

Select Community Support-Services Ltd

Select Community Support

Inspection report

Hamilton Davis House
117c Liverpool Road
Cadishead
Manchester
M44 5BG

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Tel: 01617757330

Website: www.selectcommunitysupport.com

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection carried out on 23 March 2016. We also contacted people and their relatives via telephone interviews on 24 March 2016 to obtain their views on the quality of services provided.

Select Community Support 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 Cadishead, Salford. Services are currently provided to people residing in the Salford and Warrington areas.

There was a registered manager in place. 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 registered manager was present through the inspection.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

As part of the inspection, we looked at a sample of ten care files to see how the service managed risk. Services must do all that is reasonably practicable to mitigate risk and follow good practice guidance to keep people safe. We looked at risk assessments, which provided guidance to staff and included moving and handling, malnutrition and dehydration, falls, pressure sores and domestic property risk assessments. However, risk assessments were limited and inconsistent. In one care file we looked at, we saw that no risk assessments had been undertaken or considered by the service. We saw no documented evidence to indicate that any of the risk assessments had been regularly reviewed by the service since the initial assessment. We spoke to the registered manager who stated immediate action would be undertaken to address these issues.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Safe Care and Treatment. This was because the service could not demonstrate it was doing all that was reasonably practicable to mitigate risks relating to the health, safety and welfare of people who used the service.

Whilst staff confirmed that they received a significant amount of 'hands on supervision,' we found limited documentation within staff files to confirm that both formal supervision and appraisals had been undertaken. Even though dates of when direct observation and discussions had been recorded, these were not supported with any written records. Though we saw some evidence of formal supervision having been undertaken, it was not consistent with the service policy.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014, in respect of staffing. The service has failed to demonstrate appropriate support, supervision and appraisal for staff undertaking their role.

We found that the service undertook a limited number of audits and checks to monitor the quality of service provision. Where checks of medication and checks of staff competency were undertaken, no records were maintained. We found that no auditing of care files was undertaken to review the quality of the content. No training needs analysis was undertaken and training records did not accurately reflect staffs' training record at the time our inspection, though the service responded to these concerns during our visit. We found no evidence of any staff meetings having been undertaken.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service failed to assess and monitor the quality of service provision effectively.

During our inspection, we checked to see how the service protected people against abuse. We found suitable safeguarding and whistleblowing procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We found that records supporting and evidencing the safe administration were complete and accurate in people's homes.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. People we spoke with told us they normally had the same members of staff to support them who were generally on time and very rarely late.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people, their relatives and from reviewing care files.

People confirmed they were able make choices about their care, such as the times of calls, what to eat and how their personal care was delivered.

Without exception, people who used the service or their relatives told us how caring, kind and professional staff were when undertaking their duties.

People told us they, or their family members were treated with respect and dignity and that staff were always courteous.

People and relatives we spoke with told us they were involved in determining the care and support they or their relative received on an on-going basis with the registered manager. People recalled involvement when care was reviewed and felt they were listened to by the service.

People and relatives told us they felt the care and support they received was person centred and responsive to their needs.

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. People we spoke with knew how to make a complaint, but they had never had cause to. Without exception they felt confident that any issues raised would be dealt with appropriately by the manager.

We looked at a sample of ten care files to understand how the service delivered personalised care that was responsive to people's needs. Care files contained details such as personal information and a service user profile, which included likes and dislikes. Staff were provided with clear instruction in respect of the care and support to be delivered for each person.

Each person we spoke with told us that they believed the service was well run and singled out the registered manager for their leadership and responsibility for the compassionate culture that existed within the organisation.

Staff told us that the manager was very approachable and that they all felt valued and listened to.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. Risk assessments were limited and inconsistent. In one care file we looked at, we saw that no risk assessments had been undertaken or considered by the service.

We found suitable safeguarding and whistleblowing procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We found that records supporting and evidencing the safe administration were complete and accurate in people's homes.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective. We found limited documentation within staff files to confirm that both formal supervision and appraisals had been undertaken.

Staff we spoke with confirmed they received training both at induction and then annually through refresher training.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative.

Requires Improvement ●

Is the service caring?

The service was caring. Without exception, people who used the service or their relatives told us how caring, kind and professional staff were when undertaking their duties.

