Blue Sky Enabling Limited

Blue Sky Enabling

Inspection report

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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?	Inadequate

Overall summary

We carried out this inspection over three days on the 16 and 22 September and 15 October 2015. The inspection was announced. This was because the location provides a domiciliary care service. We wanted to make sure the manager, or someone who could act on their behalf would be available to support our inspection. Our last inspection to the service was on 21 and 22 November 2013. During the inspection in November 2013, the service was compliant in all areas we looked at.

Blue Sky Enabling is a domiciliary care agency, which provides care and support to people in their own homes on a short and long term basis. The agency provides people with support on a sessional basis or staff can 'live in' the person's home, to provide 24 hour care. At the time of the inspection, the agency was supporting ten people.

There was 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

Summary of findings

requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present throughout the majority of the inspection.

The agency supports people with a wide range of complex care needs. The registered manager was passionate and enthusiastic about the service provided. However, during this inspection, concerns were raised about the registered manager and their practice. We informed the local safeguarding team of the information we received and an investigation has been instigated.

A number of the staff team had been dismissed over the last year. There were concerns how this had impacted on the continuity of the care and support that was being delivered as a result.

Staff received a range of training to support them to do their job effectively. Whilst the topics were varied, much of the training was 'on line'. Some training was by staff who were not specialised trainers. After the inspection, the registered manager told us "this was limited to the application of generic techniques to specific people, in order to make care more person centred". However, this presented a risk that the information staff were given was not fully accurate or up to date.

There were enough staff to support people who used the service. People told us the service was reliable and there were no concerns about missed calls. People were generally supported by the same staff. Staff were aware of people's needs and the support they required. They were confident when describing how they promoted people's rights to privacy, dignity, choice and independence.

People were complimentary about the staff and the support they gave. People received their medicines in a safe manner and gained appropriate assistance with meal preparation. People had a comprehensive, well written support plan which detailed their needs and aspirations. There were clear assessments, which highlighted potential risks and detailed protocols to manage areas such as challenging behaviour. People knew how to make a complaint and were formally asked for their feedback about the service.

Clear management systems such as staff supervision were in place. Regular audits of the service were undertaken and action plans addressed any shortfalls identified.

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

Summary of findings

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

The service was not always safe.

A number of staff had been dismissed over the last year. This meant some people had experienced poor practice and inconsistency of staff support.

There were enough staff to undertake all care packages and people were complimentary about the reliability of the service. There were no concerns of missed or late calls.

People received their medicines in a safe manner and risks to their safety in terms of their environment, the use of equipment and certain tasks, had been identified.

Is the service effective?

Requires improvement

The service was not always effective.

Some support was given against people's wishes and without gaining consent.

Staff received a range of training to help them do their job more effectively. Some training was directed by staff, not by a qualified trainer. This presented a risk that the information provided to staff was not accurate or up to date.

Staff told us they felt supported and there were various systems to provide staff support. Records showed the registered manager addressed any issues in a direct manner.

People were happy with the way in which staff supported them with their meals.

Is the service caring?

Good

The service was not always caring.

People were complimentary about the staff who supported them but some feedback about the registered manager was not as positive.

Staff were aware of people's needs and were confident when talking about their rights to privacy, dignity, choice and independence.

Is the service responsive?

Requires improvement

The service was not always responsive.

The registered manager was passionate about the service offered to people. There were positive comments about the support staff gave although the arrangement of visits did not always meet people's needs effectively.

Summary of findings

People had comprehensive, detailed, well written support plans and their support was regularly reviewed. However, whilst approval had been gained, a therapy had been introduced to a person, without the direction of a clinician. Some people felt unclear about the agency's terms and conditions.

People and their relatives knew how to make a formal complaint or to raise any concerns.

Is the service well-led?

Inadequate

The service was not always well led.

There were some concerns about the registered manager and their practice and manner.

There was strong, direct leadership of the service. Systems were in place to monitor the service provided.

