

Quality support solutions Limited

# Quality Support Solutions Limited

## 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

This inspection of Quality Support Solutions took place on 04,05 and 07 December 2018 and was announced. The service was last inspected in February 2016 and the rating at the last inspection was Good.

Quality Support Solutions is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people, younger adults, people living with a physical disability, people living with a sensory impairment and people living with learning disabilities or autistic spectrum disorder. People using the service were all being supported with the regulated activity which the service was registered to provide.

There were 19 people using the service when we completed the inspection. There was a registered manager employed at the service. 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.

The service was last inspected in February 2016 and the rating at the last inspection was Good. At this inspection the rating has deteriorated to Requires Improvement.

We found that the service was not always safe. Risk assessments for some people were not detailed and did not explain how to reduce risks. Known risks were not always documented in people's care plans.

The current rota system meant that there was no way of effectively monitoring whether staff were arriving for calls at the correct time or staying for the entire call duration. People told us about calls that had been missed or late however these had not been picked up by the current rota system.

Staff members had necessary checks completed before starting employment including a disclosure and barring services (DBS) check.

People were not always supported safely to take medicines. Some people were prescribed as and when required (PRN) medicines however the protocols for these were often not clear as to when or how medicines should be administered. Staff members did not receive regular competency checks to ensure that they were able to support people with medicines safely. Monitoring of medication stock and administration records were not effective.

There were systems and processes in place to protect people from harm or abuse.

The service was effective although some improvements were needed. Some staff members had not received regular training in some areas of their job roles. Staff members did not receive regular supervisions or observations of practice to ensure that they were performing their job roles.

People were supported to maintain their health and well-being. The service worked with and referred people to other health and social care professionals to support people's wellbeing. People were supported with their dietary needs where needed.

Consent to care and treatment was obtained from people and people were supported in line with the principles of the Mental Capacity Act (2005).

People were positive about the care and support that they received from staff members. There were systems in place to ensure that people's privacy and dignity were respected and that people had the opportunity to remain as independent as possible and make choices about their care and support.

People were supported with kindness and respect and staff members. People and those important to them had been involved in making decisions about their support as much as possible.

People received care that was responsive to their needs. However, the service was not always responsive as changes to people's care was not always documented thoroughly. People's care plans were task-orientated and there was little information about people's preferences, likes and dislikes in their care plans.

Assessments completed for people before they started using the service were task orientated and did not go in to detail about people's preferences with regards to the support they received.

People's complaints and comments about the service were not always documented or responded to appropriately. People's concerns had not been picked up in quality audits and late calls had not been monitored or noted within the current rota monitoring systems.

Quality monitoring and the recording of records were not operating effectively which meant that the provider is in breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated activities) Regulations 2014. Good governance.

Rota monitoring systems were not effective at monitoring whether peoples care calls were happening on time or whether people were staying at care calls for the full duration of the time.

Quality monitoring and assurance systems were not completed regularly. Where audits were completed they did not identify issues in the service and actions were not taken to continually improve the service. Feedback collected from people who use the service was not always used to improve the quality of the service.

The provider worked with other organisations such as the local authority and we saw that action plans were produced following these visits. However we saw that these were not monitored and actions were not completed in the timeframes that the provider had set themselves.

Feedback about the registered manager from people and staff members was positive. The registered manager had a passion for supporting people in a caring manner and wanted to improve the service going forward.

## 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 provider did not have effective systems in place to ensure that people were receiving their care visits on time and for the correct duration.

People's as and when required (PRN) medicines did not have clear protocols in place so staff members did not have clear instructions to support people with these medicines.

Risk assessments were not always effective at reducing risks.

The service monitored safeguarding incidents and protected people from harm and abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Some staff did not receive regular training in key areas of supporting people.

Some staff did not receive regular supervisions or competency observations to ensure that good practice was being consistently followed.

People were supported to access health care and appointments.

People were supported in line with the Mental Capacity Act (2005).

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with kindness and compassion and the registered manager and staff team had a good understanding of how to support people.

People were involved in the development of their care and support plans.

**Good** ●

People's privacy and dignity were respected and people were supported to be as independent as possible in their lives.

### **Is the service responsive?**

The service was not always responsive.

People's preferences, likes and dislikes were not always recorded thoroughly and shared with staff members supporting people.

