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Inspire (UK) Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Inspire (UK) Care is registered to provide personal care. Support is provided to people living in their own homes throughout the city of Sheffield. The office is based in the S5 area of Sheffield, close to transport links.

This inspection took place on 22 August 2017 and short notice was given. We told the registered manager two days before our visit that we would be coming. This was to ensure we had time to arrange visits with, contact people who used the service and speak with the registered manager and staff.

At the time of this inspection Inspire (UK) Care was supporting 48 people whose support included the provision of the regulated activity 'personal care'.

There was a registered manager at the service who was also the registered provider and registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Inspire (UK) Care took place on 14 July 2016. Following the inspection the service was rated as requires improvement. At that inspection we found breaches in two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a breach in; Regulation 9: person centre care, because short, early or late visits meant the care and treatment of service users was not provided in a safe way, was not appropriate and did not meet people's needs. There was a breach in Regulation 13: safeguarding service users from abuse and improper treatment because systems were not operated effectively to protect people from financial abuse. Requirement notices were given for these breaches in regulation and the registered provider was told to make improvements. On this inspection we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of these regulations.

The majority of people told us they felt safe with the support they received from Inspire (UK) Care. However, some people said at times they did not know some of the male staff who were visiting them and this caused them anxiety and on occasions they said they were frightened.

We found people were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines and to ensure staff were appropriately trained. There were still some improvements to the auditing of medicine records needed.

A thorough recruitment procedure was in operation. Staff were aware of whistleblowing and safeguarding procedures.

We found staff were provided with a regular programme of training, supervision and appraisal although some staff did not have the correct skills or competency to meet people's needs.

There had been improvements to the scheduling, delivery and length of care calls to enable all people using the service to experience continuity of care. Some people were dissatisfied with their new support contracts which meant their visit times could be in a three to four hour time window.

People we spoke with made positive comments about the care staff and told us they were treated with dignity and respect.

People's care plans contained information about their care and support, including risk assessments and action plans. These were regularly reviewed and updated in line with the person's changing needs. The daily care records required some improvement to ensure they were respectful to the person and were maintained as a legal document.

Most people said they had regular contact with the registered manager and if they had any concerns or worries they were confident the registered manager and staff would listen to them and look at ways of resolving their issues. Some people felt they weren't listened to.

There were a variety of methods available for the registered provider to assess and monitor the quality of the service; however, records of these checks were not being maintained on a regular basis. We found some quality assurance processes completed were not effective in ensuring compliance with regulations and identifying areas requiring improvement.

We found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulation 18: Staffing and regulation 17: Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The majority of people told us they felt safe with the support they received from Inspire (UK) Care. However, some people said at times they did not know some staff who were visiting them and this caused them anxiety and on occasions they were frightened.

The registered provider had improved financial systems and records to ensure people's personal monies were protected.

The service had arrangements in place to manage medicines to ensure people were protected from the risks associated with medicines.

People had up to date risk assessments in place relating to their health, safety and welfare and these were reviewed regularly.

A thorough recruitment procedure was in operation. Staff were aware of whistleblowing and safeguarding procedures.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We found staff were provided with a regular programme of training, supervision and appraisal. Some staff did not have the correct skills or competency to meet people's needs.

There had been improvements to the scheduling, delivery and length of care calls to enable all people using the service to experience continuity of care. Some people were dissatisfied with their new support contracts which meant their visit times could be made by care staff in a three to four hour time frame.

People were asked for their consent before care and support was provided.

Where appropriate people were supported to eat and drink to maintain their health.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People we spoke with made positive comments about the staff and told us they were treated with dignity and respect.

Staff knew to always maintain confidentiality.

Is the service responsive?

The service was not always responsive.

People's care plans contained information about their care and support, including risk assessments and action plans. These were regularly reviewed and updated in line with the person's changing needs. We found some records were not written in a way that was respectful to the person and were not always maintained as a legal document should be.

There was a complaints procedure in place which people were aware of. We saw the registered manager had taken action to address some areas of concern brought to their attention.

Most people said they had regular contact with the registered manager and if they had any concerns or worries they were confident the registered manager and staff would listen to them and look at ways of resolving their issues. Some people said they felt they weren't listened to.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Staff were supported by the registered manager and senior staff. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

We found quality assurance processes were not effective in ensuring compliance with regulations and identifying areas requiring improvement.