People were formally asked for their feedback about the service and action plans were in place to address issues. However, the registered manager had not looked at ways to improve their interactions with people.

Blue Sky Enabling

Detailed findings

Background to this inspection

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

This inspection was announced on 16 September and continued on 22 September and 15 October 2015. The inspection was carried out by one inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In order to gain people's views about the quality of the care and support being provided, we spoke with three people and four relatives on the telephone. We visited four people in their own homes and met with one relative. We spoke with three staff, the assistant manager and the registered manager in the office. After the inspection, we spoke with eight staff and three health/social care professionals. We looked at people's care records and documentation in relation to the management of the agency. This included staff training and recruitment records and quality auditing processes.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

Requires improvement

Is the service safe?

Our findings

A number of staff had been dismissed over the last year. This was a high percentage, as the agency employed a small team of 13 staff. The registered manager told us staff often did not come up to their high standards despite interviewing well. They said they would not tolerate anything below their threshold of expectation and would dismiss staff accordingly. After the inspection, the registered manager told us the care manager had had several meetings with a recruitment specialist. This was to address the provider's ability to attract and recruit the right people for the work. Whilst acknowledging this, a safe service had not been created, as those people involved, had experienced abuse such as neglect and theft.

The registered manager quickly removed one member of staff once the abuse had been reported to them. However, they did not report the incident to the safeguarding team. Another incident of neglect led to that staff member's resignation following their immediate suspension. The resignation was accepted and a letter was provided, setting out the details of the behaviour, which were considered to have constituted gross misconduct. No further disciplinary procedures took place but the registered manager referred the staff member to the Disclosure and Barring Service (DBS). This enabled consideration to be given, as to whether the staff member should be placed on the register to restrict their employment with vulnerable people.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed the registered manager supported a person to manage their finances. The person had initiated this and the interventions were clearly stated in the person's support plan. The process was overseen by the relevant bank manager. However, the registered manager's involvement did not enable the person or the registered manager to be safely protected.

As a high number of staff had left the agency's employment, there had been regular changes to the staff team. Whilst there were some more established members of staff, the staff changes presented some inconsistency in people's support. One person told us "it is very erratic. They don't stay very long so I get lots of different people". Another person told us staff changes could be "unsettling".

A relative told us on one occasion, a staff member they had not met before, arrived to support their family member. The relative was not happy with this and contacted the registered manager. They said this had not happened again since.

People were confident staff would arrive to support them and they had never experienced an occasion when staff did not turn up. People told us staff generally arrived on time. One person told us there were sometimes delays due to traffic but this was not often. Another person told us on one occasion, the member of staff had 'slept in' so they were late. They said this was not a usual occurrence.

The registered manager told us there were enough staff to support the packages of care currently provided. However, they were looking to recruit more staff, particularly to support younger adults, as this was a developing area of the service. Staff told us there were enough staff to support people effectively although one staff member said more staff would be beneficial. This was because at times of staff sickness or annual leave, they said they could be called upon at short notice, to support people not known to them. Another member of staff told us there were sometimes restrictions on when they could take time off, as covering their shifts could be a problem. After the inspection, the registered manager told us they denied that any staff member had ever been asked to visit a person without first having been introduced experienced through the 'shadowship' programme.

Risks to people's safety in terms of their environment, the use of equipment and certain tasks, had been identified. There were clear risk assessments and well written protocols to manage these areas. The management of potential behaviours such as aggression was clearly identified within clear management plans. This ensured staff had the required information to support people safely and effectively. Records showed assessments and people's support plans were updated in response to changing need or an incident.

Records showed that all employment checks had been completed prior to staff commencing employment. A Disclosure and Barring Service check (DBS) was undertaken to provide information about the staff member's suitability of working with vulnerable people. Following discussion with the registered manager about the high number of staff who had left employment with the agency, they said they would give consideration to different recruitment methods.

Requires improvement

Is the service safe?

The registered manager told us they liked to employ 'psychologically minded people' but believed revised recruitment procedures could prove more successful in the appropriate selection of staff.