Peoples care plans gave information about how to support people with tasks however were not very person centred and did not detailed peoples likes, dislikes and preferences.

Complaints and concerns were not always recorded and dealt with effectively.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The registered manager did not have effective systems and audits in place to monitor the quality of the service. Actions to improve the service were not identified.

The registered manager did not have an effective way of monitoring whether people's care visits were supplied on time or for the correct duration. Current auditing systems did not pick up on current issues happening at the service.

Feedback collected from people was not always used to effectively implement improvements in the service.

Quality monitoring and the recording of records were not operating effectively which meant that the provider is in breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated activities) Regulations 2014. Good governance.

People and staff were positive about the registered manager and the registered manager showed a willingness to care and support people and to improve the service.

**Requires Improvement** ●

# Quality Support Solutions 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.

This inspection took place on 04, 05 and 07 December 2018 and was announced. We gave the service four working days' notice of this inspection as the service is small and we needed to ensure that the registered manager was available for the inspection. We visited the office location on 04 December 2018 to speak to the registered manager and staff working at the service and to review care records and policies and procedures. This visit was carried out by two adult social care inspectors.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the provider. Notifications are when registered providers send us information about changes events or incidents that occur at the service. The registered manager also submitted a provider information return (PIR) prior to the inspection. We requested this document which the registered manager used to record information to evidence how they were meeting the five key questions, which we inspect against, and how they were supporting people who use the service.

We spoke to four people who use the service and the relatives of three people who used the service. When we visited the office we spoke to the registered manager, two senior care staff and three care staff. We also spent some time reviewing records at the service. We looked at three plans of three people who used the service, staff files for three members of staff and staff rotas and policies and procedures at the service around safeguarding, medication, fire and health and safety. We looked at quality monitoring audits, minutes from team meetings and meetings with other professionals and documents which supported the training which staff members had received.

# Is the service safe?

## Our findings

The service was not always safe. We saw that risks to people had not always been assessed fully and on some occasions risk assessments were not completed fully when risks were known. People had risk assessments in place for areas such as epilepsy management, manual handling, eating and drinking and for personal care.

We saw that one person had a risk assessment in place for falls however this only explained what to do after the person had fallen and not how to prevent the falls from happening. We found that some risk assessments told staff members to use 'their own judgment' when it came to supporting people. We saw this in risk assessments for mobility and medication. This meant that staff members did not have specific guidance to follow when supporting people. We saw that risk assessments had been reviewed regularly however these issues had not been picked up in the review process.

The registered manager told us that staffing was a challenge as there were high staff sickness levels and it was difficult to recruit. The registered manager completed many direct care calls for people during the week because of this. They told us, "I have to make sure that everyone is safe." One senior member of staff told us "When there is a full staff team it all works well but when staff are sick it is more difficult."

The registered manager told us that rotas and staffing was consistent, however this was not the feedback we received. One person told us when staffing sickness had been high, their visits had been late. This was not shown in audits of rotas or daily notes. One relative of a person told us that a person needed two carers for support, however there were occasions when only one carer arrived. On these occasions the relative would help the one staff member support the person. The relative told us that the carers were not happy about this and had told the manager. Another relative told us that their family member had missed a call recently due to staff sickness. This had not been picked up in auditing or by the current rota management system.

The registered manager showed us the current rota management system which they completed by hand. There were changes to people's call times and the registered manager explained that these were people's choices and that they knew about them. However these requests were not recorded and there was no evidence of this being discussed with people.

The registered manager had introduced an electronic monitoring system and were starting to use at the service although they told us that the system was only working properly for some staff. For the staff that the system was working for we saw that it was a more effective method of monitoring visit times and durations.

The registered manager informed us that people would let the office know if staff did not attend for their visits. They also told us that they completed audits of daily notes to ensure that visits were attended on time. We reviewed these audits and saw that staff members had signed in and out of visits at exactly the same time on a daily basis every month. This was not in line with what the new electronic system was picking up on. Despite this the audits had always been signed off with 'no issues'. The registered manager acknowledged that with the current rota management system it was not possible to identify the exact time

staff members arrived for visits or how long they stayed for.

