Comfort Call Limited

Comfort Call (Salford)

Inspection report

241-243 Monton Road
Eccles
Manchester
Lancashire
M30 9PS

Tel: 01617877567

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 20 and 28 September and 3, 6 and12 October 2017 and was announced.

Comfort Call Salford is a domiciliary care agency, which provides personal care to people in their own homes who require support in order to remain independent. The office is located in Eccles near Manchester. The agency predominantly covers the areas of Swinton and Eccles.

At time of inspection there was a registered manager at the service. The registered manager had been in post since July 2016. 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.

At the last comprehensive inspection on 11 January 2017 we found the service to be in breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were relating to staffing, monitoring and audit systems, medicines practice and the service had failed to ensure that suitable arrangements were in place for planning and reviewing people's care and support in a way that met their individual needs and preferences. Following the inspection we held a joint meeting with the local authority and the provider to highlight the areas of concern and determine what immediate action would be taken. In addition to this we monitored the on-going compliance of the service through regular action plans submitted by the provider.

As part of this inspection we checked to see that improvements had been implemented by the service in order to meet legal requirements. We found improvements had been made in each area of concern from the previous inspection; however the service remained in breach of regulation 17 good governance.

We found on-going improvements in the recording of medicine administration. However, we saw medicine support plans were not updated and often contained incomplete or out of date information. Missing signatures were also evident on Medicine Administration Record (MAR) charts.

Improvements had been noted with the services auditing and governance systems, however these were still not robust h and had not identified the issues highlighted in the management of medicines.

Feedback we gained from people throughout the inspection was positive overall. People spoke about feeling happy and having their care needs met in a person centred, respectful manner. When questioned, staff gave relevant examples of how to care for a person in line with their individual needs and wishes, whilst ensuring the person's dignity and privacy was respected.

Safeguarding procedures were in place and staff were able to confidently inform us about the types of abuse people could be subject to and how to raise concerns should they suspect or witness any abuse or abusive

practice. All staff had received training in safeguarding and we were able to confirm this was in date.

People spoke about feeling safe in their homes and confirmed staff left them secure following a care visit. The provider ensured processes were in place to ensure a safe environment was maintained for people using the service and its staff. Environmental risk assessments were established to identify any risks associated with lone working, water temperature, sharps and the control of substances hazardous to health (COSHH).

Staff rotas and time sheets indicated that staffing levels had improved. The registered manager told us the rate of pay for care staff had recently been increased and further staff were being interviewed for jobs. People also commented that they did not feel rushed in their daily routine and did not experience any missed visits.

Recruitment procedures were thorough and robust. Staff told us their induction process contained enough information to ensure they had the knowledge to carry out their care role effectively. People spoken with confirmed staff were competent. Staff files we looked at contained all necessary information along with appropriate checks of staff's character, to ensure the provider was following a detailed and safe recruitment selection of all staff.

Staff were provided with a suitable amount of training which enabled them to confidently and competently carry out their roles and provide people with care and support based on their individual needs.

Staff meetings and supervisions were offered and staff felt fully supported by the management structure and told us they were able to approach management whenever they had an issue.

People were provided with personalised care and support based on their individual needs and requirements, detailed care plans and risk assessments were in place in which gave clear information about people's needs, wishes, feelings and health conditions. Changes to people's needs and requirements were also captured giving staff up to date and relevant information.

Staff we spoke with were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions. Staff were also able to give relevant examples of how to ensure people were offered choices and supported to make decisions.

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.

We found on-going improvements in the recording of medicine administration but saw medicine support plans were not updated and often contained incomplete or out of date information.

People told us they felt safe and were cared for by staff that had been safely recruited.

Staffing levels had improved which enabled the service to manage people's individual needs and risk effectively.

Staff were aware of their duty and responsibility to protect people from abuse and followed the correct procedure if they suspected any abusive or neglectful practice.

Is the service effective?

Good

The service was effective.