People told us staff supported them with their medicines in a safe manner. It was a stipulation of the agency that people's medicines had to be in a monitored dosage system (MDS) such as a dossette box, before staff could give support. A monitored dosage system is a storage system, designed to simplify the administration of solid, oral dose medicines. The agency's policy stated that medicines must always be dispensed into the MDS by a pharmacist, which reduces the risk of error. Staff told us they took the medicines from the dossette box and gave them to the person, in a way which they preferred. Staff said they signed the administration record to demonstrate the person had taken their medicines.

Within a record of a telephone conversation with a member of staff, the registered manager had given an instruction about a person's medicines which were to be taken 'as required'. They had instructed the staff member to give a particular medicine at a reduced dose, instead of another stronger medicine. The registered manager told us this had been agreed by the person's GP but instructions for the medicines' administration were not documented on the administration record. This increased the risk of the medicine not being administered, as prescribed. During discussions with the registered manager at the end of the inspection, they told us the instructions would be documented on the person's records in their home. They said the GP's instructions were documented in the communication section of the person's support plan. We did not view this information.

Staff told us they would notify the office if there were any problems with people's medicines. They said they had received up to date training in medicine management. Certificates in staff member's personnel files demonstrated this. There were up to date medicine policies and procedures available for staff reference, as required.

Requires improvement

Is the service effective?

Our findings

The registered manager did not always respect people's wishes and undertook tasks without their consent. We informed the local safeguarding team about a particular incident and an investigation has been instigated. When we asked the registered manager about this incident they told us they would not expect staff to act in this way but felt that they, as the registered manager, had responsibility to ensure the person's safety and best interests. In addition to this, they said they were required to ensure the safety of staff whilst working in people's homes.

There were no assessments, which determined the person's capacity or evidence that due processes regarding decision making had been followed. The registered manager went against the person's wishes which impacted on their wellbeing. This went against the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

There were other examples of when people's wishes had not been taken into account and consent had not been gained. Another person told us of a restriction in relation to their personal care, which they did not agree with. They said the restriction had been instigated by a health care professional and reinforced by the registered manager, as it was in their best interest. Assessments regarding the person's capacity and the decision making process in terms of the restriction, was not evidenced within the person's records. After the inspection, the registered manager told us they did not agree with this. They told us the person had requested care, which clinicians had indicated should not be provided. They said it would therefore have been negligent to provide the care requested. Due to this, the registered manager told us they had refused to take part in such care provision and confirmed this was a decision, they were able to make.

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

The majority of staff training was undertaken 'on line'. Records showed staff were sent details of the 'on line' training they needed to complete and it was their responsibility to achieve this within a specified timescale. The registered manager told us key subjects such as safeguarding people from harm, infection control and food hygiene were covered when staff started with the agency. This information was held electronically but there was no evidence of this training within staff's personnel records. Other certificates showing the training staff had completed were on file.

Staff were not provided with emergency first aid training. The registered manager told us this was because staff could potentially operate outside of their remit, if they had too much information given to them. The registered manager told us to ensure safe practice, staff were required to call the emergency services and follow the instructions given. Staff received training in moving and handling 'on line'. The registered manager told us they did not feel that generic training in person was required in addition. They said they gave priority to ensuring staff knew how to specifically move the person, they were supporting. To achieve this, the relevant manager observed the occupational therapist instructing staff how to undertake the intervention and then used this information to audit staff procedures. The registered manager assessed each staff member's competence before they could provide such support. A certificate, signed by the registered manager was evident on the staff member's personnel file. The registered manager was not a manual handler trainer but did not recognise potential risks of this practice. They said they were not training staff but giving them information, demonstrated by a health care professional in a person centred way. Whilst acknowledging the registered manager's view, staff were at risk of being given inaccurate or incomplete information.