Requires Improvement ●

Inspire (UK) Care

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 22 August 2017 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available. This inspection was undertaken by two adult social care inspectors 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.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR 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. We also reviewed information we received since the last inspection including notifications of incidents that the registered provider had sent us.

Prior to our inspection we spoke with the local authority to obtain their views of the service. Information received was reviewed and used to assist with our inspection.

As part of this inspection we spoke in person or over the telephone with people supported by Inspire (UK) Care, to obtain their views of the support provided. We telephoned and were able to speak with 13 people supported by Inspire (UK) Care, or their relative. In addition, we visited four people in their own homes to speak with them and check the Inspire (UK) Care records held at their home. During home visits we spoke in person with a further six relatives of people supported.

We visited the service's office and spoke with the registered manager, the quality assurance manager and an out of hour's coordinator/support worker. In addition, five care staff visited the office base so we could speak with them.

We spent time looking at records, which included six people's support plans, four staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

At the last inspection on 14 July 2016, we found there were a lack of proper financial procedures which meant some people were not protected from the risk of financial abuse. This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. The registered provider sent us an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

We found there was a policy on handling people's finances, which had been reviewed and was up to date. The registered provider had improved financial systems and records to ensure people's personal monies were protected.

The registered manager informed us that at the time of this inspection, two people were supported with shopping which meant staff handled their money. We checked the financial records and receipts for one person and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We did discuss with the registered manager the need to return people's financial records to the office on a more frequent basis so they could be audited by a manager for any errors or omissions. This would further increase financial safeguards.

The majority of people receiving support and their relatives told us they felt safe with the support they received from Inspire (UK) Care. Their comments included, "[Name] is safe with the carers. I don't worry," "Yes I trust them [care staff] I have no worries," "They [care staff] are fine, I trust them and look forward to seeing them" and "There is one lady who comes who is the best of them all. I really trust her and I'm always happy when they send her."

However, some people receiving support and their relatives said at times they did not know some of the male staff who were visiting them and some staff didn't know how to deliver their care needs safely and this caused them anxiety and on occasions they said they were frightened.

People said, "I never know who is coming. I'm supposed to have help having a shower and getting dressed but I can't sit in my night clothes all morning so now I shower myself and get dressed. It's in the care plan that they should help me to shower and I am a bit wobbly but I just can't wait," "It has a big detrimental effect on her [name of person who uses the service] if it's somebody she doesn't know. She has told them and told them that she doesn't want men coming but they still keep sending them" and "Two nights ago a big man arrived and I was very frightened. I didn't know who he was and he said 'I'm your carer'. Then he didn't know what he was supposed to do and just sat chatting. I had to turn my bed down myself and get my commode ready and get myself undressed. I'm not satisfied at all."

The registered provider had a policy and procedure for safeguarding and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff told us

they were able to report any concerns to the registered manager and they were confident they would be listened to and taken seriously.

Staff we spoke with were able to tell us what action they would take if they suspected someone was at risk of abuse. Staff were confident that the registered manager would listen to any concerns they had and report their concerns to the appropriate people and authorities.

At the time of this inspection the service was providing personal care and support to 48 people providing approximately 600 care hours per week. There was a registered manager, quality manager, three out of hour's coordinators and 24 care staff. The registered manager said they felt there was sufficient staff employed to support and care for people and cover any additional work to maintain support when staff were on annual leave or sick leave. The registered manager said they were not "taking on" packages of care for people at the moment, this was until the new staffing team and new IT support systems were fully bedded in and up and running.

People told us there were generally enough staff to make sure their needs were met. One person told us, "The care staff are generally very good, they don't rush me. One or two stay on for a chat" and "There are always two staff come as they need to use the hoist."

We checked people's care records which identified staff were staying the allocated time required to deliver people's personal care. Staff said, "We receive travel time now. So that is much better we have time to get to each person and spend the correct time there to give the care."

People receiving support and their relatives told us they had sometimes "Given up" on staff arriving on time so had cancelled the visit. People and their relatives were generally unhappy with the new support contract which didn't specify an actual visit time, if the call was not critical, and only gave a three to four hour time frame when staff would arrive.

Records we saw showed visit times were generally being met within the three hour timeframe although we did find two visits outside these times in one person's records we checked.

