

Abbey Nursing & Care Agency Limited

Abbey Nursing & Care Agency

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 8, 9 and 18 October 2018 and the first day was unannounced. The service was last inspected in March 2018 and was rated 'Inadequate' overall.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults, younger adults with a disability and children. At the time of this inspection the service was supporting 44 people.

Not everyone using Abbey Nursing and Care receives regulated activity; the Care Quality Commission (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.

There was a manager in post who had been registered with CQC since October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they received care and support that was safe.

Recruitment processes had improved. All relevant documentation was collected prior to staff commencing employment. Where required risk assessments were completed to ensure staff were suitable to work with vulnerable people. But control measures in place to reduce risk had not been carried out as stipulated.

Most people were supported safely because the provider had assessed the risks involved and staff had sufficient details and guidance to carry out their duties safely. We found one example where no guidance had been developed and the registered manager addressed this issue during the inspection.

People using the service were protected from harm due to the agency's reporting systems and staff knowledge. Staff were well-informed about the types of abuse and the action they would take if they suspected that abuse was taking place.

People were supported by staff who knew and understood their needs. People and their relatives told us they had consistent staff supporting them. People told us staff most times arrived punctually for their visits and they were informed if staff were running late.

People told us staff had good hygiene practices and wore personal protective equipment (PPE) when carrying out their duties. This should help to ensure that people were protected from the risk of infection.

Where required, people were supported to take their medicines safely. Staff had the relevant training and

competencies to administer medication safely and recorded these appropriately.

Staff had the right knowledge and skills and received continuous support to function in their caring role. People and their relatives told us staff did their jobs effectively. Staff received an induction and mandatory training prior to working with people. There was evidence that all staff were supported with ongoing training including refresher training as required. However, we found two examples where staff should have completed refresher training in one topic area but there was no record of this. Staff received regular supervisions and appraisals to help ensure they received the necessary support to carry out their roles.

People's rights were protected because the service worked within the principles of the Mental Capacity Act (MCA). Staff sought people's consent before undertaking tasks. Care records we looked at contained evidence that people had consented to the care they received.

Where assessed as a need, people were supported to maintain good nutrition and hydration. Everyone we spoke who required this support told us they were satisfied with the way staff consulted them prior to carrying out the task.

People told us the service supported their access to health care professionals and medical attention, if required.

People and relatives told us staff were kind and compassionate and that they considered them to be part of their family. People told us they were treated with dignity and respect and that staff carried out their duties in a professional and friendly manner.

People gave us examples of how staff encouraged them to be independent according to their abilities. Staff we spoke with confirmed this. This helped to promote people's general good health and wellbeing.

People and relatives told us care and support was responsive to their needs. They gave us examples of how the service provided person-centred care that met their individual needs. Initial assessments were carried out to help ensure people could be supported. Care plans contained detailed and person-centred information about the care and support people required and were regularly reviewed.

There was a complaints process in place and there was evidence in care records indicating people had information about making a complaint. But for one complaint, it was not clearly recorded that the provider had communicated the outcome of their investigation to the complainant.

The service dealt with complaints effectively and satisfactorily resolved the concerns people and their relatives raised. However, there were gaps in how the registered manager recorded the actions taken in response. For example, in one person's care records, we found no evidence that they had received a satisfactory response to the concerns they raised. We discussed this with the registered manager who said the matter had been dealt with immediately and the person had received verbal resolution. We spoke with the person who confirmed this was the case.

People and relatives said the management and staff at Abbey Nursing & Care were approachable and helpful. They found communication amongst the staff team was good and helped to ensure a seamless service of good quality was provided.

Quality assurance systems provided the registered manager and the provider with an overview of the service provided; however, these could be more robust as they had not identified areas of concern, for example,

recording the outcomes of safeguarding and complaints investigations.

There were policies and procedures in place to provide staff with the appropriate guidance and support to carry out their roles.