Training in relation to people's health care conditions was not undertaken. The registered manager and care manager told us the person's symptoms and how these impacted on the person's daily life, were discussed with staff rather than the overall condition. They said this was because conditions affected people differently and it was more person centred to concentrate on difficulties the person was experiencing. This presented a risk of staff being given inaccurate information. The registered manager told us

they undertook role play with staff to help identify different approaches they should use with people. This included exploring anger management strategies such as the impact of saying "no" to a person.

Staff told us they were up to date with their training in relation to subjects such as safeguarding adults, moving people safely and conflict management. However, one member of staff told us whilst they had undertaken all training required of them, the style of being 'on line' was not conducive to their learning. They said the agency's training could be improved by adding more discussion or by using external trainers to facilitate sessions. Another member of staff told us they had recently supported a person who was at the end of their life. They said they had not experienced death before so found the person's support challenging. The member of staff told us they received support from the person's family but did not feel this was totally appropriate. They said it would be helpful for staff to have training in 'end of life' care.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to supervise staff. These included informal discussions, formal supervision with a supervisor and spot checks when working with people. The records included one member of staff being told they 'must' always observe a person taking their medicines. This conflicted with the person's support plan. The registered manager clarified this and said they would review the wording of the person's support plan. The supervision records of staff were often negative and did not show an on-going system of development. Staff had not signed their supervision records. This did not evidence a two way process of staff empowerment.

Only one member of staff had been in post long enough to have had an appraisal. This was a formal system which reviewed the staff member's performance in terms of achievements and areas for growth. The staff member had highlighted they wanted to undertake training in nutrition, end of life care, bereavement and multiple conditions. The records did not detail how or if the training had been organised. The staff member's long term goal was to "continue to improve". Records did not show how this was to be achieved. After the inspection, the registered manager told us the member of staff had signed up for the level three certificate in Health and Social Care.

Staff told us they had formal supervision with the registered manager or care manager. They said they were able to phone the office or 'pop in' to discuss any concerns they had with people's support. One member of staff told us that as they often worked alone with a person, feeling part of a team was a challenge. They said they would appreciate more frequent supervision sessions and more opportunities to meet with other staff. After the inspection, the registered manager told us "supervision was undertaken on a monthly basis in line with relevant guidance". They said opportunities to meet with other staff was difficult where staff were living in a person's home and therefore not regularly part of a team.

People told us staff supported them with meal preparation. They said they had a choice of what to eat and when. One person told us "they always ask what I fancy and then I decide". A member of staff told us "we always run through what there is and just because it's on the care plan, as part of a routine, we can deviate and the person can eat what and when they want to". Two people told us the quality of the staff's cooking varied. One person said "it's not everyone's cup of tea so it varies depending on who you have". One relative told us they had to show staff how to cook foods their family member preferred.

Good

Is the service caring?

Our findings

People told us they were happy with the staff and the support they gave. They told us staff treated them with kindness, dignity and respect. One person told us "I have no problem with them, we work very well together". Another person told us "I love X, a very mother earth figure. Very caring, sensitive and makes you feel comfortable. I like her very much but she doesn't come to me much now, it's a shame". Another person told us "they're all very reliable, helpful and they want to do a good job". Other comments were "the staff are wonderful" and "they treat me very well" and "they do everything I ask of them, they're very good". One person told us "I am over the moon with some, but others not so much". The person did not want to expand on this comment.

When arriving to meet with one person, the member of staff asked the person if they wanted them to leave or stay in the room. The person's wish was respected and the staff member left the room saying "just shout if you need me". They responded to the person in a timely manner once called. The member of staff knocked on the person's lounge door and asked how they could help. They called the person by name, were polite and answered "of course". The member of staff gave the person choice when asking if they wanted a drink. They placed the person's drink in front of them, within easy reach and asked "is there anything else you would like X?"

We met with another member of staff who was providing 'live in' support to a person and their family. The atmosphere of the home was relaxed and positive relationships were evident. The person's family said "we have a really good system and it works well. It's very difficult having a member of staff in your own house all the time but needs must. I get on very well with [staff member] and now that we know each other, it's good". The relative told us the member of staff was very good with their family member and able to identify potential triggers of frustration. They said they appreciated their request of a male staff member, had been respected. During our visit, the member of staff was comfortably leant back on the settee. The person's relative said they liked this as it felt more relaxed and homely. They said one member of staff they had previously, sat on the edge of their seat and looked 'on edge'. The relative told us this was not conducive to a relaxed atmosphere.