Some people required assistance from the care staff to take their medicines. Most people who were supported with their medicine said they felt their medicines were handled appropriately and recorded on medication administration records (MAR) charts or in their care records. One relative told us they were concerned there was no MAR being completed by staff when medicines had been administered. We checked the care records of the person and saw staff were recording in the daily notes that they had administered medicines. We also saw a manager had undertaken an audit of the person's medicine administration and also questioned why no MAR was being completed. They had contacted the community pharmacist who had said they were no longer supplying MAR to people receiving support in their own homes and that was why staff were recording the information in people's daily records.

We looked at six people's support plans and saw that each plan contained risk assessments that identified the risk and the support required to minimise the risk. We found risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual.

Staff took appropriate action in response to any accidents or incidents to ensure peoples safety. They told us they immediately reported anything of concern to the registered manager and made sure the correct information was recorded.

We reviewed staff recruitment records for four staff members. The records contained a range of information including the following: satisfactory conduct in previous employment and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

During our visits people receiving support and their relatives told us staff always used personal protective equipment (PPE) such as gloves and aprons that reduced the risk of cross contamination. Staff we spoke with said there was always a good supply of PPE available for them.

Some relatives we spoke with did express some concerns about how staff disposed of soiled incontinence pads and their protective equipment. A relative said, "Some staff never make sure the pads are in the bin liner properly or tie the bag up so it is sealed, others do but some don't. This means I have to go outside to check after every visit otherwise it may cause a risk of infection."

We spoke in with the registered manager about these concerns. The registered manager said they would remind all staff of their responsibilities in infection control and look at this issue as part of the 'spot checks' they would carry out when observing staff practices.

Is the service effective?

Our findings

At the last inspection on 14 July 2016, we found people were not provided with an effective service as they sometimes received visits at times that did not meet their needs. Some people reported short and missed visits. This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care. The registered provider sent us an action plan detailing how they were going to make improvements. We found there had been improvements to the scheduling, delivery and length of care calls to enable all people using the service to experience continuity of care sufficient to meet regulations. However, some people were dissatisfied with the new support contracts which meant their visit times could be made by care staff in a three to four hour time frame.

At the last inspection we received mixed reviews from people about the timing of visits they had received. People also said they had missed visits. At this inspection we also received mixed views although in the main were more positive. All people we spoke with were now satisfied that staff were staying the correct amount of time to provide their care and support.

People receiving support and their relatives said, "The timings are still a bit hit and miss, but the staff are good they stay as they should. I think they are given time to travel which has helped," "Staff stay half an hour, that's what they should stay," "Staff are good, they are very flexible when I have a hospital appointment, they always come early," "Times of arrival do vary. My new care package means there is a four hour window for staff to arrive in. That is too large in my opinion" and "They (staff) are all very kind but they have changed the contract so there is now a time slot between 6.30am and 10.30am."

We spoke with the registered manager about the new support contracts. The manager said these had been agreed with stakeholder and funding authorities but said they were constantly 'revisiting' and working with the out of hours coordinators through all staff runs to accommodate people's preferred visit times, whilst ensuring time critical call times were still met. Time critical calls are calls made by staff that need to be made in a short time frame, when, for example, a person needs assistance to take certain medicines that must be given at the same time each day.

We saw in people's records where calls by staff were later than the person wanted, were not identified as time critical.

People receiving support and their families spoken with said some staff were good at their job and well trained. However, some people receiving support and their relatives also raised a number of concerns regarding communication, competency and skills of some staff.

People said, "The agency send people who don't speak much, if any, English and I can't understand them and they can't understand me," "The carers are nice people but it's communication that is a real problem," "They've sent people sometimes who've only just started that day. You'd think they'd send them with somebody who knows the job but they don't", "One carer tried to make a cup of tea with cold water and just put some milk in the cup. How is that possible," "I think most of the carers are really kind hearted but

sometimes they don't see what needs to be done" and "I think the staff are not well trained at all and they don't know what they are doing."

As part of the provider's quality assurance system the registered provider had sent out questionnaires to people who used the service to ask their views on the care and support they received. We saw some of these surveys had been returned and we saw similar comments and concerns from people about staff competency and skills to the ones we received.

The registered provider provided training to all staff from the agency office. Staff were provided with a three day induction course followed by regular refresher training in all mandatory subjects for example, first aid, moving and handling, food hygiene, health and safety and medicines. Staff we spoke with said following induction they were 'shadowed' by a more experienced member of staff until they felt confident to work alone. The staff we spoke with felt the training they received was good and we found they were knowledgeable about their role. Records we checked saw staff had been recently updated on mandatory training.