Regular staff and management meetings were held which gave the staff and management teams the opportunity to discuss their work with peers.

The registered manager attended various forums within the care sector. This involvement helped them to share best practice and keep up to date with issues affecting the sector.

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.

Recruitment processes adequately ensured suitable care staff were employed.

The registered manager did not always demonstrate that safeguarding incidents were investigated effectively.

Specific guidance relating to people's identified risks were not always in place to help staff support them safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had received an adequate induction. For some staff, refresher training had not been completed as identified.

The service was working in line with the Mental Capacity Act. There were systems in place to assess people's mental capacity and monitor for change.

The service supported people to access healthcare professionals when required.

Requires Improvement ●

Is the service caring?

The service was caring.

People received kind and compassionate support by staff who were trained to do so.

Staff treated people with dignity and respect and encouraged people to maintain their independence according to their ability.

People's equality and diversity needs had been considered and recorded in their care plans.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People were familiar with the complaints process and told us their complaints had been dealt with appropriately.

Care plans were person centred and contained a holistic assessment of people's needs. This included personal histories, communication needs and equality and diversity information. Care records were reviewed regularly or when people's circumstances changed.

Is the service well-led?

The service was not always well led.

The registered provider's oversight of the quality of the service had improved. However quality audits needed to be more robust.

The registered manager had made appropriate notifications of incidents to the Care Quality Commission as required by law.

People told us their feedback or their views on the service they received had been sought.

Requires Improvement 

Abbey Nursing & Care Agency

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 8, 9 and 18 October 2018 and the first day was unannounced. We visited the provider's offices and spoke with people and their relatives on 8 and 9 October 2018 and visited people in their own homes on 18 October 2018.

The inspection team consisted of one inspector 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. On this occasion the expert-by-experience had experience in caring for people who used regulated services.

Before the inspection, the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service such as notifications. A notification is information about important events which the service is required to send us by law. We spoke with the commissioners at Trafford local authority who provided information on their current monitoring of the service which included missed visits and reviewing people's care packages. We also contacted Trafford Healthwatch and checked their website. Healthwatch had not received any recent feedback about this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

With their prior consent, we visited one person in their home and we spoke with seven people and three

relatives by telephone. During our visit to the offices, we spoke with the registered manager, the care manager, and two care assistants. We looked at records relating to the service including four care records, four staff recruitment files and staff training documents, and operational policies and procedures.

Is the service safe?

Our findings

At the last inspection in March 2018, we found the provider had not taken reasonable steps to ensure staff recruited to the role were suitable to do so. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and meant people supported by the service were at serious risk of harm. At this inspection we checked to see what improvements were made and found necessary steps had been taken to help ensure risks were mitigated and the regulation was met.

Recruitment and selection processes in place helped to ensure suitable staff were employed. We looked at the recruitment records of four staff, three of whom had been recruited since the last inspection. We found all necessary checks had been carried out prior to the staff members starting work within the home. These included a full employment history check, suitable references, and a Disclosure and Barring Service (DBS) check. The DBS carry out criminal checks to help ensure candidates are suitable to work with vulnerable people. Where required we saw the registered manager had carried out relevant risk assessments to help ensure people were supported by suitable staff. We saw the provider had identified various control measures such as more supervisions and regular spot checks to manage identified risks. We noted and raised with the registered manager that not all of these checks had been carried out as scheduled.

At our inspection in March 2018, we found the provider had not adequately identified and assessed potential risks relating to people's care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and meant people were at risk of harm because staff did not have any guidance to support them safely. At this inspection, in the main, we found improvements had been made and that the provider was meeting the regulation.

The provider had ensured in most cases that risks relating to supporting people safely had been assessed. Examples of risks assessed included moving and handling tasks, pressure ulcer care and people's home environment. We looked at four care records. One person's care records dated November 2017, identified risks of aspiration and asphyxiation. However, within the care records we found no assessment of this risk nor was there any guidance to staff to mitigate this risk. We raised our concerns with the registered manager who developed the relevant risk assessment and communicated this with all staff before we completed our inspection. The other risk assessments were all up to date, provided clear and person-specific guidance to staff and ensured control measures were in place to manage the risks an individual may be exposed to.