Staff were confident when talking about people's needs and their rights to privacy, dignity, choice and independence. Staff said they were conscious of working in people's own homes so considered themselves guests. One member of staff spoke about the importance of individuality, recognising their history and what was important to them. They told us they liked to be flexible and enable the person to direct their care. Another member of staff told us they tried to enable the person as much control over their life as possible. This included enabling the person to tell them, what time they wanted their support. The member of staff told us their hours of work were flexible according to the person's wishes. Another member of staff told us they stayed with a person overnight and left, four hours after the person woke up. This enabled the person to get up when they woke, rather than being dictated by time.

Requires improvement

Is the service responsive?

Our findings

The registered manager was passionate about ensuring people's needs were met in a holistic, person centred way. They explained those people supported had a variety of very complex needs but each person was supported by staff to achieve their aspirations. They said this was achieved by enabling people to recognise 'where they were' and 'where they wanted to get to' whilst managing possible issues, which restricted the process. The registered manager told us Blue Sky Enabling provided a different type of service than more traditional care agencies. They said it was more specialised and focused and gave people dedicated support to achieve what was important to them.

Whilst there were positive comments about people's support, other information indicated the service was not fully responsive to people's needs. This included some views of support being directed by the staff rather than what the person wanted and thought they needed. This included one person receiving support for four hours, twice a day, every day to assist them with the administration of their medicines. The person administered some medicines independently but was reliant on staff for others. They commented they would like to administer all of their own medicines, particularly in the evening. This would mean they did not need so much support. The person said they had been told by the registered manager that they were not safe to manage their own medicines. They said the registered manager had made this decision, in their best interest. After the inspection, the registered manager told us this was inaccurate. They said they had only communicated the concerns of the GP. The person's support plan stated regulation required staff to observe the person taking their medicines. This was not accurate. The plan did not show how the person could be enabled to achieve their wish of administering their medicines independently. The registered manager told us the word 'regulation' in the person's care plan was an error and would be removed.

The registered manager explained they sometimes had to do or say things, which people did not like. They gave an example of cleaning a person's bathroom. The registered manager was aware the person did not like their possessions to be touched or moved and did not want certain household tasks to be done. However, the registered manager said issues had to be addressed if they posed a risk to the person and to staff. In this instance, the registered manager believed there was an infection control risk due to the poor state of cleanliness within the bathroom. The registered manager told us they tried to address their concerns with minimal disruption and distress to the person, although believed it was their responsibility to take action. The person told us they liked clutter but had been told they should keep their house tidy, due to the risk of falling.

The agency's brochure and website advertised person centred care and achieving each individual's personal wishes and aspirations. This complimented the registered manager's stated view of the service. However, this was not always demonstrated in practice. One person told us of an aspiration they wanted to achieve but they did not feel the registered manager was actively looking at ways in which it could be reached. A member of staff confirmed this and said they were not sure what the barriers were. One relative told us staff used to take their family member out but they did not do this anymore. A staff member confirmed this was because the person's health had deteriorated significantly and they were "no longer able to do anything". This did not promote the agency's ethos. The member of staff told us the person could show aggression towards staff but incidents were not formally documented on incident forms. Within a record of a telephone discussion with staff, it was recorded the person's aggression had been reduced when their medicines had been given in a certain way. This information had not been identified on the person's support plan. Another member of staff told us "the ethos of the agency sounds excellent but it isn't really as good as it sounds. Some areas could do with being better".

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had received support from the agency at the end of their life. Their support plan had not been updated to reflect this care. Other support plans were well organised, comprehensive and detailed in their content. The plans detailed people's objectives, goals and pathways as well as risk assessments and protocols to manage issues such as challenging and aggressive behaviours. One support plan contained clear pictures of how to support the person safely when using a hoist. Another protocol was particularly well written and contained a variety of techniques staff should use when supporting the person.