However people told us that they were satisfied with the care that they received. They said, "I have used them for two years and they are always on time apart from traffic," And, "They sometimes run a little late but they never let us down and never miss a call." One staff member told us, "Sometimes I run a little late but I never cut a person short. I work later and explain to people why I am late. It is never more than ten to fifteen minutes late."

We saw that staff had the necessary checks completed before they started working at the service including a Disclosure and Barring Services (DBS) check. A DBS check is a process in which staff members backgrounds are checked to ensure that they are suitable to work in a care and support role. We also saw that references had been obtained before staff members started working at the service. Some staff files we showed that some gaps in staff employment history had not been identified or discussed before staff started working at the service. The registered manager rectified this following our visit.

Staff supported some people with medicines. We saw that people had medication risk assessments in place. The PIR stated that stock checks would also be implemented for people's medicines however this was not yet in place. The registered manager told us that they completed audits of daily notes and medication administration records (MAR's) monthly and also checked the stock of medication whilst completing care calls.

We saw that some people were prescribed 'as and when required' (PRN) medicines. We saw that people had PRN protocols in place which detailed when to support a person with these medicines. Some of these did not give details as to when or how to administer the medicines. We also saw one PRN protocol which told staff to 'use their own judgement' when supporting a person with the medicines. This meant that staff were not clear on when to administer PRN medicines. We saw that on one occasion a PRN medicine had not been administered and the reason had been recorded as 'no medicine'. The registered manager told us they were unable to confirm whether this meant that there was no medicine available or whether there was no medicine given. This had not been picked up in the audits of the MAR charts.

Staff had a good understanding of how to support people with medicines. One staff member told us "Wash hands, wear gloves, check the MAR sheet, right person, right dose, sign it off as given on the MAR. I would call the GP or manager if I had any concerns." However, we saw that not all staff received regular medication training. We also saw that regular competencies (checks) were not completed to ensure that staff members were still safely administering medicines to people.

The registered manager had put systems and processes in place to safeguard people using the service from abuse. We saw a safeguarding policy in place with a flow chart detailing how to report suspected or actual abuse. The registered manager told us "We have a policy in place and staff contact me straight away with any concerns." One staff member told us they "report it to the manager or higher up if the manager is not about. If there is a problem you make sure you phone it through and record everything." The registered manager showed us that when a safeguarding concern arose it was recorded and monitored along with any actions that needed to be taken.

We saw that there were very few accidents and near misses recorded. Those that were had been investigated thoroughly and clear actions had been put in place to prevent something happening again. For example, we saw that one person had a fall and following this staff had completed a risk assessment for the person.

## Is the service effective?

### Our findings

The service was not always effective. We saw evidence that staff had completed training identified on a training matrix. We saw that staff members attended training in relevant areas, however some staff members had not had training in some areas refreshed for a long time. For example, one member of staff had last received training in safeguarding in 2015 and another staff member had not received medication training since 2015. We also saw that not all staff received training in areas such as pressure ulcer care, supporting people with dementia or the Mental Capacity Act (MCA).

Staff told us that they received training in subjects such as epilepsy, safeguarding, manual handling, first aid, mental capacity and health and safety. We also saw that the registered manager had sourced catheter care training for the staff members who supported the person. People and their relatives were positive about how well-trained staff members were. One person told us "They are well trained as far as I know." A staff member told us "We have lots of training. A lot of it is online but we do some face to face."

The registered manager explained that they were in the process of updating the training matrix using colour codes so that they would be able to identify any gaps in training easily in the future.

Staff told us about the induction they received when they started working at the service. One staff member told us, "My induction had lots of shadowing. It was very hands on and I got lots of time to look through the care plans." We saw evidence of induction being completed in staff's files.

We saw that staff members were supported to complete the care certificate on starting work at the service. Staff undertook and were completing the Skills for Care 'Care Certificate' or an equivalent robust induction programme where they did not have previous care experience. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. The registered manager told us that they would be arranging some time for staff members to complete the care certificate.

Staff received supervision from the registered manager and senior staff, however we saw that this was not consistent. One staff member told us, "I do have supervision. They are supposed to be every couple of months but my last one was my second one." This person had worked for the service for over a year. A senior member of staff told us that, "Supervisions are supposed to be every six weeks but it does slide."

