Burgundy Care Services Ltd

Burgundy Care Services Ltd

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?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 11 May 2018 and was announced. We also contacted staff and people using the service and their relatives following the site visit. The service was last inspected in 2015 and was not in breach of the regulations at that time. Burgundy Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone using Burgundy Care Services Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection they supported 70 people in their own homes, 23 of whom received personal care.

There was a registered manager in post who had been registered since the company started in 2011. 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.

Staff had received training in safeguarding adults and children. They demonstrated a good understanding of how to recognise abuse and ensure people were safeguarded.

Risk assessments were in place in relation to the environment and for people using the service. Not all risks had been assessed to enable management plans to be developed which would provide guidance for staff to follow to keep people safe from harm.

Accidents and incidents, although infrequent, were recorded on the electronic system.

Recruitment practices were on the whole in line with best practice but some improvements were required.

The management of medicines did not follow current best practice. There was no written record of the medicine support given to a person for each individual medicine on every occasion, to provide a clear record of all medicines administered or applied.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; Staff were able to describe how they would support people to make decisions if they lacked capacity and how they would act in their best interests when providing care.

People who used the service and their relatives spoke highly about staff and told us they were caring. They said staff were respectful at all times and ensured their privacy was maintained. Staff had time to sit and chat and people did not feel rushed during their care and support.

Care plans were not recorded in a person-centred way to enable an understanding of the person's personal history, individual preferences, interests and aspirations. They lacked information about the person's strengths, levels of independence and quality of life.

Complaints were recorded on their electronic system but these were not compiled to show how the service had analysed and responded to information gathered or used this information to make improvements to the service.

There was a lack of systems and processed including regular audits which meant the registered provider was unable to identify where quality and safety needed to improve. Up to date nationally recognised guidance had not been embedded in policies nor implemented by the registered manager.

There was no satisfaction survey completed to compile and analyse the information gained about the service which would have demonstrated how they were acting on the views of people using the service and professionals to drive improvements.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff understood their responsibilities around protecting people from abuse and they knew how to report it if they suspected it was occurring.

The service had not implemented evidence based best practice in relation to the management of medicines and was not keeping a clear record of all medicines administered or applied.

Recruitment practices were not always in line with best practice.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff supported people to make decisions when they lacked capacity and how they would act in their best interests when providing care.

Not all training was up to date

Staff told us their supervision and spot checks were up to date but this information was not held in the office to show how these were used to develop staff practice.

Is the service caring?

Good

People who used the service and their relatives spoke highly about the care staff supporting them and were positive about the way care and support was provided.

People told us their privacy and dignity was respected.

Staff involved people in the care they were providing and promoted independence where this was appropriate.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care needs were assessed prior to the service being delivered.

Care plans lacked detailed guidance for staff to follow which meant there was a risk unfamiliar staff would not have the information to enable them to provide person-centred care.

Complaints were dealt with informally and captured in each person's on-line record although people we contacted prior to inspection were not aware of the complaints procedure.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a lack of robust and regular audits to demonstrate the registered provider was assessing the quality of the service provided.

The registered manager had not kept up to date with evidenced based good practice and updated their policies and procedures accordingly.

The managers were passionate about delivering care which they and their relatives would be happy to receive.

Burgundy Care Services Ltd

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.

Inspection site visit activity started on 11 May 2018 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service Staff were contacted over the telephone the following week in order to gain their views about the service and the level of support and training provided. Telephone interviews were carried out on 22 May 2018 with staff and people using the service. The inspection was concluded on 30 May 2018.

The inspection was conducted by one adult social care inspector. We visited the office location on 11 May 2018 to see the manager and office staff; and to review care records and policies and procedures.

Before our inspection we looked at the provider's information return (PIR). This is information we asked the provider to send us about how they have met the requirement of the five key questions. We sent out questionnaires to people using the service, their relatives and staff. 12 people using the service returned their questionnaires, and four relatives. Eight members of staff also returned questionnaires. We also reviewed the other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority safeguarding team and Healthwatch. We also contacted the local authority commissioning and contract team. We were advised the local authority does not commission care from the agency.