Requires improvement

Is the service responsive?

These were based upon the principles of least invasive and intrusive approaches. Attempts had been made to present information in a format the person could understand. However, more creative ways such as the use of technology or audible versions of the person's support plan had not been considered. People told us they had regular reviews of their care with the registered manager or care manager.

There were mixed views about the service people received. One relative told us staff were good at managing their family member's frustration and enabling interests to be followed. Another relative told us "they have got to know X well and can see possible triggers. They know what X likes and what will cause problems. It works well". Another relative told us they were concerned that staff undertook some tasks their family member did not need. They said this did not promote the person's independence. A further relative told us "generally they do a good job – but there is room for improvement". This was because they felt they needed to show staff how to complete certain areas of their family member's support. One health/social care professional told us staff supported one person very well. They said staff managed the person's challenging behaviour excellently and were helping with tasks such as budgeting. The health/social care professional told us the agency was enabling the person to maintain an improved lifestyle, in difficult circumstances.

People were given a copy of the complaint procedure when they started using the agency. The policy indicated that the agency wanted people to find it easy to raise a concern. It was stated complaints were used, as an opportunity to learn, adapt, improve and provide a better service. The registered manager told us they received very few complaints. They said people generally wanted their issues to be addressed quickly without following formal procedures. People told us they would generally speak to a member of staff if they were unhappy about the service they received. One relative told us they would call the office to discuss any concerns.

Inadequate

Is the service well-led?

Our findings

We received a number of comments and concerns about the registered manager and their practice and manner. The comments and concerns were received from people who used the service, staff and health/social care professionals. Two members of staff and two health/social care professionals told us the registered manager could be brusque in their manner. One social health/social care professional explained they were aware of this so knew how to relate to the registered manager. However, they were not sure whether people who used the service would be able to do this effectively. Comments received included the registered manager did not 'suffer fools gladly' and 'did not leave you in any doubt, about what they thought of you'. Other comments were that the registered manager was "powerful", "very authoritarian", "direct", "abrupt" and would "say it as it is". After the inspection, the Registered Manager told us she felt that a "direct approach had to be taken with resource stricken social services, in order to champion the service users' needs".

One person told us on a good day, the registered manager was a tremendous help and they would miss them if they no longer received the service. However, they worried about which side they would experience, when the registered manager entered their home. The person felt the registered manager was stressed, working too hard and under strain. They said these factors affected their well-being and the way in which they operated. The person said the registered manager was often abrupt and could shout at them in response to certain triggers. This caused the person anxiety although they said "I know what she's like. She doesn't mean it". The person told us the registered manager always apologised by telephone, later in the day, if there had been an altercation. After the inspection, the registered manager explained the altercations and the possible reasons for them. They said issues often arose whilst talking to the person about something that made them anxious. The registered manager told us they would always apologise for this but had never shouted at the person.

As a result of the information we received, we informed the local safeguarding team of our concerns. An investigation under local safeguarding procedures has been initiated.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us one person saw them as a "person who represented authority". They said this was at times useful for managing the challenging behaviour, the person experienced. When discussing concerns about the registered manager's approach and behaviour with them, they were disappointed with people's feedback and gave possible reasons for it. They told us it was often difficult when people were told they could not do something. They said this often made them the "big bad wolf". The registered manager told us some people also had long standing mental health issues which impacted on their thinking and relationships. Whilst acknowledging this, the registered manager told us they had been accused of being too firm and as a result, had "pulled out of one person's support and no longer visited them". The registered manager told us they would reflect on the issues raised and would consider withdrawing from other people's support. Whilst noting that withdrawing from some people's support might be appropriate, this action alone, did not address the areas of concern regarding the registered manager's practice and approach.