Staff members did not receive supervision in line with the services policy and procedure. The policy stated that supervision should take place every six weeks and we saw that this was not the case. This meant that staff were not receiving the opportunity to discuss their ongoing training and support needs on a regular basis. We also saw that competency assessments for areas such as medication and moving and handling were not completed for staff members. This meant that staff members were not regularly assessed in key areas of their jobs. A senior staff member told us "If people need any support me or Paula are at the end of the phone."

People were supported to eat and drink. There was detailed information about how to support people in their care plans. People told us that they were supported to eat what they want. One staff member told us, "I make sure I check that the food is in date but otherwise (person) can eat what they want." We saw that one person had a risk assessment which showed staff how to support the person to eat whilst still ensuring that the person was left alone at meal times (as was their wish).

The registered manager told us that they worked with other professionals such as social workers and occupational therapists and district nurses. The registered manager also told us that they attended regular meetings and workshops around areas such as continence care, sharing of information and supporting people to access hospital. The registered manager told us that they had not implemented anything from these events in to the services practices at the present time but would look to do this in the future.

Staff told us that they supported people to organise and access health appointments. One staff member told us, "We talk to them about health appointments, that are coming up and let them know what the benefits of going to them are." A relative of a person told us, "I know they support (person) with health care. One member of staff phoned me up this morning to let me know about (person) health and what was being done to resolve this." We saw one member of staff take appropriate action to support a person to contact the GP.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People felt that they were able to make choices. One person told us "They always ask me if they can do what they need to do even if they don't have to." A relative of a person told us "They understand that (person) has his own mind and they respect that." Staff had a good understanding of the MCA and its principles. One staff member told us "Everyone has capacity unless deemed otherwise. They are able to make their own choices and we can guide them but not make the choices for them."

The registered manager explained that at present there were no capacity assessments in place for people as everyone had capacity to make their own decisions. The registered manager told us that if the need ever arises, they would seek support to ensure that the service adheres to the principles of the MCA. We saw evidence in people's care plans that consent had been obtained from people for care to be provided to them and also for photographs to be used to advertise the service.

## Is the service caring?

### Our findings

People told us that they received a caring and friendly service from staff supporting them. People's comments included "They are very nice people. There is constant conversation and they are very friendly." Another person told us, "They always go the extra mile and do what needs to be done." Another person told us, "They know when I am feeling down. They offer companionship as well as well-being." A relative of a person told us, "The staff are absolutely fantastic. If they say something will happen then it will happen."

The registered manager and the staff team were passionate about providing a caring service for people. The registered manager told us, "Our staff spend a lot of time with people. They may be the only person they see all day so it is important that the person is comfortable with the service they are receiving." One staff member told us, "We try and be like an extended member of the person's family." Throughout the inspection we observed the registered manager speaking with people in a kind and reassuring manner, asking what people were doing during the day and listening to them patiently.

We reviewed people's care plans and daily notes and found that positive language was used to explain how to support people and promote their dignity and independence. For example, one care plan detailed exactly how a person liked to be supported with personal care, down to the size of the towel they used. Care plans we reviewed gave a good overview of how to support people with their daily needs and support tasks.

People were able to express their views and be involved in their care. One person told us, "I make the decisions about what I need and they follow it through." Another person told us, "I wrote my care plan with the staff and I recently had a review. I let them know what I want." Relatives of people gave similar feedback on being involved in people's care. They told us, "Myself and my wife contribute to the care planning." Another relative of a person told us, "They are very attentive to our relative's needs. They always have a chat."

The registered manager told us how they supported people to express their views, "I get people's views from the assessment and care plan reviews and in general conversation. I am very open to people." Staff members had a good understanding of how to involve people in their care and support. One staff member told us, "Once you start talking to the person you find out what they want and their interests." Another staff member told us "You know how to talk to people once you get to know them."

People were supported to do as much as they could independently. One person told us that they administer their own medicines and how important this was to them. A relative of a person told us that staff were very patient with their relative allowing the person to mobilise by themselves, even though the person now took time to do this. The registered manager told us, "You can always work with people to improve their independence." Staff members had a good understanding of how to promote people to be independent. Staff members told us "I enjoy building rapport and trust with people so that they can let you know what they want. It's great to know that people can achieve things they wouldn't be able to do otherwise." Another staff member told us "We allow people to do as much as they can themselves. We always let people try and then offer support."

