Dignity Care (York) Limited

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Inspection report

95 Burton Stone Lane
York
North Yorkshire
YO30 6BZ

Tel: 01904611094

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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

We undertook an announced comprehensive inspection on Tuesday 28 June 2016. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service and we needed to be sure that someone would be at the agency office that could assist us with the inspection.

This service was registered by CQC on 12 June 2011. A previous inspection had been completed on 06 January 2014 and the provider was found to be compliant in the areas we inspected at that time.

Dignity Care (York) Limited is registered to provide personal care for Older People and people with a Physical Disability. At the time of our inspection, 27 people received a personal care service. The service provides domiciliary care and support services from the registered office location, on the outskirts of the City of York.

The registered provider is required to have a registered manager in post and on the day of this inspection, there was a registered manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Care workers were able to discuss signs of abuse and how to report their concerns. However, management of training in safeguarding for care workers was ineffective and not robustly managed or recorded. Safeguarding policies and procedures were available for care workers to read however, they required updating.

Other Quality Assurance checks included an annual survey sent to service users. We saw this was not analysed and there was no evidence of how the service used feedback from Quality Assurance to continually evaluate and improve the service provided or where this was recorded. We concluded that although there were some Quality Assurance checks in place these were not robustly implemented across the service to ensure they could be used to drive improvement.

The registered provider did not have a dedicated file or procedure to record and manage accidents and incidents. This meant that the registered provider could not demonstrate how they learned from such events to minimise re-occurrence.

The registered provider had a file with compliments and they told us these were fed back to the care workers. This showed that the service actively sought peoples feedback however, it was not evident that complaints would be addressed with actions and outcomes recorded.

The registered provider had a training record to manage training for care workers. However, at the time of our inspection the registered manager told us and we saw that the training record was not in use and had

not been updated. Procedures in place to manage training for care workers including the induction programme were ineffective and it was not clear if they had the appropriate skills to undertake their role. We spoke with care workers who told us they did not have regular documented supervisions or reviews. We saw these were not recorded and it was not clear how their capability was monitored by the registered provider. The registered manager told us they did not have regular staff meetings and that information was shared with care workers using weekly emails and text messages.

Care plans we looked at contained up-to-date risk assessments for their homes, environments and for the individuals and these were reviewed and updated. This meant the registered provider had procedures in place to recognise the importance of risk management to help care workers deliver care and support in a safe way to people.

The registered provider recorded appropriate recruitment checks and these were completed before they worked alone with people. This helped the registered provider to ensure people employed were of suitable character to work with vulnerable people.

People received their medication in a safe way and care workers had received training and followed the policies and procedures that were in place for the safe management of medications.

The registered provider was working under the guidelines of the Mental Capacity Act 2005 and people were supported to make informed decisions wherever possible.

People told us and we saw they received support and care from care workers who understood the importance of treating them with dignity and respect. Care workers told us how they would maintain and respect people's confidentiality and would only share information they discussed with people where it was appropriate to do so with others directly involved with the persons care.

We saw care workers were kind, efficient and caring when they addressed people how they wanted to be. People confirmed that care workers cared for them and that they felt the care they received was personal and not just task related. Care workers told us that when required to do so they would spend additional time with people to make sure they were ok before they left.

Care plans were available in the main office and in people's homes. These were reviewed, updated, and included people's preferences. Care workers told us that care plans provided sufficient detailed information to enable them to provide care and support that met their current needs. Care workers also told us and people confirmed they were involved in their care planning and reviews and that their wishes were respected. We saw care plans were signed by people to demonstrate they had understood and agreed to the content.

There was a clear management structure and care workers employed by the registered provider understood their roles and responsibilities. Care workers and people who received a service spoke positively about management and their involvement with peoples care and support.

The registered provider had policies and procedures in place and these were available in the 'Staff Handbook' that was issued to all care workers. We saw the registered provider completed Quality Assurance audits on Medication Administration Records and care workers confirmed there was a process in place to deal with any concerns raised as a result.

We found three breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in

relation to the staff training, supervisions and quality assurances procedures. You can see what action we told the provider to take at the back of the full version of this 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.

Care workers were able to discuss signs of abuse and how to report their concerns. Safeguarding training was not well managed or recorded and policies and procedures required updating.