People received care and support that was tailored to meet their needs and were supported by staff that were well trained and supervised.

Staff and management had an understanding of best interest decisions and MCA 2005 legislation.

People were fully supported with their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with kindness and their privacy and dignity was respected by staff whom they described as being respectful and who understood their needs.

People's care and support was provided according to their wishes and preferences and they were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review.

Staff were knowledgeable about people's needs and preferences and the agency offered a flexible service that responded to any changes in people's requirements including emergencies.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audit processes had failed to identify the areas we have raised as breaches of the regulation in this report.

The service had a clear set of values which were promoted by the management team and care staff.

People and staff told us the management team were supportive.

Comfort Call (Salford)

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 was 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 at the service offices on 20 and 28 September 2017. We gave the provider 48 hours' notice as we needed to be sure that a manager would be available to participate in the inspection. Telephone interviews for staff where conducted on the, 3, 6 and12 October 2017.

The inspection was carried out by one adult social care inspector and a medicines inspector at the agency office on the first day and two adult care inspectors and medicines inspector on the second day. In addition to this, two Experts by Experience conducted telephone calls to people using the service on the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection 140 people were being supported under the regulated activity by the service. Additional people were also supported by the service for cleaning and shopping visits.

Before the inspection the provider completed 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 the plan to make.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including action plans, complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team and safeguarding team who provided us with any relevant information they held about the service.

During the inspection we spoke with 22 people who used the service and eight of their relatives. We also

spoke with 18 staff members, including the registered manager and regional manager. We looked at the care records of 15 people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at 10 staff personnel and training files, service agreements, 40 staff rotas, minutes of staff meeting.

Requires Improvement

Is the service safe?

Our findings

People told us they received care and support which was safe. People added that carers always secured their properties when leaving. One person told us, "They use a key safe to let themselves in. That works fine. They are very careful about making sure windows are properly closed and the door is locked. They make sure I'm safe." A second person also commented, "I use a stand aid and I have two carers every time. Mostly they help me to get up using a belt but I like to try and stand up on my own holding the handles and they make me feel safe." Relatives we spoke with also felt their loved ones were safely supported by staff. One relative stated, "[My relative] is very safe with the carer. I have absolutely no worries at all about safety. At first I used to stay in the room and watch everything they did because I was concerned about how they might treat them but I don't do that anymore because I am very confident in how they look after them. It even helps that it allows me to pop out to the shop if I need to."

At our last inspection we found a continued breach of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to protect people against the risks associated with the unsafe use and management of medicines.

At this inspection we found on-going improvements in the recording of medicine administration but we found medicine support plans were not updated and often contained incomplete or out of date information.

The service's medicine policy had been reviewed but made no reference to national guidelines about supporting people with their medicines in their own homes. These guidelines were published in March 2017. Carers were provided with good training about medicines.

Our medicines inspector looked at the medicines administration records (MARs) belonging to 12 people. We visited six people in their homes to see first-hand the support they received with their medicines.

At the last inspection we found that staff often failed to make a record of medicines administration either on the MARs or in the daily notes. At this inspection we found 22 'gaps' on five people's MARs for the months of July and August. The missing signatures had all been noted when the charts were audited at the end of the month and action was taken to improve recording practices. There were no missing signatures on the six charts for September that we saw in people's homes.

People we met in their homes were supported to take their medicines in a caring way and staff recorded each tablet taken. At the previous inspection we found that information about medicines in people's care plans was incomplete. When visiting people during this inspection we found that four out of six medicine support plans were out of date and did not accurately describe the support people were receiving with their medicines.

One person had to take their medicine at specific times in order for it to be effective and the two daily calls were scheduled for these times. Family members gave the early morning and evening doses. However, the

information in the person's care plan was dated 26/04/17 and stated "Family support".

In one home we heard the carer ask the person if they had used their inhalers after helping them take their tablets. The care plan said the person should be reminded to use their inhalers but there was no record of the names of the inhalers, or how many inhalers the person used, either in the care plan or on the MAR. The carer watched the person use two inhalers but did not record this on the MAR.