People we spoke with said staff administered their medicines safely. We spoke with two care assistants about administering medicines and we found they supported people to take their medicines safely. We looked at medication administration records (MARS) and found these were completed appropriately. The registered manager carried out regular audits of how MARS were completed. We saw that any issues identified in these audits were dealt with at staff meetings or in supervisions.

At the last inspection in March 2018, people were at risk of harm because they did not receive care and support as required and documented in their care plan. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant

improvements had been taken to help ensure people received their care as planned and the regulation was met.

Care and support was provided according to what was recorded in people's care plans. Missed and late visits were minimised. Since our last inspection, the provider told us and we saw an electronic call monitoring system (ECM) was implemented. The registered manager and care manager showed us how they used this system to monitor the timeliness of calls. The registered manager admitted there were still some teething problems, but we found they had appropriate backup systems to help ensure people's needs were met in line with their care packages. People and relatives we spoke with confirmed that staff supporting them generally arrived on time for their calls. They told us if the care staff were running late they were notified. The ECM records we checked supported what people told us. The local authority contracts monitoring officer told us they had carried out several spot checks of the service provided and were satisfied with the improvements the service had made following the last inspection.

At our last inspection, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the system in place to record and investigate safeguarding incidents was not effective. At this inspection we found improvements had been made and the service kept an up to date log of incidents that had occurred. Incidents had been reported to the local authority and CQC as required. However, we found examples such as missed visits and calls requiring two staff but only one attended with no evidence the registered manager had carried their own internal investigation into incidents, as appropriate. They told us this information was kept in the person's care records. We checked these files but did not find this information.

The provider ensured there was continuity of care and there were sufficient staff to help ensure people received care as planned. People and relatives we spoke with confirmed this and said that safe care was delivered. Comments included: "(Staff) get on with the job in hand proficiently, but they're never rushed, "[Staff name] is my usual morning carer and [staff name] is my usual evening carer", "I am perfectly safe with this agency. The carers completely understand my care needs and the assistance that I need" and "I have two carers each time and there is always one that is experienced."

The staff team knew about the types of abuse and how to protect people should they suspect abuse was taking place. People and their relatives told us the care and support provided was safe. One person said, "I feel safe with the carers and have a good laugh with them". Training records we looked at confirmed staff had received safeguarding training as part of their induction and had annual refreshers of this knowledge. Minutes of staff meetings we looked at confirmed safeguarding was also discussed in this forum.

People were protected from risk of infection because staff wore personal protective equipment (PPE) such as gloves and aprons when required. Staff we spoke with told us how they used PPE to keep people safe and demonstrated their understanding of good hygiene practice. People told us, "They're always wear aprons and gloves, when providing personal care, which helps to provide reassurance about standards of hygiene, and health and safety" and "It is a safe, professional and hygienic service."

Is the service effective?

Our findings

At the last inspection in March 2018, the provider had not taken reasonable steps to ensure staff had the relevant training and competencies to carry out their role effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made significant improvements to comply with the regulation but had failed to identify gaps in some refresher training required.

In the main, people were supported by staff who had received a thorough induction which included the care certificate and relevant training prior to commencing their duties. The care certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers. We reviewed four staff training records which evidenced the training considered mandatory by the provider had been completed. Relevant competency checks were carried out by the registered manager and the care manager who had been assessed as competent to do so. People and relatives told us they had confidence in staff's skills and experience. They said, "I feel that my carers are well-trained, in fact as well-trained or even better trained than in hospital or rehab" and "Yes, the carers seem to be well-trained. I feel confident in their skills."