Appropriate recruitment checks were completed to ensure people employed were of suitable character to work with vulnerable people.

Policies and procedures were in place and followed to ensure people received their medication in a safe way.

Accidents and Incidents were not recorded in a dedicated file and there was no documented of evidence of how the registered provider learned from these events.

Is the service effective?

Requires Improvement

The service was not always effective.

Procedures in place to manage training for care workers including induction were ineffective and it was not clear they had the appropriate skills to undertake their role.

Care workers did not have regular documented supervisions or reviews and it was not clear how their capability was monitored.

The registered provider was working under the Mental Capacity Act 2005, people were supported to make informed decisions where ever possible and care plans were signed by people to demonstrate they had understood and agreed to the content.

Is the service caring?

Good

The service was caring.

People received support and care from care workers who understood the importance of treating people with dignity and respect.

Care workers understood how to respect people's confidentiality.

Care workers were kind, efficient and caring and showed they cared for the people they were supporting.

People were involved in planning their care and support and were given information about advocacy services.

Is the service responsive?

Good

The service was responsive.

Care plans gave staff detailed information on how to support people and keep them safe and the plans were reviewed and updated regularly.

People were supported to undertake activities and to access the community if they requested that service.

People and their relatives knew how to complain if they needed to however it was not evident that complaints would be addressed with actions and outcomes recorded.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Management was praised by people who used the service and by care workers for their involvement in people's care and support.

Policies and procedures in place for the management and recording of employee information were ineffective.

Care workers understood their roles and responsibilities.

There was some evidence of Quality Assurance checks in place but these were not robustly implemented across the service to ensure they could be used to drive improvement.

Dignity Care (York) Limited

Detailed findings

Background to this inspection

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

The inspection took place on the Tuesday 28 June 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

One adult social care inspector undertook the inspection. Before this inspection, we reviewed the information we held about the service, such as notifications we had received from the registered provider. The registered provider submitted a provider information return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spent time with three people receiving services in their own homes. We spoke with the registered manager, the manager and a care supervisor. We looked at records, which related to people's individual care; this included the care planning documentation for four people. We also looked at three care workers' recruitment records, care worker rotas, training records, audits, policies and procedures, records of meetings and other records associated with running a community care service.

Following the inspection we spoke with three care workers and requested copies of additional training records from the registered manager.

Requires Improvement

Is the service safe?

Our findings

Care workers were able to discuss the types of abuse they looked out for and how to report their concerns. We saw care workers had undertaken some training in safeguarding however, this was not robustly recorded. We were provided with a copy of a 'Staff Handbook'. Care workers received this document during their initial induction and we saw this contained a 'Protection of Vulnerable Adults' policy that provided definitions of abuse but it was not clear when this was updated or how care workers were kept up to date with changes in safeguarding practice. We spoke to the registered manager about this and they told us, "We have a training matrix but it needs updating, and the policy and procedure is probably due for a review."

We looked at how the registered provider managed and recorded accidents and incidents. The registered manager told us these were not always fully recorded and there was no specific system or process in place. They told us when accidents or incidents occurred they were investigated and dealt with appropriately. The registered manager was unable to demonstrate where this information was recorded or how outcomes from the investigations promoted learning that mitigated further occurrence and helped to keep people safe from harm.

These concerns meant the registered provider did not have appropriate systems and processes in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people and failed to maintain up to date records. This was a breach of regulation 17 (2) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with the care workers from the service. One person said, "I feel safe and I look forward to their visits." Another person said, "I know all the care workers, they are always available if ever I need them." A care worker told us, "We are a small team, we have good communication with both people and their families and we have built up strong relationships which helps keep people safe."

All care workers we spoke with said they understood how and when to raise concerns and undertake whistleblowing. One care worker told us, "I wouldn't hesitate to undertake whistleblowing [telling someone] if I had concerns or observed any bad practice," they continued, "I am confident any concerns or whistleblowing would be handled professionally, confidentially and would result in actions being taken by our managers and I could also speak with the local authority or the Care Quality Commission [CQC]."