Another person was prescribed eye drops four times a day. The carer who visited in the morning administered the drops and recorded this on the MAR but the carer who called in the afternoon was not doing so. There was no information in the care plan to indicate how often these drops were to be administered and by whom.

Another person needed their drinks thickened due to swallowing difficulties. We saw that clear instructions on how to prepare drinks of the right consistency were written on the person's MAR. This protected the person from the risk of choking. However, the person's support plan said that carers applied a patch containing medicine to their skin. This was no longer the case and the patch was applied by the district nurses, this information had not been updated on the person's care plan.

Lack of information/guidance and reviews in some people's care plans about medicines administration and the omissions of signatures of some peoples MAR meant this was a breach of Regulation 17(2)(b) (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At our last inspection we found a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had insufficient numbers of staff deployed to ensure visits were undertaken effectively within a reasonable amount of time. Following this inspection the service placed a voluntary suspension of all new care packages until more staff could be recruited.

At this inspection we found the service was no longer in breach of this regulation.

We looked at 40 staff rotas covering a two week period, during which staff had completed 168 visits. We noted staff were no longer required to attend multiple calls at the same time, as had previously been the case and punctuality had improved. Any visits that were shorter than originally commissioned were explained to us by the care coordinators and evidence was provided of referrals to the local authority for further review because these people no longer required that length of visit.

Staff we spoke with told us at times weekends could be busy and additional calls were also asked of them during the week, however although some staff acknowledged that their job was busy they didn't feel that people were left at risk and always received the allocated time slot.

People we spoke with did not feel they were rushed in their daily routine and all voiced they were happy with the care they received, however some people told us at times staff could be running late, but added if it was a significant amount of time the office would make contact to inform them.

The registered manager told us the service had increased the carer's rate of pay and this had attracted more interest in the post. At time of inspection a number of newly recruited carers were due to commence their induction. The registered manager told us this would alleviate some of the work of the existing carers and the service would be in a position to take more new care packages from the local authority.

We looked at how the providers recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at 10 staff files. We saw staff had been recruited safely, staff files included application forms, competency checks, proof of identification and eligibility to work in the UK, references and disclosure and barring (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Contractual arrangements were in place for staff. These included disciplinary procedures to support the organisation in taking immediate action against staff, in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person's file contained individual risk assessments. The assessments we looked at reflected risks associated with the person's specific needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. Risk assessments covered areas such as falls, cognition, skin integrity, body positioning and nutrition. Risk assessments were reviewed and updated with any necessary additional information as per service policy.

Staff we spoke with had a good understanding of risk assessment processes and spoke confidently about the measures they took to promote the safety and wellbeing of people they supported. They demonstrated a good understanding around encouraging people to live their lives the way they chose, but recognised this should be done in a safe way.

Environmental risk assessments were completed when required. These covered aspects of lone working for staff and internal and external aspects of each person's home.

There were procedures in place for reporting notifiable events to the Care Quality Commission (CQC) and other organisations such as the local commissioners and local authority safeguarding team. Our records showed that the manager had appropriately submitted notifications to CQC about incidents that affected people who used services since last inspection.

Safeguarding procedures were in place and staff we spoke with showed a clear understanding of the types of safeguarding issues people could face and how to effectively report them. Safeguarding training was in date and there were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. One staff member told us, "Safeguarding is about vulnerable people, the clients, protecting them from abuse and neglect. Possible signs could be mood swings, being depressed, not eating or how they normally are." A further staff member told us, "Someone may be hit and have bruising or have people in their home that they do not know or want there."

Staff were required to wear identification badges and full uniform along with disposable gloves, aprons and hand cleansing gels to minimise the risk of cross infection. We noted care staff had received 'infection control' training and showed a good understanding around infection control issues. People we spoke with confirmed staff would leave their houses clean and tidy and wore appropriate personal protective clothing when supporting them with care and support.

