff and the registered manager were often able to verbally tell us the information that we wanted to know, but could not find the documentation to confirm this. For instance, staff knew what care needs people had, but the care plans did not always reflect the same information. This meant that the provider was not always keeping and storing records effectively.

This was a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems in place to maintain securely such records that are required for the carrying on of the regulated activity.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager made us aware that she had misunderstood when notifications were required in relation to safeguarding and these had not been submitted.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider is required to notify of other incidents. We have written to the provider separately about this

matter.

The provider sought feedback from people using the service and their relatives via an annual survey. We were able to view the last survey completed in April 2016. We could see that it asked questions such as 'how well do our support staff understand your care needs, provide services you want, appear honest and trustworthy, be friendly, polite and respect you?', 'how does the organisation respond to concerns, questions, phone calls and complaints' and 'would you recommend this service'. Comments from the survey were all positive with 92% of people being completely satisfied.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the service was being managed and the quality of care being provided. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the manager. Comments from the staff members included, "The managers are very co-operative and always there", "The managers are really approachable" and "They are very approachable and any problems, you can talk to them and they sort it out".

We spoke to professionals from two other support agencies who worked alongside MASS and the comments we received were positive about how the organisation communicated and worked with them in terms of passing on information and acting upon any issues raised.

The registered manager advised that staff meetings were held once a year. Staff confirmed that this was the case and we were able to view the minutes from the last meeting. We could see from the minutes that a variety of issues were discussed including; lone working, leave, rotas and daily diaries. The service director told us that they also communicated via the rota, as each member of staff had to come into the office to view the rota and sign that they had seen this, so any issues that all staff needed to be alerted to were written on the front of the rotas. We were able to view the last month's rota and saw that this was the case.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The requirements of the Mental Capacity Act were not always followed. People did not always have mental capacity assessments and best interest decisions where required.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always ensure proper and safe management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user. The provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service. The provider did not have effective systems in place to maintain securely such records that are required for the carrying on of the regulated activity.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that staff members were receiving appropriate</p>

supervision and appraisal.