Records seen and staff spoken with confirmed regular supervision and annual appraisals were in place. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their professional development.

In view of the concerns and comments from people receiving support and their relatives the registered provider may need to relook at the training and supervision available and provide additional training and support to some staff so that they are fully able to meet people's identified needs.

Our findings meant some staff were not sufficiently skilled and competent as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of Regulation 18: Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw staff had completed basic training in MCA. Staff spoken with had an understanding of this legislation. The care files seen at the agency office and in people's homes showed people had consented to receiving care and support from Inspire (UK) Care. This showed that people had been consulted and agreed to the support provided.

People who used the service told us they were encouraged to make choices and decisions, although one person said these weren't always listened to as sometimes male care staff had arrived when they particularly asked for female care staff. Other people said, "Staff are good, they ask me how I want things doing," "I said I preferred female carers and they always come. If a male carer had ever come I wouldn't let them in" and "The girls [care staff] are really nice, they always ask how I like things done, although most already know."

The care plans checked showed people's dietary needs had been assessed and any support people required with their meals was documented. Food preparation was completed by staff members with the assistance of people they supported where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices.

Stakeholders and health professionals we contacted before our inspection said there had been recent improvements at the service. Comments included, "Inspire are working hard to stabilise the business after a period of unsettlement" and "Inspire were open and honest about the current issues they had, including the retention of staff and difficulties following the departure of two long standing members of staff. But they are putting in plans to address these issues."

Is the service caring?

Our findings

All the people receiving support and their relatives we spoke with made positive comments regarding the care staff. Their comments included, "The carers are good I find. They are all very kind," "The carers who come are nice people. There is one lady who comes who is the best of them all," "They [staff] are very kind. They will always ask if there is anything else I need doing before they go," "The people who come are very nice," "I look forward to seeing them [staff]," "I can't fault them, wonderful" and "They [care staff] have been wonderful to [Name of person]."

People receiving support and their relatives said they believed staff were respectful and polite and observed their rights and dignity. Comments included, "The staff are so polite, they do respect my privacy" and "The staff are kind, caring and respectful. One or two are particularly good. They never rush, stay for a chat. [Name of relative] likes to talk to staff about where he used to work and the staff seem interested which I know maintains his dignity."

We found the service had relevant policies in relation to confidentiality, data protection and privacy and dignity so important information was available to staff. Staff spoken with could describe how they respected people's privacy and maintained their dignity, for example, making sure curtains were closed when they were helping a person to wash and dress and never speaking about a person supported to other people they visited.

People receiving support and their relatives we spoke with told us they did not hear staff discussing any personal information openly or compromising people's confidentiality.

We spoke with staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook. Staff also described good relationships with the people they supported regularly.

We looked at people's care records during the home visits and during the visit to the Inspire (UK) Care office. The care records showed people supported and/or their relatives had been involved in their initial care and support planning. We saw care plans contained signatures, evidencing that people agreed to their planned care and support. Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave some basic details of people's preferences, likes and dislikes so that these could be respected by care staff.

The registered manager said Inspire (UK) Care staff had supported some people being cared for at the end of their life. The registered manager told us they had been involved with a multi-disciplinary team of healthcare professionals and worked together to support the person in line with the person's personal wishes. Records showed some staff had been provided with training and information on end of life care.

Is the service responsive?

Our findings

People receiving support told us they knew who to speak to if they needed to raise any concerns or a complaint. There were mixed views expressed by people receiving support and their relatives about the responsiveness from the registered provider to their concerns. Comments included, "I think I would ring the office if I had any concerns, they would generally deal with things," "We have complained about certain issues and some staff attitudes. In fairness the manager dealt with things quickly," "The problems I find are with the management. They are just not responsive. There is no response from them to cover staff if somebody isn't available for some reason. You have to keep phoning and asking whether anybody is going to come" and "The management denied any responsibility (to an issue raised). It doesn't give you any confidence in the service at all."

Staff we spoke with said the managers were accessible and approachable and dealt effectively with any concerns they raised.

We looked at the registered providers complaints, suggestions and compliments policy and procedure. It included information about how and who people could complain to and explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally, for example, the local government ombudsman and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service.

The complaints/compliments log showed complaints had been investigated by the registered manager. Some complaints were still on going and others had been followed up by the registered manager and action taken to rectify the concerns.