People told us that they, or their family members were treated with respect and dignity and that staff were always courteous.

People and relatives we spoke with told us they were involved in determining the care and support they or their relative received on an on-going basis with the registered manager.

Good ●

Is the service responsive?

Good ●

The service was responsive. People and relatives told us they felt the care and support they received was person centred and responsive to their needs.

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. People we spoke to knew how to make a complaint, but they had never had cause to. Without exception they felt confident that any issues raised would be dealt with appropriately by the manager.

We looked at a sample of ten care files to understand how the service delivered personalised care that was responsive to people's needs. Care files contained details such as personal information and a service user profile, which included likes and dislikes.

Is the service well-led?

Not all aspects of the service were well-led. We found that the service undertook a limited number of audits and checks to monitor the quality of service provision.

Each person we spoke with told us that they believed the service was well run and singled out the registered manager for their leadership and responsibility for the compassionate culture that existed within the organisation.

Staff told us that the manager was very approachable and that they all felt valued and listened to.

Requires Improvement ●

Select Community Support

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 checked 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 23 March 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their Salford office to facilitate our inspection. We also contacted people via the phone on the 24 March 2016 to obtain their view of the services provided. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

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 they plan to make. We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. We also liaised with social services and commissioning services from both Salford and Warrington local authorities.

At the time of our inspection there were 38 people living in the Salford and Warrington areas who used the service. The service employed 26 members of staff, which included an office administrator. During the inspection, we spent time at the office and looked at various documentation including care plans and staff personnel files.

We spent time visiting five people who used the service in their own homes to ask them and their relatives about the service they received and to review records kept at the home. In total we spoke to 15 people about the service, which included people who used the service or their relatives and friends. We also spent time speaking to 9 members of staff, which included six members of care staff, one senior member of care staff, the office administrator and the registered manager.

Is the service safe?

Our findings

During the inspection we asked people and their relatives whether they trusted and felt safe with the staff that came into their home to support them. One person who used the service told us, "I think it is a great service and I would be lost without them. The girls are great." Another person who used the service said "They are excellent, they are so good. Staff are nice and the manager is excellent." Other comments from people who used the service included, "I've been using them for four years. I feel they offer me a very personalised service." "They are all very good, they do everything I want, I couldn't ask for more."

One relative we spoke to told us, "I can't fault them. I can't think of any issues, could have given you plenty with the last provider." Another relative said "I have no concerns about the service. We have had other services who were awful, so I speak from experience. I have recommended them on several occasions." Other comments from relatives included, "It all sounds too good to be true, but in the past I have been pulling my hair out with other agencies. They are fantastic and we would hate to have to go elsewhere."

As part of the inspection, we looked at a sample of ten care files to see how the service managed risk. Services must do all that is reasonably practicable to mitigate risk and follow good practice guidance to keep people safe. We looked at risk assessments, which provided guidance to staff and included moving and handling, malnutrition and dehydration, falls, pressure sores and domestic property risk assessments. However, risk assessments were limited and inconsistent. In one care file we looked at, we saw that no risk assessments had been undertaken or considered by the service. We saw no documented evidence to indicate that any of the risk assessments had been regularly reviewed by the service since the initial assessment. We spoke to the registered manager who stated immediate action would be undertaken to address these issues.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Safe Care and Treatment. This was because the service could not demonstrate it was doing all that was reasonably practicable to mitigate risks relating to the health, safety and welfare of people who used the service.

We reviewed a sample of five recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history and suitable means of identification such as driving licenses and passports. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. This meant staff were safe to care for vulnerable adults.

During our inspection, we checked to see how the service protected people against abuse. We found suitable safeguarding and whistleblowing procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service safeguarding adult's policy and saw how the service managed safeguarding concerns. We found that all staff had completed initial training in safeguarding vulnerable adults with refresher training scheduled. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe what

action they would take if they had any suspicions. Staff also told us the registered manager insisted on an open and transparent culture within the organisation.