During our visit we spent time looking at three people's care and support records. We also looked at three records relating to staff recruitment, all the records relating to staff training and documentation relating to the management of the service. We also spoke with the registered manager and the director. Following the inspection we rang 10 care staff and interviewed four on the telephone. We spoke with two people receiving a service and two relatives of people using the service.

Requires Improvement

Is the service safe?

Our findings

People using the service and their relatives all told us they felt safe with the staff providing their support. One person said, "I trust them, I feel safe with them." Two relatives we spoke with told us staff used their assistive equipment safely. One said, "They always have a leader with new staff." The other relative said, "They either have the senior or one of the very experienced staff to show them what to do." 100% of people who returned questionnaires told us they felt safe from abuse and or harm from the staff of this service.

Staff we spoke with had a good understanding of how to identify abuse and act on any suspicion of abuse to help keep people safe. They were able to describe the type of abuse you might find in a community setting and the signs of abuse and were confident on how to report this.

We checked to see how the service managed risk. An individual client checklist was utilised to identify areas of potential risk with a yes/no tick and section to complete on the areas of concern, the action to be taken and by whom. This covered potential risk for staff gaining access to the property, their personal safety and work environment, household equipment, physical assistance to transfer or mobilise, personal care tasks, medication, kitchen and food preparation and fire. There was a small section for the area of concern and the action to be taken and by whom. The documentation did not fully evidence how staff should reduce risks and there was a lack of individual risk assessments, for example bed rail risk assessments, although there were only two in use. Moving and handling care plans lacked detailed guidance for staff to follow although the registered manager was able to describe in detail the method for staff to follow. Most people supported by the agency did not have complex needs and only three people required two care staff for support. However, we had made recommendations to improve risk documentation at the last inspection, to evidence they were reducing all the risks to people who used the service and the evidence at inspection did not demonstrate this had improved sufficiently.

The examples in relation to the assessment and management of risk demonstrated a breach in Regulations 12(2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Community equipment such as hoists and slings were provided through local community equipment arrangements. However, the registered provider did not keep a record of The Provision and use of Work Equipment Regulations 1998 (PUWER) and The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks or when equipment had been serviced or maintained. This is required to ensure systems were effective in keeping people and care staff safe from faulty equipment. The registered manager said staff were required to check this when they used the equipment, including slings. However, this was not recorded to evidence this was happening in practice, nor was it written in people's care plans. Very few people required assistive equipment to enable them to move, but good practice recommends this information is recorded and this meant the registered manager was not following best practice to evidence safe care and treatment.

Records showed us most staff had received online training in how to administer medication appropriately. However, the registered manager was not working to current best practice in relation to the management of

medicines, The National Institute for Health and Care Excellence (NICE) guidelines, 'Managing medicines for adults receiving social care in the community'. Care plans lacked the required information about the medicines people were to take. In addition, staff were not keeping a record of the medicine support given to a person for each individual medicine on every occasion, and the registered provider was not ensuring the medication record contains a clear record of all medicines administered or applied. Guidance also states, where medicines are recorded as 'dosette' or blister pack – there should also be an accurate record of the medicines contained in the blister pack that is kept with the administration record. The lack of records meant it was not possible to state exactly which medicines were administered as required several months previously. Cream charts were not in use to identify where these should be applied and where they had been applied. There were no patient information leaflets in the care files to advise staff about the medicines people were taking. This was discussed with the registered manager at the time of inspection.

This demonstrated a breach of Regulation 12(2) (g) the proper and safe management of medicines; as policies and procedures had not been updated in line with current guidance and staff were not maintaining the necessary records.

The registered manager and director told us they had no plans to expand the business and they were comfortable with the number of people receiving a service. They told us they had been through a difficult time this year, when they did not have enough staff due to the difficulty recruiting in the rural area. At this busy time, the registered manager, director and coordinator all provided care to people to ensure the service could continue. They told us the minimum amount of time they would spend with people was half an hour which allowed staff time to sit and chat with people. The director monitored missed and late calls on their electronic system. They told us they always made it clear to people on commencing the service they could not guarantee a precise time as, for example, there was regularly an issue with traffic. People told us calls were regularly late but they understood why. For example, one person said, "If my relative needs an ambulance, I know they stay with them which means they will be late for the next person." One person we spoke with told us they were contacted if their carer was going to be late. Another person told us this never happened. One member of staff we spoke with told us if they had the person's number they would contact them to tell them they would be late but it was down to them to do this and the office did not let people know.