There was a business contingency plan in place. This demonstrated the service had properly planned for any unexpected emergency situations.

Good

Is the service effective?

Our findings

People told us they considered staff to have the correct skills and knowledge to support them effectively. Comments included, "I think they do a lot of training. They tell me sometimes about different things they've had to learn about. There's a lot to the job." A second person told us, "Everything is always geared around how I am feeling. They are very good at what they do." Similarly people's relatives also felt the care was delivered in an acceptable and informative way. One relative told us, "The carers are very good. They always have a chat with [my relative] and explain what they need to do. The only problem is when they send any letters or questionnaires. [Person's name] can't write and I can't read them because I'm blind. The carers are good though and will read things out for me."

At the last inspection in January 2017 we found the service to be in breach of Regulation 17(2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because information about people's dietary preferences and l risks associated with their nutritional needs were not always reviewed, updated and monitored in people's care plans.

At this inspection we found the service was no longer in breach of this regulation.

We noted processes were now in place to assess and monitor people's nutritional and hydration needs. Nutritional risk assessments were used and followed when required. This helped to ensure any risks relating to poor nutrition or hydration were identified and addressed. Any known dietary needs were documented effectively and people's skin integrity was managed. One family member told us, "Staff are very observant. They look after [my relative] as though he was their own. As soon as they spot anything they alert us and tell us if they think the doctor or district nurse needs to come. I can't fault them." A second person's relative stated, "[My relatives] current two carers look after them very well. [My relative] is settled more with these two now because they know him and he knows them. The District Nurse has commented that his skin's in very good condition and that they're obviously looking after him."

'Food hygiene' was part of the service's training programme, this ensured appropriate knowledge and skills were taught to enable staff to prepare food to an acceptable and safe standard. We asked people using the service if they felt they were supported appropriately with their nutritional requirements. Each person we spoke with told us they were. One person said, "They do my microwave meals for me at lunchtime and a sandwich at teatime. I pick what I want and they get it ready for me. It's always up to me what I fancy. Some days I only want a cup of tea and a bit of cake and they always ask if I'm sure I don't want anything hot. They are very considerate."

Regular training was offered to staff. Staff spoke highly of the training and were able to list several areas they had recently received training in. These included, dementia, moving and handling, medication, infection control, mental capacity and consent. One staff member told us, "I do regular training through the year like moving and handling, food hygiene, medication, palliative care and dementia. I feel confident, I learn a lot when we are out and working with others and we all communicate well." A second commented, "Training prepares you for what you are doing in the community, you have some updates every 12 months

or if there is a change. It works well."

We saw staff also had a thorough induction programme including one week of study prior to shadowing more experienced staff. New staff were required to complete a, 'caring learner workbook,' which covered areas such as the role of a domiciliary worker, communication, work place hazards, principles of care and privacy and dignity. These were completed and reviewed monthly throughout induction.

Staff files showed that people were receiving regular supervision. A number of staff we spoke with told us this was sometimes carried out via the telephone due to difficulties with travelling. Staff also reported having themed supervisions around medication, mental capacity and moving and handling. All staff we spoke with felt they were able to raise anything with the management team. We noted supervision sessions were also in line with the services 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found the agency had detailed policies and procedures on the MCA and staff had received appropriate training. Staff spoken with had an understanding of the principles of the Act and understood the need to ask people for consent before carrying out care. One staff member told us, "Someone lacking capacity may have a disability or dementia, they can't make their own decisions, we report it, get a care plan and risk assessment with the social worker." A second stated, "They've all got to be safeguarded and decisions are in their interests. Everyone should be treated with the same level of respect."

We saw consent forms were used where possible by the agency to demonstrate people's agreement to care to be provided in line with their care plan. The registered manager was aware of the processes involved if a person was thought to lack capacity to make specific decisions about their care. All people spoken with during the inspection confirmed staff asked for their consent before they provided any care and support.