Though the provider and registered manager had better oversight of staff training and development there was room for improvement. The registered manager showed us a monthly report which identified staff who were due refresher training. However, we identified two staff members who were not on the report and required training updates in moving and handling and catheter care. Staff told us and training records demonstrated staff requested additional training to suit the changing needs of people supported such as diabetes or catheter care.

Following our inspection in March 2018, the registered manager told us they were in the process of ensuring all staff completed their mandatory training, had a supervision and, where relevant, an appraisal. At this inspection we found that staff received appropriate support in the form of supervisions and appraisals which helped them to perform effectively in their role. Staff files contained evidence of regular supervisions and annual appraisals being carried out by a senior member of staff and in line with the provider's policy.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For a domiciliary care agency, it would be under an order from the Court of Protection. No one supported by Abbey Care and Nursing Agency was subject to a court of protection order.

People's rights were protected because the service ensured consent was sought appropriately and when a person lacked capacity to make a decision, the relevant documentation such as lasting power of attorney were in place or the best interest decision making process was carried out. Four care records we reviewed showed that consent to care had been appropriately sought. People told us staff always asked their permission before carrying out any task. Comments included: "My carers always ask before providing any care", "(Staff) always ask permission before providing care, for example, they will say, 'Would it be alright if we turn you now?' before turning [person]" and "The carers are good. They chat to me throughout, checking I am OK with everything." Staff we spoke with had some understanding of the MCA and their role in ensuring the rights of the people they supported were safeguarded. The registered manager had a good understanding of MCA and ensured their processes adequately assessed and recorded people's mental capacity and any changes in this regard.

Care plans we reviewed showed the registered manager carried out an initial assessment upon which a person's care plan was based. Care plans contained detailed information about the person's assessed needs and an equality and diversity profile. Staff told us information in the care plan helped them understand how best to support people. People and relatives we spoke with confirmed this. One person said, "I have two particular carers who know my needs very well. We have developed a rapport with them." A relative told us, "The majority of staff have a clear knowledge and understanding of my [relative's] needs and provide good care for him."

Where required, people's healthcare needs were effectively managed by proactive staff action. Care records confirmed the service liaised with healthcare professionals such as district nurses and GPs, as required. People and relatives were confident that the agency would support them with their health needs. One person told us, "[Staff] would definitely call the GP if needed and have done in the past when I have [needed]." Another said, "On occasions, the carer will call the GP for me. For example, a few weeks ago I was not well and [Staff name], called the GP for me." One relative said, "We have had various services here to support my [relative's] health. The carers work well with all services."

People were adequately supported to maintain good nutrition and hydration. Where assessed as a need, people and relatives confirmed that staff supported them effectively to eat and drink. This involved assistance with meal preparation and eating where required.

Is the service caring?

Our findings

At the last inspection in March 2018, we found not all staff had received relevant training to provide personalised care to people supported. At this inspection we found the provider had made the required improvements to help ensure staff were suitably trained to adequately support the person's assessed need. This has been previously discussed in the Effective section of this report.

People using the service received caring and compassionate support from staff who had the relevant training, skills and competence. Comments from people and their relatives included: "I feel that they all seem to be like friends to me", "There is no bullying at all, (staff) are all very kind. And we have good conversation", "My carers are happy and considerate" and "The carers are kind, and nothing is rushed."

People and relatives told us staff developed good relationships with them. Comments included: "After my period in hospital, [staff] were very caring. They do extra things for me as well. For example, they will put dirty washing in the washing machine and will hang out the washing" and "[Staff] make the time pleasurable, having a laugh with my [relative], treating [them] as an individual and with complete respect." Staff we spoke with knew the people they supported and were able to tell us people's likes and dislikes, their support needs and how they preferred to be supported. The care records we looked at reflected what staff told us about the people they supported such as their daily routines and interests.