Accidents and incidents were logged onto the electronic system and monitored by the director if there were any incidents.

We reviewed three staff files to check the registered provider had followed safe and effective recruitment procedures. Staff files included contract information, application documents such as application forms, interview records and references. One file we looked at showed that the person had started work before the two references had been obtained. We asked the registered manager about this and they said, the officer obtained two telephone references while they were waiting for the paper references to be returned. When they were received the officer replaced the telephone references with the paper ones. Disclosure and Barring Service (DBS) information was recorded on the electronic system and were in place for the three records we checked. The DBS is a national agency that holds information about criminal records. Checking these records helps to ensure people are protected from care staff who have been identified as unsuitable to work with vulnerable people. The registered manager advised us staff were subject to a 12 week probationary period. If they met the required standard they were offered an hourly contract, which provided the staff member with security.

The registered manager told us staff were provided with personal protective equipment (PPE) which enabled them to carry out their caring duties safely ensuring people and staff were protected from infection.

This equipment was kept in the office for staff to pick up to take to people's homes. Staff confirmed this and told us they had plentiful supplies of PPE which they accessed from the office.

Requires Improvement

Is the service effective?

Our findings

We asked people using the service and their relatives over the telephone whether the staff that supported them had the knowledge, skills and training to care for them. One person said, "They are well-trained. Occasionally when a new face appears they look blank when using the hoist and sling. But on balance, they are good to very good." From the information we had received from questionnaires sent prior to the inspection 17 % of people told us care staff did not have the necessary skills. This meant that although most people though staff had the knowledge and skills to care for people, people had felt that some of the care staff required further training.

We checked how the registered provider utilised current legislation, standards and evidence-based guidance to ensure they worked to current best practice to achieve effective outcomes. The registered manager was unaware of current best practice guidelines relevant to the "care at home" setting. For example, the NICE guidelines "Managing medicines for adults receiving social care in the community" and "Home care: delivering personal care and practical support to older people living in their own homes." Also information from other recognised sources such as Skills for Care. This meant they were not able to evidence how they used standards to continually improve their service.

CQC uses NICE guidelines as evidence to inform the inspection process. The registered provider had not incorporated NICE into their policies and procedures such as around timeliness of spot checks and supervision. This recommends care workers receive supervision in a timely, accessible and flexible way, at least every three months with an agreed written record of supervision given to the worker. It advises care workers' practice is observed regularly, at least every three months, their strengths and development needs are identified; and performance is appraised regularly and at least annually. Staff told us they had received supervision from the registered manager and the director and spot checks from senior staff, but there was a lack of evidence at inspection to confirm the frequency and the quality of spot checks and supervision. Some staff files contained supervision records, and some training certificates. We were sent a matrix following inspection which showed staff had received regular supervision.

As part of this inspection we looked to see how staff were supported to develop into their roles to ensure they had the knowledge and skills to support people using the service. The registered manager told us they utilised the Care Certificate which staff who were new to care completed on commencement at the service. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff told us they shadowed more experienced staff for three days prior to supporting people on their own.

All the staff we spoke with during the inspection were knowledgeable and demonstrated they had the skills to care for people. There was no training needs analysis undertaken by management. They told us in addition to mandatory subjects of moving and handling, safeguarding and first aid, staff made suggestions based on what they had found useful. The managers told us they sourced training from what they could see was available from training providers. One member of staff told us that in nine months they had undertaken 36 training courses. Staff told us part of the online training course included a knowledge test at the end of

each course. Knowledge checks had not been undertaken following training by management to assess how much information had been retained and how this had improved care practices.

The registered manager shared their training matrix following the inspection which showed there was a range of online training provided. We cross referenced this against information from staff files we reviewed at inspection and could see that one staff member had not received any training or had their knowledge checked before commencing work on their own and other staff training was out of date. The registered manager told us their train the trainer certification to teach moving and handling to staff was also out of date.