People spoken with said they had been involved in planning their care so that the support provided could meet their needs. People said someone from Inspire (UK) Care office had visited them to assess their needs and write a support plan. Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so that their opinions were considered. We found assessments had been undertaken to identify people's support needs prior to the service commencing. A support plan had then been developed outlining how these needs were to be met.

We looked at six people's care records. People's support plans contained information about their care and support, including risk assessments and action plans. These were regularly reviewed and updated in line with the person's changing needs.

People told us they had been consulted by the registered manager and staff in subsequent reviews of their support and their support plans. People said, "[Name of manager] came a few weeks ago and went through my plan to see if anything had changed."

Staff we spoke with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the preferences of the people they supported.

At each visit staff completed record sheets detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record. Record sheets we looked at showed staff stayed the agreed length of time at each visit.

One person raised concerns as to the documentation recorded in their support plan. They said, "There is a folder in the house where they're [staff] supposed to write everything down. Some of the entries are not written in English which isn't helpful." A health professional confirmed to us they had also seen person's daily records written in Arabic on one particular day.

We found some staff had left large gaps (up to six lines) in between daily records and were not contemporaneous. This meant there was a risk of overwriting (amending records in these gaps) meaning there was a risk to the legality of the document. We also found evidence that on two occasions staff had used disrespectful language in the care plan. Staff had used the person's last name without any title (e.g. Mr or Mrs). We discussed with the registered manager the benefits of some additional staff training in record keeping.

Is the service well-led?

Our findings

The manager was registered with CQC as manager and provider.

There was a new management structure in place at the service which included the registered manager/provider, a quality assurance manager, three out of hour's coordinators and administrative staff.

The registered manager was actively involved in the day to day running of the service. Staff told us the registered manager was always contactable throughout the week and there were also 'on call' arrangements in place out of these hours.

There were mixed views expressed by people and their relatives about the management of the service. Comments included, "I don't think the managers really know what they are doing. I have exactly the same calls made every month but every month the bill is for a different amount," "I don't know whether they are short staffed or they've taken on too much but it is not well organised," "The problems I find are with the management. Planning and organisation is not good and communication is not good at all," "I have to say things are getting better" and "I can ring and speak to [named manager], she is quite good."

We found the registered manager had contact with people who used the service and their families. There were a variety of methods available for the registered provider to assess and monitor the quality of the service; however, some of these checks were being carried out on an infrequent basis and some records were not being maintained.

Staff, people receiving support and their families said the registered manager or out of hours coordinator had made 'spot checks' on staff practice but these again had been on an infrequent basis. There were some records of medicine administration, care plan audits and staff 'spot/competency' checks completed.

Peoples care, medicine and financial transaction records were not being returned to the office from people's homes on a frequent basis for review. We found some records had not been returned since May 2017. This may mean potential risks; errors or omissions would not be identified or acted upon for some time.

The registered manager said they accepted these findings and said it had been difficult as two key management staff had left suddenly. They said, however, the management was now more settled and the new IT and other systems they had introduced would enable audits and other quality assurance systems to be carried out more frequently on a structured timetable.

We found some records in peoples care plans were not contemporaneous and had been written in disrespectful language.

The quality manager talked us through a new IT dashboard system which was being piloted and was about to go live. They said this would structure and identify when staff training spot checks, supervisions and training was due.

We found some records were not adequately maintained and some systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.

This is a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the minutes of staff meetings which had been held in the last two months. The minutes showed there were general discussions about people's care and support, working conditions and forthcoming training. This helped to ensure good communication at the service.

We reviewed some of the registered provider's policies and procedures and saw these were updated on a regular basis to ensure they reflected current legislation. Staff told us policies and procedures were available for them to read and were incorporated into their staff handbook.

People receiving support we spoke with said they had recently been asked to complete a satisfaction survey. People were asked a number of questions. These included asking if the care staff arrived at the specified time, if tasks were carried out properly and professionally and whether staff had been respectful during their visits. We noted the responses received were 'mixed.' Some positive others not so. We did see evidence where concerns been raised in the surveys, these had been or were being followed up by the registered manager and action taken to rectify some of the concerns.

We saw the registered manager had a process in place to ensure notifiable incidents were reported to CQC. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager said they had an oversight of all incidents and reviewed these on a regular basis with referrals and notifications passed on to relevant organisations where required.

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 Some records were not adequately maintained .Systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not sufficiently skilled and competent as is necessary to enable them to carry out the duties they are employed to perform.