The registered provider told us on the provider Information Return (PIR), 'On the onset of care, a manager from Dignity will undertake a Health and Safety and a Risk Assessment at the Service users home. This is incorporated into a care plan and kept on file and also at the service users' home.' Care workers told us how they undertook health and safety checks in people's homes. A care worker told us, "When we visit people's homes we make sure the home is safe by looking out for trip hazards, lights that don't work, and when we leave we make sure the home safe and secure for people."

We saw that risk assessments were completed in people's care files and these included risks associated with the environment, such as access to properties, lighting, flooring, security and electrical appliances. This

showed the registered provider understood the importance of risk management to keep people safe and that care workers understood that safety was important to protect themselves, people and their visitors from avoidable harm.

We looked at people's care plans and saw they contained risk assessments on daily activities undertaken with people. These included mobility and dexterity, history of falls, skin integrity, continence, sight hearing and communication. Copies of risk assessments were in people's homes. These had been regularly updated and provided clear information that, along with associated support plans helped care workers manage the associated risks and helped them to provide care and support in a safe way.

The registered manager told us that they worked with the local authority who provided advanced information on events in and around York that could affect the way services were delivered to people. These events included the Tour de France, marathons, other sporting events and information on flooding risks. The registered manager told us they would adapt the service to meet people's needs and information enabled them to inform people of any possible delays. This meant that risks in relation to people receiving a service were anticipated, identified and managed by the registered provider.

People we spoke with told us they understood the difficulties care workers faced travelling in and around York and they told us, "We are informed if a care worker is running late, it's understandable," and "Care workers are never too late but if they are then we are informed in advance." At the time of our inspection, 27 people were receiving a service supported by six care workers and two senior care workers. The registered manager told us, "We have enough care workers at the moment and we do not use agency's to provide cover," And, "We are in the process of recruiting additional care workers because we will only offer to provide new care packages if we have enough appropriately trained and competent care workers." This meant that enough staff were employed to make sure that people received the care they needed, at the agreed times and for the full duration.

We looked at the recruitment files for three care workers. We saw that the dates references and Disclosure and Barring Services (DBS) checks had been received were recorded. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. It was clear on records that these checks had been undertaken and that the registered provider had received this information prior to the new employees starting work with people. A care worker said, "DBS and reference checks have to be returned and you can't go out by yourself until you have been signed off." This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

We looked at the way the service managed medicines for people. The registered manager showed us a medication policy. This included information on recording, administering, and errors of administration, storage and disposal of medication and provided guidance on managing over the counter medications. The registered manager confirmed that all staff received medication training during their induction. We checked training records and saw this was recorded however, we did not see where refreshing training or ongoing competency checks were carried out on care workers. We spoke with the registered manager about this and they told us, "All care workers receive training and support in administering medication but we do not assess individuals competencies; although we do not do observations we are constantly in the field getting feedback from our service user's and we audit the Medication Administration Records (MAR)."

We looked at MAR charts in care plans for three people in their homes. We saw they contained details of medicines that people were prescribed, why they were required and any possible side effects. We saw they had been accurately completed with no gaps. However, we saw one person's MAR had the letter 'L' in the signature box for one medication. We spoke with the care worker about this. They told us they left the

medication out with a drink for the person to take later in the evening and did not sign the MAR for that reason. They told us the person, their family and the GP had agreed to this action. We spoke with the person who confirmed this was the case and they understood to take the medication at the required time.

We observed care workers discussing the medication with people and as appropriate provided people with a drink to assist with swallowing tablets. We saw care workers completed the MAR charts and wrote in people's care notes after they had given people their medicines. Care staff were responsible for advising the registered manager immediately if they noted any gaps in the MAR charts and these were audited by the manager every four weeks. A care worker told us, "Where errors of recordings are noted management will speak with us and discuss the errors," And, "We will normally be provided with additional training but if errors persist we would receive disciplinary action," they added, "I don't make errors but this is the process." This meant that medicines were managed well and people received their prescribed medication safely.

Requires Improvement

Is the service effective?

Our findings

Care workers told us they were supported by the registered provider to ensure they had the right skills to undertake their role. They told us that training requirements were emailed to them and included online and classroom based learning. The registered provider had a training matrix. At the time of our inspection, this was not in use and had not been updated. We saw it was unclear which training care workers had completed. The registered manager told us they would update the matrix and they provided us with a copy after the inspection. We saw where training required updating there was no record of scheduled refresher training or how the registered provider ensured care workers had the appropriate up to date skills and information to undertake their role. The registered manager told us, "I have no matrix to schedule or record refresher courses."