Some staff had been trained around the management of Percutaneous endoscopic gastrostomy (PEG). The registered manager had also commissioned a classroom based course for staff on how to manage behaviours that challenged. They said this was about spotting triggers, and managing aggression, what to look for and how to get out of situation such as when someone has hold of your hair.

A mentor had been employed to support staff although they were vacant from their post at the time of inspection. Their role was to undertake observations of staff during the provision of care. We saw evidence staff had some competency assessments particularly as part of their induction but the frequency was not in line with evidence based guidance. The records were not held by management so it was difficult to determine which staff had been spot checked. Some staff we spoke with told us seniors had undertaken these but the evidence was not available during the inspection. Staff were supported to attain nationally recognised diplomas in care at level two, three and management to level five. This showed the registered manager recognised how staff could be supported to develop in their roles.

The service was using technology to enhance the delivery of effective care. For example, they had implemented a new log-in, log-out system for staff which allowed communication straight to the manager's computers. At each visit the system asked staff if there are any concerns. The registered manager said of the system, "It allows us to pass on information to staff more securely. I can let the staff know by a tick box if there are any concerns. They can't use the phone until they acknowledge they have read the message." They also told us staff in charge at the weekends or on call, were able to work remotely by using an iPad. Real time monitoring was undertaken by the use of technology such as if a person had not attended a call.

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. We found two stage capacity assessments in one of the care files we looked at. This detailed the person lacked capacity to consent to care and treatment and for the care staff to act in the person's best interest while completing day to day tasks.

Staff had received training on the Mental Capacity Act 2005 and were able to describe how they supported people to be able to make their own decisions. One member of staff said, "I try to help people keep their independence." They explained they would offer choices from a limited range utilising information gained from family members in relation to what their preferences might be. However, staff were unaware of more formalised assessment of capacity and the process required in relation to best interest decision making.

The service was at the point of confirming whether people had a Lasting Power of Attorney. They said families had said they had this authority but at the time of inspection they had not confirmed this. We directed them to the Office of the Public Guardian website to confirm people's legal authority. Confirmation

is required to ensure those without authority are not acting on behalf of those people who do not have mental capacity without the legal authority. Where people had the capacity to consent to their care, this was recorded in their care plans.

Staff supported people to eat healthily. The registered manager told us no one was nutritionally at risk requiring their food fortified. But they were aware of the importance of calorie rich food for those people who might require support at times of ill-health such as an infection. They also recognised people they supported ate more of their meal if staff supporting them ate at the same time. They had utilised this technique in the past and if required would initiate where appropriate. This meant the registered manager was ensuring staff were aware of and met the needs of people who required support to maintain their food and fluid intake.

Good

Is the service caring?

Our findings

Every person we spoke with told us the staff were kind and caring. One person said, "They are kind and well-mannered." A relative told us, "They are very kind and caring. Very cheerful." Another said, "I've told them, I don't know who does the interviewing but you are choosing the right carers for the job." They went on to say the care staff recruited by the company have the right behaviours to care for their relative and were respectful and compassionate.

We asked staff what they knew about personalised care. One said, "Involving them, speaking through what you are going to do. Make them feel comfortable. Make sure the person feels you are caring for them."

People and their relatives told us staff protected people's privacy and care was dignified and respectful. One relative said, "When they come in they are always pleasant and say, "Good morning, and ask how [Relative's name] is." Staff told us they ensured people's dignity and
privacy at all times during personal care. One said, "Always ask beforehand whether they want to do it or whether they want me to do it. Wash the bottom half and leave the top half dressed." One relative we spoke with said , "[Name] didn't feel embarrassed at all. They were very nice. They spoke all the time."

Care staff told us they encouraged people to be as independent as possible throughout personal care and this was confirmed by people using the service. One said, "I try and help them. I can dust with them." Another said, "I do my own top and tail and clean my teeth and they do the rest."

People using the service and staff were supported to practice their religion and as part of a package staff were able to take a person to their church or to events happening at the church. This enabled them to remain part of their local community.