People and relatives told us staff demonstrated their kindness by going the extra mile. They said, "Occasionally, if my (relative) is not well (staff) will make (them) a cup of tea and a piece of toast as well as for me (person receiving the service), (Staff) also help with putting out the bins at times like this" and "(Staff) do look after me and will go shopping for basics and occasional treats."

People and their relatives were included and consulted in making decisions about the care provided. Their comments included: "I was involved in the care planning. [Staff name] came around initially and went through my needs" and "My (relative) and I were both involved with drawing up the care plan."

People and their relatives told us the service listened to and dealt with any concerns they raised. They told us the registered manager was very accommodating and the registered manager and the staff were approachable. This could be done either on the phone or visiting the office. One relative told us, "Whenever I've mentioned anything to the agency, they have listened."

Care plans contained relevant information regarding people's ethnicity, religious and cultural beliefs and practices. The service provided care and support in a multicultural and diverse community. We saw the registered provider had appropriate policies and procedures to help ensure staff understood how to protect people's rights and to challenge discrimination. Staff we spoke with had had training in equality and diversity and knew how to apply this knowledge when carrying out their duties.

Staff treated people they supported with dignity and respect. People and relatives confirmed this. They told us, "[Staff name] and [Staff name] make it fun, so any embarrassment that I may feel is covered and it all

works out well. They don't rush my personal care at all", "(Staff) respect my (relative's) dignity, for example they will always cover (their) private parts when giving a full body wash" and "Personal care was an issue for me at first, but these carers were so kind and treated me in a positive way, and in no way demeaning. They respect my privacy and modesty."

People told us staff encouraged them to undertake tasks independently but was there to provide help and reassurance as needed. One person told us, "(Staff) have supported my independence by encouraging me to keep going, and also assisting me in requesting and using the aids and adaptations that have been provided." Another person said, "My regular carers try to support independence, for example, they will raise my arm so that I can do little bits for myself. It seems to matter to them that I am treated as an individual."

Confidential information relating to the people supported and staff personnel were stored appropriately in the office and only accessed by staff authorised to do so. The registered manager and staff told us they had done awareness training on General Data Protection Regulation (GDPR). Training records we looked at confirmed this. The GDPR improves the people's data protection rights and clarifies what companies that process personal data must do to safeguard these rights.

Is the service responsive?

Our findings

At the last inspection in March 2018, we found the provider did not have an effective complaints process in place. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements to their complaints process and information about making complaints had been circulated to people and their relatives. This was evidenced in care records we looked at in people's homes and when we spoke with them on the phone.

The service dealt with complaints effectively and satisfactorily resolved the concerns people and their relatives raised. However, there were gaps in how the registered manager recorded the actions taken in response. For example, in one person's care records, we found no evidence that they had received a satisfactory response to the concerns they raised. We discussed this with the registered manager who said the matter had been dealt with immediately and the person had received verbal resolution. We spoke with the person who confirmed this was the case.

People told us they knew how to make a complaint and that their complaints were taken seriously and resolved to their satisfaction. One person said, "There has never been the need to make a complaint, although we are aware of the complaints' procedure in the book. I would always choose to ring the managers or speak with the carers if there was anything to mention." A relative said, "In response to my complaint, the agency made changes (to resolve the concerns raised)."

In the main, people received personalised care that was responsive to their needs and the service reviewed these needs regularly or when circumstances changed. People and relatives told us, "The agency is very flexible. For example, if my friend is ill, they will step in and support the additional work, "I feel that I get my care when it's needed", "There are regular reviews, the most recent care plan review was last month", "During all the care reviews, there has always been time to make decisions. My needs have and will continue to change. My carers have anticipated my needs and there have been no issues about anything" and "What's really excellent is the flexibility offered if my day-to-day needs have changed."

Three of four care records we reviewed evidenced that care and support provided were person-centred. We found the service met the accessible information standard requirements. Care plans contained person-centred information about how people were to be supported and included appropriate equality and diversity information, communication needs and impairments such as sight and hearing loss and, where appropriate, end of life considerations.