We looked at how care workers were supported in their role. We asked care workers if they received one-to-ones, supervisions or staff meetings. A care worker told us, "We receive text messages and email communications come out with the rota each week about any changes." Care workers we spoke with told us they did not receive regular one-to-ones, supervisions or staff meetings. Feedback included, "I would like more frequent staff meetings as it would be an opportunity to meet new care workers," and, "It would be nice to have regular supervisions and one-to-ones where we could discuss any concerns, training and just have a chat," and, "We are a small team so it's difficult to get everybody together for a team meeting; it would be nice to have these every three months or so."

We spoke with the registered manager about these concerns and they told us, "One-to-ones are infrequent and usually on an 'if and when' basis, staff meetings are few and far between and this is because we are a small team and care workers are updated weekly by email."

During our inspection, we asked the registered provider if care workers undertook induction training that was reflective of the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. The manager told us care workers did not undertake the care certificate but were supported to undertake National Vocational Qualifications (NVQ's) to level two in care. We saw from training records that three out of ten people had completed this level of qualification.

The registered manager told us, "Care workers come to the office for the first part of their induction where I go through our policies and procedures and issue overalls, gloves, hand gel, aprons and a copy of the Hand book," they continued, "We discuss paperwork, time sheets, attendance records, MAR sheets and shopping transaction forms." Care workers told us that once appropriate checks had been received by the office they went out shadowing with a supervisor who provided feedback. They told us the induction period was not time limited and they were not expected to go out alone until they felt comfortable to do so. The registered manager told us, "We do not undertake on-going spot checks or observations but I continually book courses and ask the carers if there is any courses they fancy doing over and above the ones deemed necessary."

The above concerns meant the registered provider failed to ensure care workers received appropriate induction, support, training, professional development and appraisal and that this was documented.

This was a breach of Regulation 18 (2) (a) Staffing of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

People told us that the service was effective and that care workers had the necessary skills to meet their needs. One person told us, "I have a thirty minute call, they [care workers] always stay for the full thirty minutes," they continued, "They will take time after finishing their tasks to sit and chat and they make sure I have everything I need." Another person told us "I have always been very independent and introducing a care service was not easy for me, however, the care workers who visit me are wonderful and I now rely on them to support me to remain living in my own home."

The registered manager showed us a copy of a policy that covered the five key principles of the Mental Capacity Act 2005 (MCA). 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. For people living in their own home, this would be authorised via an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA and found that they did not have any restrictions in place at the time of this inspection and that no applications had been made to the court of protection. The registered manager told us, "If care workers have concerns about a person reducing capacity to make informed decisions they will speak with us first and we will contact their family about any concerns they may have and their GP to check their health." They said, "We would advise the 'Community Mental Health Team' of our concerns to discuss further assessments if the person was deemed fit and healthy."

We spoke with three care workers who had a basic understanding of the MCA; one told us, "It's about people making their own decisions." Another said, "We would inform family and the GP if we had any concerns about a person's fluctuating capacity; sometimes people are confused due to dementia but other support is available from health professionals when we need it." We looked at the training matrix and saw two care workers had undertaken additional training in the MCA and a further six care workers had this training booked. This meant the registered provider was working with regards to legislation under the Mental Capacity Act 2005.

Care workers we spoke with understood the importance of ensuring people consented to the care and support they provided. We saw people's care files contained assessments and people had signed to provide their agreement and consent to the activity. A care worker told us, "I always discuss what we are doing and why and I always ask the person if they are happy and agree." They gave us an example, "When helping with meal preparation, I ask people what they would like and how they want it, if they refuse then that's their choice."

We saw care workers understood people's dietary requirements and discussed options with the person. A care worker said, "Information [about dietary needs] is in the care plan." They said, "If I had any concerns about a person's health I would discuss it with the person, record it in the daily notes and inform the senior or the manager." The registered manager told us, "We would always involve the GP who can refer people to a dietician if required and we would input additional checks and recording during the call." This meant the registered provider involved other health professionals and supported people to have positive outcomes concerning their health.