We asked people using the service and their relatives whether they were supported by a consistent staff team. We were told there had been a high turnover of staff supporting them, although they understood why staff might leave. One said, "In my experience, the new face is going to be ok." But this did mean they had to get used to new staff on a regular basis. The registered manager had confirmed there had been a high turnover of staff which affected consistency of staff. 25 % of people questioned told us consistency of care staff was an issue to them. This was an area the director was monitoring and they were actively recruiting for new staff which would ensure more consistency.

No one at the service was using a formal advocate at the time of the inspection although we were told people's relatives often advocated on their behalf and had initiated the care package. An advocate provides independent support to vulnerable people to make decisions and have their voice heard when decisions are being made about their lives.

The director had developed a policy on General Data Protection Regulation (GDPR) to ensure they were fully compliant in relation to protecting people's personal information.

Requires Improvement

Is the service responsive?

Our findings

People told us they or their relatives received care that was responsive and met their needs, choices and preferences. Most people using the service purchased their care as a private arrangement and some through direct payments from the local authority. Some of the people we spoke with told us their relatives had arranged the care visits and they had not been directly involved in compiling their care plans and not everyone was aware they had a care plan.

People's needs were assessed prior to taking up care through an introductory visit. This was carried out by the registered manager, care director or one of the senior care staff and at the visit people were provided with a "welcome pack." This included all the information you would need to know about the service such as how to complain if you were unhappy about the service.

We looked at three care plans as part of our inspection. Care files were kept in the office with a copy in the person's home. Care files contained basic information about a person and their preferences for care. They listed the tasks to be completed for the care staff to follow at the following set times: am, lunch, tea and evening. Preferences were recorded in a pre-typed care plan, which had a list of the care task required. Care plans were not recorded in a person-centred way to enable an understanding of the person's personal history, individual preferences, interests and aspirations. They lacked information about the person's strengths, levels of independence and quality of life. Care plans contained no information about people's life history, such as people's family life, employment and hobbies. This information enables staff to have meaningful conversations and encourage social interaction with people. This was a recording issue as people and their relatives told us care was provided which met their likes and preferences. However, the lack of personalised care plans meant the registered provider was not working to nationally recognised guidance when compiling their care plans. This posed a risk staff may not have the relevant information when caring for people who were unable to communicate their needs and preferences.

The registered manager told us, "We know the service users and staff. They are not numbers. We know what is important to them so we can give our staff and service users a personal service.

The registered manager told us reviews happened once a year or sooner and they were in the process of starting reviews. The director told us, "Everyone gets a call every 12 months to check on things being ok." However, care plans remained task focussed and not person centred following review and additional information learnt about people from working with them was not added to the care plans. We discussed the care planning process with the management team in terms of assessment and reviews to ensure care plans fully reflected their physical, emotional and social needs, including their personal history, individual preferences, interests and aspirations, so they could be understood by staff. This would mean staff could provide as much choice and control to people through the provision of up to date personalised care plans.

The standard of records demonstrated the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service supported people to take part in activities in the local community such as "Singing for the brain." They also supported people to go to day care and to social events such as church coffee mornings. People told us they liked the company of the staff and the benefits this brought to reduce isolation.

The registered manager was unaware of the requirements of the Accessible Information Standard. This requires them to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. There was no one receiving the service that required information in an alternate format, although the registered manager said, they had put information in large print in the past. This was generally the front page with all the relevant telephone numbers on. They had also used flash cards in the past and communicated with one person with a hearing impairment by text. However, we are recommending the provider takes steps to implement a policy on this standard to ensure, where it is needed, an individual's information or communication support needs are 'highly visible' to relevant staff and professionals and information about the service or the care plans is available in accessible formats. In addition, 25 % of people who returned their questionnaire told us the information received from the service was not clear and easy to understand.

As part of the inspection we reviewed how the service responded to complaints to see how concerns and complaints were used as an opportunity to learn and drive continuous improvement. We could see complaints were recorded on the electronic system and we were told complaints were followed up with a phone call to check the complaint had been resolved satisfactorily. Complaints were not compiled to show how the service had analysed and responded to information gathered or used this information to make improvements to the service. In response to the questionnaires we sent prior to the inspection, 25 % of people did not know how to make a complaint about the care agency although 100% of their relatives did. We fed this back to the registered manager, to consider how people could be provided with this information, although they confirmed this was included in the welcome pack.