Is the service well-led?

Our findings

Following the outcome of the last inspection, the CQC asked the provider to undertake a voluntary suspension of new care packages until they made improvements. The provider agreed to this voluntary suspension and demonstrated in May 2018 that sufficient improvements had been made to the quality of the service provided. These included improved recruitment processes and staff training.

There was a registered manager in post since October 2010. They were supported in the operation of the care provision by a care manager, two care coordinators and a team leader. People and their relatives were positive about the care and support they received from Abbey Nursing & Care. They said, "I like the fact that the managers are approachable", "We would both recommend this service. It has allowed me some respite, which has been much appreciated. The staff are kind, caring and reliable. What more could you ask?", "This service has given us peace of mind. I have met with the managers, [Care manager] especially" and "The managers are hands-on and they will cover any staff shortfall."

People and relatives found communication amongst the entire staff team was good. They said, "In terms of on-call, my (relative) had slipped onto the floor about 18 months ago. [The care manager] responded to the on-call message and carers were sent to support [person] until the paramedics came to take (them) to hospital" and "(Staff) all seem to communicate well. I relay a lot of things through my daughter, who also seems to get on well with this agency. I have used the on-call system. They will always get back to me, and if needed, come out to sort me out."

At the last inspection in March 2018, we identified that people may be at risk of harm because there was no specific and systematic information in place to guide staff during emergencies such as poor weather. Following these concerns, the provider had implemented a system of identifying and prioritising each person supported based on their dependency levels. The registered manager told us and we saw this information was recorded on care records and within electronic call monitoring system.

At the last inspection, the provider and registered manager failed to have a consistent and continuous overview of the quality of care provided. This was a breach of the Regulation 17(1) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. At this inspection, we found significant improvements had been made to comply with the regulations. The provider's oversight of the quality of care and the processes to achieve this had improved since the last inspection. Quality assurance measures included care plan audits, staff spot checks, user surveys, and audits of daily records. However, the provider's quality assurance system needed to be more robust as this inspection identified gaps such as missing risk assessments, uncompleted staff refresher training, record keeping regarding incidents, safeguarding and complaints investigations and outcomes. This was a continuing breach of Regulation 17(1).

People and their relatives were positive about the care and support they received from Abbey Nursing & Care. They also confirmed they had been asked their opinions on the quality of care provided. They said, "[The care manager] came to see me recently. I fed back my thoughts about being completely happy with the care provided", "We have also filled in questionnaires about the care provision."

At the last inspection, the service did not always report notifiable incidents to the Care Quality Commission (CQC) which was a breach of the Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Prior to the site visit, we checked our records and found the provider ensured that appropriate notifications of accidents or incidents that occurred were sent to CQC in accordance with their legal requirements. Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC.

Staff had an appropriate forum in which to discuss work-related issues and receive support from their manager and peers to help them function effectively in their role. We reviewed minutes of staff meetings held in March and September 2018 which identified issues discussed and decisions made. Staff we spoke with also confirmed their attendance at staff meetings and benefits they derived from meeting with their peers. Senior management team also held regular meetings and minutes identified topics of discussion included audits, staffing, rotas and training.

The service benefitted from the provider's involvement at meetings with other domiciliary care providers. The registered manager told us they attended provider forum meetings which helped them to share best practice and keep up to date on current issues within the sector.

There were policies and procedures in place to help ensure staff were effectively supported to understand and perform well in their roles. These were regularly reviewed and up to date at the time of this inspection. Staff told us they had access to these at all times.

The provider conspicuously displayed their most recent rating at their office location as required by law. The registered manager told us they did not have a website as this was currently under construction, which we confirmed.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered provider did not ensure all safeguarding incidents were investigated effectively. Regulation 13.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems needed to be more robust to identify areas for improvement such as missing risk assessments, uncompleted staff refresher training, and record keeping regarding safeguarding and complaints investigations. Regulation 17(1).</p>