One member of staff told us, "With any safeguarding, if I suspected family members I would report to the manager. If I suspected the registered manager or staff I would also report to social services of the Care Quality Commission (CQC). I am very confident the manager would deal with things appropriately." Another member of staff said "With any form of abuse, the first person I would report it to would be the manager. If I suspected the manager then I would report to social services and CQC. I would document my concerns. There is an open culture here, you can raise any issues with the manager who is very approachable." Other comments from staff included, "Any safeguarding concerns I would report directly to the manager, who I'm confident would take the appropriate action."

People we spoke with, who were administered medication by staff told us their medication was administered or supervised on time and appropriately. We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe, such as policy and training. We found that records supporting and evidencing the safe administration were complete and accurate in people's homes.

We found that where medication was administered by the service, written consent had been obtained from the person who used the service or their representative. One person who used the service told us, "At night time they put me to bed and give me my medication on time. I have no concerns." Staff we spoke with confirmed they had received medication training, which were verified by looking at training records.

Though the registered manager confirmed that they regularly checked and audited medication administration records each time they visited a client's home, they confirmed that no records were maintained of these checks. The manager assured us that a system of recording such checks would be immediately implemented.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. People we spoke with told us they normally had the same members of staff to support them who were generally on time and very rarely late. Comments from people who used the service and relatives included, "The care staff are rarely late and never had a missed call." "They come on time and look after my mum well." "They are very punctual, they are great." They were late once, but rang to say they were delayed. They communicate very well." "They are never late, unless there was traffic or unforeseen circumstances. They are very good. I mainly have three care staff, always the same ones." I am more than happy with them and would recommend them." "Occasionally late, but not very often and not by much. I can't do anything without them." "It is very good at time keeping. They are very good and efficient." "Never late, they are great. Always ring if there are any concerns. They are always here on time."

Is the service effective?

Our findings

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We found all new members of staff underwent an induction programme. Staff we spoke with confirmed they received training both at induction and then annually through refresher training.

One member of staff told us, "My induction consisted of two weeks at a Business Training Centre, where we covered medication, person centred care, First Aid, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), safeguarding and food hygiene. I then undertook a period of shadowing more experienced staff. Since then I have done further medication, death and bereavement and food hygiene. I feel I do have adequate training and I was very impressed with my induction." Another member of staff said "In my induction, I did two weeks provided by the Local Authority and did moving and handling, safeguarding, First Aid, Health and Safety and nutrition. After that I shadowed for two weeks before I started working on my own. I felt the training was good and made me feel confident."

Other comments from staff included, "Since starting I have covered moving and handling, safeguarding, medication and dementia. I have completed National Vocational Qualifications (NVQ) at level two and three." "I have had plenty of training since joining and my training is up to date." "I'm currently in training and shadowing. I have completed medication, safeguarding, infection control and First Aid. It's brilliant company."

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Without exception, all staff confirmed that they received regular personal supervision and support from the manager. We looked at a Staff Support Matrix, that recorded details of when staff were subject of 'direct observation and discussions' with the registered manager. One member of staff told us, "The manager is always available to advise." Another member of staff said "I'm in contact with the manager all the time and she is always available for advice."

Whilst staff confirmed that they received a significant amount of 'hands on supervision,' we found limited documentation within staff files to confirm that both formal supervision and appraisals had been undertaken. Even though dates of when direct observation and discussions had been recorded, these were not supported with any written records. Comments from staff included, "I don't think I have formal supervision, but the manager is always available and is a brilliant boss." "I don't have formal supervision, but I work with the manager often so I get a lot of personal supervision and she watches what I do." "I have informal supervision and the manager rings me often and I'm able to report directly. I don't have actual one to ones, but she is always available."

Though we saw some evidence of formal supervision having been undertaken, it was not consistent with the service policy, which stated 'The aim will be to have one to one supervision from a senior member of staff at least six-monthly (in addition to the annual performance appraisal) and each session will be

planned/scheduled no less than one month in advance.' We spoke to the registered manager who acknowledged these concerns and assured us immediate steps would be taken to address this matter.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of staffing. The service has failed to demonstrate appropriate support, supervision and appraisal for staff undertaking their role.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Most staff we spoke with confirmed they had previously received training in MCA, and were able to explain the principals of the legislation. We were able to confirm with the service that training in the MCA had been scheduled for all staff.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people, their relatives and from reviewing care files. One relative said to us, "They always seek consent from my relative before they do anything and know how to encourage them". A person who used the service told us, "They always make sure they have my consent before doing anything."