We asked people over the telephone if they knew who to complain to and whether they had made a complaint. One relative told us, "I have never had a problem. I've never found a need to even think of complaining. If I did I would go straight to the organiser." Another relative told us they were unsure who they would complain to as they hadn't needed to. They said, "I would ring Burgundy Office. There is always somebody on call even if the office is closed."

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who had been in post since 2012. 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. They told us they had an open door policy and, "There was always someone who wants to chat about something." However, both the manager and director had taken leave together and they told us no one else could access all the records we needed to conduct our inspection. Staff also reported during this time it had been difficult to access support when required.

Staff we spoke with were very loyal to the management team. One member of staff told us, "Management are great. They are very accommodating. Any issues they are very helpful." Staff were offered a financial reward each month, as long as the care they provided met the standards expected by the management team. The company also offered an external employee assistance programme to support staff if required and this service was completely confidential. This meant staff were provided with staff support systems to deal with employee issues.

The registered manager and director were passionate about providing a personalised service that was connected to the local community. They did this through supporting local events and charities. When asked about their vision for the service the registered manager and the director told us they were not interested in expanding their service and were content with the size of the service as they told us this enabled them to know all the people they supported and their needs. They told us the model of care they followed was one where the service they provided would be good enough for them. The director said, "Before you leave a call, we say, if this is my mum or dad, would you be happy with that level of care?" They told us they were a personable, approachable and good value care agency. However, governance arrangements at the service were not robust and the service had not developed in line with best practice. The management team had not used readily available evidenced based practice to continuously develop their service. This meant systems and processes were changed reactively rather than proactively and they were unaware they were not meeting current standards and systems.

At our last inspection we found there had been a lack of management development of the processes around risk assessment and care plans. We found there continued to be an issue in this area and the registered manager had not kept up with best practice from nationally recognised organisations to enable them to develop the service to meet current standards. We found the registered manager had not undertaken individual formal audits such as care plan audits, daily record audits, staff management of medication, spot check audits, complaints, training, supervision and appraisal audits. The director did tell us, at the end of each month they worked out the compliments, continuity of staff missed calls, complaints and concerns although these had not been transferred into an action plan to demonstrate they were using this information to drive up the quality of the service. They were unaware of the changes in the CQC key lines of enquiry and therefore had not audited their practice against these. They told us they had tried to initiate links with other registered providers in the area, but these had not been taken up. As they did not have a

contract with the local authority, they were not receiving these updates which would have benefited them. The lack of regular audits meant there was no evidence the registered provider was using quality assurance systems to identify and measure improvements.

Whilst people we spoke with were happy with the service, there was no overall satisfaction survey sent to people using the service, their families and professionals. The registered manager told us they sought the views of people who used the service regularly through telephone reviews and we were shown the files containing this information. However, there was no systematic way of ensuring each person had been reviewed or what had happened with the information to show the service was continuously improving by using information from people who used the service.

Some policies had been purchased from their human resources contractor. Others had been written by the director. Whilst some were detailed others were very basic and did not reference current legislation or best practice. For example, the safeguarding policy did not contain the telephone or address details of who to contact nor did they reference the local safeguarding policy. The policy was not dated to indicate when it had been reviewed.

Systems and processes and were not robust enough to monitor and improve the quality of the service. This demonstrated a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of their regulatory responsibilities the registered provider must notify CQC of any allegations of abuse and certain events. They had met this requirement. The registered provider is required to display the latest CQC inspection ratings and we observed these were displayed in the office and on the registered provider's website in accordance with the regulation.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12(2)(g) the proper and safe Management of medicines; the proper and safe management of medicines; as policies and procedures had not been updated in line with current guidance and staff were not maintaining the necessary records. 12 (2)(a) and (b) Risks had not always been assessed, recorded, and reviewed to ensure mitigation. Policies and procedures around the management of risk should be in line with current legislation and guidance

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been robust in identifying gaps in service provision and improving practice. There was a lack of audits and quality assurance processes. Care records were not sufficiently detailed to evidence person-centred assessment, recording and reviewing.