People's relatives gave us varying views about the management of the agency. One relative raised concern about communication. They told us the service was very good in the beginning when arranging their family member's care package. However, they did not feel they were kept informed of matters and their emails or telephone calls were not always returned. They told us they had spoken to the registered manager about this but improvements were inconsistent. Another relative told us "it is well managed, yes, but sometimes questions can be taken as critical and this makes me apprehensive to ask more". This did not evidence the registered manager actively encouraged feedback, which could be used to improve the quality of the service provided.

This was a breach of Regulation 17(2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On a more positive note, staff and a health/social care professional told us the manager was "highly intelligent", "a strong leader", "knowledgeable", "enthusiastic", "fully in control and led from the top", "person centred" and "had a finger on the pulse so knew everything about the service and what was going on". The health/social care

Is the service well-led?

professional told us the registered manager should be commended in terms of how staff supported one person. They said the person was particularly challenging and significant progress was being made within their lifestyle.

Other relatives were positive about the registered manager and the overall management of the agency. Specific comments were "the manager is very good – she was really helpful with the hospital discharge" and "the manager is good and champions X's needs. She contacts the GP if need be". Other comments were "I am kept well informed about mum's care" and "[the manager] is very approachable, in fact I have an appointment to see her this week to discuss mum's care".

The registered manager was fully involved in the day to day management of the agency and had clear expectations about the service provided. They were organised and demonstrated a direct approach to staff and the way support was delivered to people. This approach was evidenced within systems such as staff supervision. The discussions with staff were predominantly around management and performance rather than empowering individuals. Staff did not sign their supervision records which did not demonstrate a two way process.

The registered manager had introduced film therapy to a person who had anger management difficulties. The therapy was unorthodox and other strategies might have been more appropriate. The registered manager had obtained approval from a behavioural nurse and had requested input from a psychologist. However, the therapy had not been prescribed by a clinician.

This was a breach of Regulation 9(3)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Three people told us the agency was very expensive. The registered manager told us that due to the nature of the agency, they did not offer visits to people, which were less than two hours long. They said they made this rule, as they did not want people to feel rushed or cause staff to be conscious, they needed to move on to the next person. Another person told us "it all works very well but we were unaware of the extra costs we would incur, such as paying extra for car insurance". Additional costs and the restriction of not providing visits of less than two hours in duration were not stated in the agency's Statement of Purpose. This meant that people new to the service may not have been fully informed about the agency's terms and conditions.

This was a breach of Regulation 9(3)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an auditing system to monitor the quality of the service. This predominantly consisted of regular visits to people to review care packages but to also monitor staff and their practice. One person told us the registered manager had visited them recently. The registered manager was not happy with the way in which staff were applying cream to the person's legs. They said the registered manager demonstrated the 'right way' to do it so the staff member was aware of what to do. The registered manager told us monitoring visits covered each area of the person's support, to ensure high standards were maintained.

People and their relatives told us they had been sent questionnaires to give their views about the service. The questionnaires had been developed in a way, which was similar to our inspection practice. This included whether the service was safe, effective, caring, responsive and well led. The registered manager told us this was because people's feedback was used to develop the service. There were action plans to show how particular issues were to be addressed. However, the information was not dated and the staff member responsible for the actions was not identified. This presented a risk that issues would get missed and not be fully addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent People's consent was not always gained before undertaking certain tasks and people's wishes were not always respected. Processes to reflect the decision making in these circumstances did not follow the principles of the Mental Capacity Act.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Whilst staff received a range of training, the majority was undertaken 'on line' or facilitated by the registered manager, who had not been trained in these areas. This presented a risk that staff could be given inaccurate information.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The agency's ethos of person centred care was not consistently applied in practice. Strategies had been introduced without the direction of a clinician. People were not given clear information about the service and its terms and conditions.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Concerns were received in terms of the registered manager's practice. As a result, people were not protected from improper treatment.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance An open culture of encouraging feedback, which could be used to improve the quality of the service people received, was not promoted. The registered manager had not reflected and made adjustments to their practice, in response to concerns raised about them.