People told us that their privacy and dignity was respected. One person told us " If I wanted to talk to them (staff) then I would but often I am happy for them to let me be and they respect that. They just get on with the job and leave me to it." We saw from people's care plans and records of visits that staff promoted privacy and dignity. For example one care plan stated " Person likes to eat their meals alone at the table and staff should wait in the other room."

## Is the service responsive?

### Our findings

The service was not always responsive. We observed that when people's care needs changed information was not always recorded appropriately. For example, we saw that one person had a risk assessment in place for falls, following a fall they had, however this was not referred to in the person's care plan. The person's care plan still stated 'no risk of falls' in the mobility section of the care plan. We saw that people's care plans gave good information around how to support people with the tasks that needed to be completed during the visit to the person. However, sections around people's past history, emotional and psychological and intellectual needs were very brief or in some cases not completed.

Assessments were completed before people began using the service. These assessments covered areas such as how to support people on care calls, supporting people with medicines and a person's likes, dislikes and preferences. Some assessments we reviewed were not completed thoroughly and some sections were not filled in at all. Assessment we looked at contained very little information around people's likes, dislikes and preferences.

The registered manager told us that they asked people for preferences around the staff that supported them with regards to gender, age and the personality of people supporting them. Although the registered manager told us that these preferences were discussed they were not recorded in people's care plans. This meant that some staff members may not know what people's preferences were.

We saw several examples of care plans and risk assessments being updated because of a change to a person's care needs. For example, one person had started to live with dementia and the care plan had been updated to ensure that staff members attended calls earlier. Another person had a fall and a falls risk assessment was then put in place for the person. We saw that another person had recently needed to start using a catheter and there was, together with training, a detailed care plan providing guidance for staff about caring for this.

People's care was reviewed regularly and they were involved in these reviews. One person told us, "They ask me if I need anything changed." Relatives of people were positive that people's care and support was changed when it needed to be. One relative told us, "We are having discussions at the moment to change (person's) call time. The service is being very supportive and very accommodating."

The registered manager had a complaints and compliments policy and procedure in place, which was available in an accessible format for people who use the service. We saw that there were a lot of compliments recorded from people who use the service.

We received mixed feedback with regards to how complaints were dealt with. One person told us "If I have a problem then I will raise it. I had a complaint once and it was sorted out really quickly." One person had made a complaint about a staff member and was no longer receiving support from them.

However, a relative of one person explained that they had let the registered manager know about an issue however there had been no response to this and there was no record of this in the complaints and compliments log. Another person told us that they had been asking for the way they were charged for using the service to be changed so that this had not happened yet despite them asking the registered manager on a number of occasions.

There were very few complaints recorded in the complaints log, and although concerns had been raised in other ways, these were not recorded. For example, in a visit that the registered manager had made to a person they had mentioned that visits had been late on two occasions. There was no record of this in the complaints log and no actions recorded to resolve the comment made by the person about the late visits. Not all complaints or comments had been recorded, investigated and responded to in an appropriate timescale. Outcomes and actions were not recorded or monitored in these cases.

We saw that one person had an end of life plan in place. The registered manager told us that they had not yet discussed this with people who use the service. The service did not have a policy in place for supporting people at end of life and staff members had not received training in this area. The registered manager told us that they would look in to this in the near future.

## Is the service well-led?

### Our findings

The service was not always well-led. There was a registered manager in post who was also the registered provider.

When we spoke to people who use the service and reviewed records of discussions with people we found that some visits were not received on time. One person did not always receive two staff members for their visit. This was not picked up in audits of the rotas.

The registered manager did not have an effective way of monitoring whether visits were made on time or for the correct duration. The registered manager told us that they knew if visits were late by auditing daily notes for people every four to six weeks however audits of daily notes were not effective. They did not capture the times which staff members arrived for a visit or how long they stayed for. The daily notes recorded that staff always arrived and left at exactly the same time every day. This was not the case when we reviewed records from the electronic system which had been in place for two weeks which showed a variance between the times that staff members arrived for visits.

Audits of the daily notes stated 'no concerns', however we discussed that there were concerns using this system as there was no way to monitor if visits were missed or late. We found that one person had a visit from the registered manager to discuss their views on the service and that two late visits had been discussed. This was not recorded on any audit of the daily notes as the daily notes stated that staff always arrived on time. No actions to resolve this had been recorded.