The registered provider had a policy in place that provided advice and guidance to care workers on how to deal with challenging situations. The registered manager told us "We do not have anybody who poses challenging behaviour and we do not use physical intervention." A care worker told us, "I have not received training in how to deal with challenging situations but I have knowledge from my previous employment." Another care worker said, "We do not restrain people; people can be aggressive when they get confused which for some is part of their dementia, we talk calmly with them or we move out or the room to let them calm down."

Good

Is the service caring?

Our findings

People who received care and support from the registered provider spoke positively of the care provided. Comments included, "Care workers are so genuine; they have genuine concern for my well-being and I feel very lucky to have their support" and, "They [care workers] are polite and respectful when they are with me in my home." People told us that they received the care they wanted from all the care workers. Care workers told us that because the service was small, each person knew all the staff and staff knew each person's preferences. People said that they had been involved in the planning of their care and that they were involved in reviews of their care. Each care plan included information on people's daily routine, which included information for care workers about the person's likes and dislikes.

We observed care workers were kind and compassionate when carrying out home visits. Care workers understood people's needs and preferences. A care worker told us, "I always treat people as individuals and respect their wishes; I discuss everything I am doing with the person so they understand and are able to agree or provide other feedback." We observed care workers knocking and awaiting a response before entering people's homes. Care workers spoke with people in a dignified way and did not appear to be rushed when talking to people in their homes.

People had their privacy and dignity respected by care workers. A care worker said, "I always ensure I respect people's dignity; as long as they are safe I will let them have their own time in the bathroom and I make sure towels are available, windows are shielded and I encourage them to assist with whatever I am doing as much as they can to encourage their independence." One person told us, "They [care workers] are very respective of my wishes and are considerate of protecting my dignity when assisting me with washing."

'Staff Handbooks' included information on confidentiality. Care workers confirmed they understood how to maintain people's confidentiality. A care worker told us, "I never discuss anything discussed with a person with anybody else unless they were involved with the persons care and needed to know." This meant people had their confidentiality maintained by the registered provider.

Discussions with care workers revealed that where people receiving a service had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation the information was documented in their care plans. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

The registered provider told us on the PIR, 'The assessments [care plans] are reviewed at regular intervals, in general every 12 months, unless circumstances change. All service users are made aware of these documents and are encouraged to read them.' The care and support plans viewed during our visit included people's involvement and were regularly reviewed. We saw a record was kept in the office and in people's homes. People signed their agreement to their care records and care workers told us that they had time to read them. A care worker told us, "We do not always have the opportunity to meet with people before we visit them but we have the care plans which we can quickly reference to understand the person's current

needs."

We saw staff handbooks contained reference to Independent Mental Capacity Advocates (IMCA) that the registered provider used should they suspect a person was incapable of making an informed decision or provide consent. IMCAs can provide support for people who lack the capacity to make specific important decisions. At the time of our inspection, we were told that no one receiving a service had the use of an IMCA.

Good

Is the service responsive?

Our findings

People told us the service they received was responsive to their needs. One person said, "Care workers are friendly, if I need something doing they are able to, they will try, the service seems very flexible." Care workers told us, "We know where other care workers are and sometimes, for example when a person needs a lot more support, we will need to spend more than the allocated time with them so we ring the office or our colleagues to make sure the next call is covered." The registered manager told us, "We are there for people who need our care and support and everybody had different needs at different times so we need to be flexible in our approach."

One person told us, "I like all the care workers who visit, they all do very well in making sure my breakfast is ready and my bed is made but I do like [care worker] as they have been visiting me for a long time and we understand each other." The registered provider told us on the PIR, 'Some of Dignity service users will establish a rapport with a particular carer, and express a preference to receive care from them. As far as logistically possible, we arrange rotas so for the majority of the time. The service user can experience continuity with the same carer.'

The registered manager explained that when someone requested a service from the agency, they visited the person in their own home. During this initial visit, they discussed the care the person wanted and how and when they wanted it delivered by care worker. The registered manager prepared an initial assessment and care plan based on what the person (and their relatives when appropriate) wanted. This was then reviewed at least every twelve months and the changes agreed to by the person. People told us that they contributed to the planning of their care. We found that care plans contained clear guidance for care workers about how to meet the care needs of people using the service. There was evidence that the person using the service and their relatives had been involved in the initial assessment. A copy of the care plan was kept in a folder in the person's home. Care workers told us that when a person's needs changed, the care plan was altered to accurately reflect the changes. We saw care workers wrote detailed notes of the care they had delivered at each visit, so that this information was available to other care worker, the person and their relatives. This meant that people's care needs were met and they were getting the care they wanted in the way they preferred.