Is the service caring?

Our findings

Without exception, people who used the service or their relatives told us how caring, kind and professional staff were when undertaking their duties. Comments from people who used the service included, "The staff are very caring, genuine and I'm very happy. If I have anything else that needs doing, they will always help and go out of their way to be helpful." "No concerns, they are fantastic." They always do extra if I need it." "I would recommend them, yes most definitely. They are efficient and good. They get on with things, compared to others they are absolutely brilliant." "I'm really satisfied with the care and support I receive and have absolutely no concerns." They are very kind and lovely. They would do anything for me."

Comments from relatives included, "We have an excellent relationship with care staff, who are wonderful." "They never come in without a chat with my mother first. They are always friendly. Occasionally, I ask them to do some extra bits, which they always do without a problem and always clear up afterwards." "Some are very chatty when supporting my relative. They are willing and lovely. I like the manager very much indeed. She is great." "They have a genuine and caring relationship with my relative." "They are professional and caring and speak to him directly. They always have a laugh and they are lovely to have around." "Staff have empathy and are very kind."

People told us that they, or their family members were treated with respect and dignity and that staff were always courteous. One relative said "They are very respectful of my relative's privacy and dignity. If they take him to the bathroom they will always make sure he is covered up and always make sure doors are closed. They are very good and I would recommend them." A person who used the service said "They are very respectful and mindful of my privacy and dignity always." Other comments included, "When they come in they are always respectful of my dignity and privacy." "I have no concerns in relation to staff respecting my husband's dignity and privacy. They are excellent." "They are very dignified in the manner they support my mother when washing or dressing her. They ensure she is covered up and talk through what they are doing."

We also asked staff how they ensured they maintained people's privacy and dignity. One member of staff said "With personal care, I make sure they are covered up when washing. I always reassure them when using the hoist. If toileting, I will make sure windows and doors are closed." Another member of staff told us, "When giving personal care, it's common sense to make sure they are covered up and I'm always respectful. It's as I would want to be treated. I wouldn't invade anybody's space."

People confirmed they were able to make choices about their care, such as the times of calls, what to eat and how their personal care was delivered. One member of staff told us, "We have some clients who have limited capacity, but I always know from experience when people are not happy. So I leave and come back in a while. Most people can provide verbal consent and are capable of communication and making choices." Another member of staff said "We get plenty of time with our clients and I feel I have really got to know them all. I don't rush and have plenty of time to chat. I encourage them to decide what they want and offer choices to them."

We asked staff how they promoted people's independence. One member of staff told us, "I always

encourage people to wash if they are capable. I also encourage clients to prepare food if they can. It is important for people living at home to be as independent as possible or their confidence drops." Another member of staff said "With promoting independence, I always encourage people to be independent, just as much as they feel able to do like washing, dressing and preparing meals."

People and relatives we spoke with told us they were involved in determining the care and support they or their relative received on an on-going basis with the registered manager. People recalled involvement when care was reviewed and felt they were listened to by the service. Comments from people included, "I do have reviews and sit down and discuss my needs. For example, feeding is now included when it wasn't originally. They noticed and suggested it." "I have often discussed my relative's changing needs with the manager, who is always prepared to listen to any concerns I have." "I am very involved in my relative's care and confident they listen and respect what I have to say." "I'm very involved in my care and they do listen and respond to anything I need." "I'm involved in the care my relative receives and feel listened to. The manager is very efficient and calls quite often to check everything is running smoothly." Though it was clear people were listened to and involved in reviews of care, this was not always clearly recorded in the care files we looked at.

Is the service responsive?

Our findings

People and relatives told us they felt the care and support they received was person centred and responsive to their needs. One relative told us, "Any issues and they are very quick to respond. I can't praise them enough, we would be lost without them." One person who used the service said "If I ring or text they will always get back to me."

Other comments included, "They are genuine and have a caring relationship with my relative. If I have any concerns they are very good at responding to me." "If I ring there is always someone who answers and gets back to me." "I know the manager who works very hard. She is very responsive, listens and reacts to whatever needs doing." "If there was anything wrong with mum, they would contact us. The communication is very good." "When I contact the office I always have a quick response."