The registered manager told us that they completed spot checks of staff to ensure visit times were being met, although they also told us that they had not been able to do this for some time. We found that no spot checks had been completed since September 2016. The registered manager told us, "I do ask people if there are problems with the care staff not turning up. I am very approachable." However, this was not an effective manner of noting when visits might be late or missed as information would only be gathered after it had happened.

We saw that audits were not effective at monitoring the quality of the service and were not completed frequently enough. A staff DBS checklist was not fully completed and a staff file audit had only been completed for a small number of the staff team in January 2018.

We saw a supervision monitoring audit however this only audited supervisions from September 2018 onwards. We reviewed staff files and saw that staff members were not receiving supervisions in line with the services policy on supervision and appraisals, however we did not see how this was being monitored or audited. We also saw that staff member's competencies were not being assessed regularly for tasks such as medication. By not completing spot checks, supervisions, appraisals or competency checks regularly meant that the registered manager could not be sure of the quality of the care that was being provided to people.

We looked at an audit of care plans. This was very hard to understand and did not detail when care plans

and risk assessments were due to be looked at or what had been looked at during the process. There were no notes or actions made on the audit so we could not be sure that these audits effectively reviewed the documentation. We saw that more effective quality audits which identified actions and improvements made to care plans had been completed in 2016, however this had not continued since this date.

The registered manager showed us a quality schedule which involved a visit or a telephone call to people who use the service. We found that this had not been completed for everyone who used the service. The registered manager explained to us that this involved a spot check to ensure that calls were made on time. We saw no evidence of this and saw that the visits were to collect feedback from people. We saw that these visits recorded very basic information and were not completed regularly.

We asked the registered manager if they completed any other audits and they told us that they sometimes wrote what needs to be updated on scraps of paper. The registered manager was unable to show us these. They told us "Recruitment and working on direct care calls does cut in to office time." We saw that the registered manager was spending a lot of their working week providing care to people.

The registered manager collected feedback from people. We saw a survey completed in 2017. However, the only actions were to 'contact people to discuss' and it was unclear as to whether this was then completed. There was no record of what had happened once the person had been contacted. We saw that some people were asked for feedback from the registered manager throughout the year. People had identified times when calls had been late or missed. There were no actions from these meetings recorded and not all people had been contacted to give feedback throughout the year.

Senior staff and staff members told us that they communicated through a closed group on social media. One senior staff member told us "We do have team meetings but they don't happen too often due to care commitments." We saw that team meeting did take place but that they did not happen regularly. The last team meeting was in March 2018 and the last senior team meeting was in July 2018. There were no recorded actions from these meetings.

We saw records of a visit that had been completed by the local authority, which had recommended some actions to help the service improve. The registered manager told us that because of this visit they had reviewed the way that consent was noted in care plans. We saw that this audit also noted that some staff training was out of date and that the service needed to ensure that regular spot checks and supervisions were completed with staff members. The registered manager had noted that this would be completed by the end of March 2018. However, from evidence that we saw we could see that this was not the case as some staff members were still out of date with training and regular supervision and spot checks had not been completed.

Quality monitoring and the recording of records were not operating effectively which meant that the provider is in breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated activities) Regulations 2014. Good governance.

The registered manager told us her vision for the service. "To provide quality care and support." This vision was shared between the senior and staff team. One staff member told us, "Respect people all of the time and give good quality care."

Staff were aware of their responsibilities. One senior staff told us, "I am responsible for rotas, updating care plans, meeting people's needs, covering calls and reviewing peoples care needs." One staff member told us, "I am responsible for the safety and wellbeing of the people I visit."

People were positive about the registered manager and told us that they felt they were approachable. One person told us, "They are very good at their job. They come and see me sometimes." The registered manager told us, "People call or ring me all of the time. I am very hands on and like to be available for people."

Staff members were also very positive about the registered manager. One staff member told us, "(Registered Manager) is lovely and they listen. I have worked with her directly." Another staff member told us, "It is great that the manager comes out and does care calls. They do not expect anyone to do anything that they would not do themselves."

The registered manager told us that she received support from the other director of the service and the senior staff members. The registered manager was passionate about the service they provided to people and showed a commitment to wanting to improve 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  Quality monitoring and the recording of records were not operating effectively to continuously assess, monitor and improve the quality of the service.