Care plans in people's homes included a 'Feedback Form' and information on the 'Complaints' procedure. People were encouraged to complete these with their comments including any complaints or compliments. The registered provider told us on the PIR they had received 10 compliments and no complaints in the last 12 months. We saw the registered provider had a file with compliments and they told us these were fed back to the care workers. This showed that the service actively sought peoples feedback however, it was not evident that complaints would be addressed with actions and outcomes recorded.

People's care plans included details of their activities and interests. We saw these included social interests, club memberships and information on household tasks people were able to undertake. These included laundry, shopping and domestic tasks. A care worker told us, "Some people require us to do shopping for them, we sit and discuss their likes and dislikes with them which helps us to ensure they eat healthily and

have a balanced diet and also ensures they are included as much as possible in choosing their shopping." We saw one person had a walking frame and a Motability scooter. The person told us, "I recently had a fall and I depend on these to help me get out and about and do bits of shopping; they help prevent me being isolated and fully dependant on others."

Requires Improvement

Is the service well-led?

Our findings

The registered provider had undertaken some quality assurance checks on the service. We saw audits were carried out on medication administration records. We saw that an annual questionnaire was sent to service users but we saw this was not analysed to identify trends and improvements that could be implemented into the service. We found there was little evidence of how the registered provided actively sought feedback from others involved in the service or where this was recorded or responded to. There was no evidence of how the service used feedback to continually evaluate and improve the service provided or where this was recorded.

We found care records and staff files were maintained securely by the registered provider. However, despite this we found that policies and procedures were ineffective in ensuring appropriate employee records were created, amended and managed. The registered manager confirmed that recording of some information had not been updated at the time of our inspection and had not taken remedial action.

The above concerns were a breach of regulation 17 (2) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in place. The registered manager was on duty on the day of our inspection and along with an additional manager, they supported us with the provision of information required for our inspection. There was positive feedback from everyone we spoke with about the leadership of the service and there was a high degree of confidence in how the service was run.

There was a clear management structure in place and care workers understood their roles and responsibilities. Care workers told us they were happy with the way the service was managed. Feedback from care workers we spoke with included, "The managers are very involved with people receiving a service." "We are a small team and we work very well in providing people with the best care possible."

A care worker told us, "Management try and visit people at least once a month to ensure they are happy with the service and the care workers, if there are any problems they are promptly addressed."

The registered manager knew about requirements of their registration with the Care Quality Commission (CQC) and was able to discuss the submission of notifications. The Health and Social Care Act 2008 (HSCA) requires providers to notify CQC of certain incidents and events. The provider was submitting notifications as required and this meant they were meeting the conditions of their registration.

The registered provider recorded the service visions and values in a statement of purpose. We saw this was available in people's care plans in their homes and included details of the agency, aims and objectives, services provided, management qualifications and the complaints procedure. The document was not dated and it was not clear if it was kept under review and revised annually as a minimum in line with CQC regulations. The registered manager told us the document was reviewed and that a date would be included on any revisions.

We asked the registered manager how they kept up-to-date with best practice guidance and changes in legislation. They told us, "We receive updates from the CQC and Skills for Care and we work in partnership with the other health professionals for example; health visitors, GP's, and we have forged good relationships with people's families and anyone acting for or on behalf of the service user." The registered manager told us they disseminated key information to care workers by email to help them to be aware of legislation and best practice so that it could be encompassed in their everyday working.

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 17 HSCA RA Regulations 2014 Good governance Quality Assurance checks in place were not robustly implemented across the service to ensure they could be used to drive improvement. Policies and procedures were ineffective in ensuring appropriate employee records were created, amended and managed. Inadequate systems and processes in place to record and learn from Accidents and Incidents. Breach of Regulation 17 (2) (b) (d) (e).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider failed to ensure care workers received appropriate induction, support, training, professional development and appraisal and that this was documented. Breach of Regulation 18 (2) (a).