Good

Is the service caring?

Our findings

We asked people if staff treated them with care and respect. People told us carers were kind and compassionate. People also added staff were respectful and polite and observed their rights and dignity. Comments included, "I'm very happy with this service. I've never had a bad carer from them. They are so willing. Sometimes I ask them to do something like emptying the bin and they are all very obliging like that." A second person stated, "I'm always treated with respect and they've never rushed me but if they did, I would tell them. They do chat and sometimes if they've got time they have a cup of tea with me". Relative's comments also mirrored those of their relatives. One family member stated, "[My relative] is treated very respectfully. Whilst a second stated, "The carers really go the extra mile all the time. I don't know how they can do it and be so cheerful because they work really hard."

People told us staff were respectful of their personal property and always left the house as they found it. In addition people told us they felt they were cared for in a dignified way. Staff gave examples of how they would always ensure they knocked and waited for a response before entering a person's property and ensured people's privacy was maintained when carrying out sensitive personal care tasks. Staff told us they would ensure doors and blinds or curtains were closed and would knock before entering the bathroom. The service had a 'code of conduct' to guide staff around what was expected of them when attending to a person's support needs in the person's own home.

Compliments received by the service included, "I would like to thank Comfort Call for all their help and to commend [staff member's name] for all the care [my relative] received. [My relative] improved significantly in all aspects of their life." We saw several further compliments in relation to the high standard of care people felt they had received.

During the inspection we looked to see how the service promoted equality, recognised diversity and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

Involvement of people who used the service was sought at every opportunity. We saw people and their relatives when appropriate had been involved in the initial care planning process. In addition to this people were involved in their care plan reviews which took place in the person's home.

The views and opinions of people were actively sought and information was presented in a way that enabled people who used the service to fully participate and make informed decisions. This was by means of service user questionnaires and the ability to contact the main office or speak to staff should people wish to. People were also supplied with a service user hand book which contained information in retaliation to the service expectations and other areas such as how to make a complaint, raise a safeguarding alert access advocacy support.

The service did not provide end of life care directly, but where applicable, could continue to provide a domiciliary service in support of other relevant professionals such as district nurses, who may be involved in supporting a person at this stage of life. At the time of the inspection the service was not supporting anyone who was in receipt of end of life care.

Good

Is the service responsive?

Our findings

People we spoke with were aware of the content of their individual care plans and felt they had been a part of the care planning and reviewing process. People also felt reassured that staff listened to them and gave them time to express their views and preferences about the way their care was delivered.

At last inspection in January 2017 we found the service to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had failed to ensure that suitable arrangements were in place for planning and reviewing people's care and support in a way that met their individual needs and preferences.

At this inspection we found the service was no longer in breach of this regulation.

People care files now contained a series of documents to enable staff to carry out personalised safe care and support. Care plans captured the preferences of people and had been devised in partnership with the person and family member when appropriate. The structure of the care plans was clear and made it easy to access information. Care plans covered areas such as health, social history, preferred activities and interests, moving and handling and the home environment. We were able to determine that the care plans were reviewed annually and more often if required. One person stated, "The supervisors come out once every 6 months and there's a form to complete about how things are going." In addition to this a relative commented, "They came and talked to us about the care plan. They do phone from time to time to see if everything is alright and whether I need anything else."

The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service. For instance in the event of a medical emergency, essential information including the care plan would be given to ambulance staff to help with people's transfer to hospital.

We looked at how new referrals to the service were assessed. We noted a support plan was initially created by the person's social worker, which was then used to determine the amount of care hours commissioned. Once this had been agreed the service would visit the person in their own home and obtain more information from the person and their relative where necessary. The registered manager told us the support plan would be used in conjunction with speaking with the person to create a detailed service care file which would be kept in the person's house and a master copy in the service offices. People we spoke with confirmed this process was followed. One person said, "They came and went through everything I need. They had a look round the house and made a few recommendations for me to think about. It's very reassuring to be honest."

There were systems in place to record what care had been provided during each call or visit. This included information on when personal care had been provided, when medicines were given/prompted/checked or any food preparation.

There was a complaints policy in place which set out how complaints would be managed and investigated. People told us there was information about the service's complaints policy in their care plan and most people were keen to stress they had not had to use it in a formal way although some people told us they had phoned about late calls. Those that had made a complaint felt they had been dealt with effectively. One person said, "A long time ago [my relative] complained via letter to Comfort Call about a few things like the iron being left plugged in, not checking the shower temperature, leaving knives in the sink after preparation of food and the carer pretending to work. The carer would get me to phone the logging system to say she was leaving when actually she called, logged in and left. Everything was dealt with and I've never seen the person again."

Requires Improvement

Is the service well-led?

Our findings

People we spoke with told us the service was, "Great." Further comments included, "This seems to be a good service as far as I'm concerned. I have no worries." A second person stated, "As far as I can say, I think the service is run well. They phone up every now and again to ask if everything is alright but if I was worried about anything I'd tell the carers first of all."

There was a registered manager who had been in post since July 2016. 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.

At the last inspection in January 2017 we found the service to be in breach of Regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service failed to assess and monitor the quality of service provision effectively. Following the inspection we wrote to the service to request further information to clarify some of our findings. This was provided in the time frame we requested.

Although we found the service had made considerable improvements to their governance and audit processes in most areas of the service, we noted audit processes had failed to identify the issues with medicines documentation contained in the safe domain of this report. We did see that systems were identifying missed signatures on people's MAR sheets and these were being followed up with the staff member responsible, but the service was still failing to identify consistently the lack of detail and change in information in relation to medicines care plans.

This is a continued Breach of Regulation 17(1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff reported having regular spot checks on their performance and felt this was a good idea. People using the service confirmed this happened periodically. One person stated, "I think they check up on the carers sometimes because I've had other people turn up and watch what they're doing. Then they ask me how I'm getting along."

Regular staff meetings were held although some staff reported these could sometimes be difficult to attend due to time constraints and travel costs. However staff told us that meeting minutes are available at the service office and on most occasions they received a copy of the notes by email. We noted a recent staff meeting covered updates on the confidentiality statement and pin code policy.

A recent compliment the service had received was also discussed and staff were thanked for that. Other topics covered included themed supervisions in relation to concerns raised regarding medication management. This showed the organisation had questioned practice and followed up on feedback while also acknowledging good practice.

All staff spoken with told us they felt happy with the current management team and felt able to raise any concern they might have with them. Staff felt they were valued in their roles. One staff member stated, "The best thing about my job is I can look after people and they praise me and that gives me a sense of achievement. I get good feedback; I have built up a good bond." A second carer stated, "Caring in general is great, I have lovely people and families, I would never rush anybody. I often work over. It will be harder as Christmas comes."

The service sought the views of people using the service and their relatives through the provision of satisfaction surveys and senior staff visits to people's homes. People confirmed they received surveys and were able to express their views and opinions on an on-going basis.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies had been recently reviewed and were all up to date.

There was a service user guide and statement of purpose in place. A statement of purpose is a document which includes a required set of information about a service. When people were given a copy of the service user guide they were also given a copy of the statement of purpose and complaints policy.

The provider was aware of notification requirements and the manager had informed CQC of significant events in a timely way. This meant we could respond accordingly to any incidents which took place.

As of April 2015, it is now a requirement to display the ratings from the previous inspection at the home and on any corresponding websites. We saw the ratings from the last inspection were displayed on the provider's web site. This meant people using the service, visitors and health care professionals knew about the level of care provided at the service.

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 The service failed to maintain an accurate and complete record in respect of each service user 17 (2) (b) (c) The service failed to operate in some cases effective systems and processes to monitor the on-going compliance of the service. 17 (1) (2) (a)