We spoke to staff about the volume of calls they were allocated and whether they were provided with enough time to meet the needs of people they supported. Staff told us generally they had the same clients all the time and were given plenty of time between calls to meet people's needs. One member of staff said "My calls are always well spaced out and I'm never rushing. I also help others with sickness and leave. I have no concerns. I'm very happy and love my job and deal with the same clients each day." Another member of staff said "I have the same clients, so I get to know them and their needs very well."

A social care professional told us how impressed they were with the package of care provided by Select Community Support, which they believed was person centred. They described how the person who used the service had long term health conditions, but the support the service provided went above and beyond what they would expect, in order to keep this person at home. They stated that the service provided regular care staff and were very accommodating and flexible in their approach to the individual's needs. They described the service manager as very professional and any issues raised or things that needed to be done, were responded to in a timely manner and appropriately. Another social care professional stated they only had positive complements for the manager and their team. They also said they were reliable and caring.

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. People we spoke knew how to make a complaint, but they had never had cause to. Without exception they felt confident that any issues raised would be dealt with appropriately by the manager. One person told us, "In the past I had one problem and approached the manager who resolved it straight away. They are very responsive in my view." Another person said "If there is anything wrong I simply wouldn't be with them and I would complain. The girls are very respectful and are always very sensitive to my needs."

Other comments included, "I have never had cause to complain. If I had an issue I would ring the manager, who would ring me back and sort things." "No issues, I wouldn't hesitate to complain as I'm very bossy." "I have never had cause to make a formal complaint, but they would soon sort things."

The service sent out questionnaires to people who used the service to ascertain their views on the quality of care provided. We looked at 16 completed returns, which contained positive comments such as 'Look after

you really well, you can always have a laugh and joke when they are doing what is needed' and 'They look after me as a person not just their job.' The manager told us that they regularly discussed peoples' needs to see if improvements in the service could be made, which was confirmed by people we spoke to.

We looked at a sample of ten care files to understand how the service delivered personalised care that was responsive to people's needs. Care files contained details such as personal information and a service user profile, which included likes and dislikes. Staff were provided with clear instruction in respect of the care and support to be delivered for each person. Individual support plans were on the whole person centred. We found people who used the service had care plans in place with copies held at both the office and in their homes. Care files held at the office were often cumbersome and inconsistent in respect of the information they held. We found it difficult eliciting information regarding people's current needs as they was no clear indexing system within the files. We raised this with the manager who told us they would immediately address this concern.

Is the service well-led?

Our findings

There was a registered manager in place. 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 registered manager was present throughout our inspection.

Each person we spoke with told us that they believed the service was well run and singled out the registered manager for their leadership and responsibility for the compassionate culture that existed within the organisation. One relative told us, "Staff have empathy and are very kind. The manager is very caring and kind and that culture exists within the service." Another relative said "The manager seems to have everything in check and we have absolutely no concerns." Other comments included, "I would recommend them. I think the manager is marvellous." "The manager is great, we have great laughs and she does listen to me." "The manager is excellent. I'm very satisfied."

Staff told us that the manager was very approachable and that they all felt valued and listened to. Comments from staff included, "It's a good firm to work for with a good atmosphere. I do feel listened to if I raise any issues." "There is an open culture, you can raise issues and the manager is very approachable. No concerns with the way the service is run." "I definitely feel valued by the manager, who is available all the time if I need advice." "Me personally, whatever I need, it's always there for me. Never any problems getting support. She makes me feel valued." "I feel very valued and appreciated. The manager looks after the staff. Very happy working for the service."

We found that the service undertook a limited number of audits and checks to monitor the quality of service provision. Where checks of medication and checks of staff competency were undertaken, no records were maintained. Though supervision and monitoring was provided by the manager, this was not formalised or consistently recorded. We found that no auditing of care files were undertaken to review the quality of the content. No training needs analysis was undertaken and training records did not accurately reflect staffs' training record at the time our inspection, though the service responded to these concerns during our visit.

We found no evidence of any staff meetings having been undertaken. One member of staff told us, "No staff meetings, which is something we need to have. More refresher training, like dementia and food hygiene. It was a long time since I last did it." Though we found this had minimal impact on people who used the service, the registered manager reassured us that in future, a formalised system of auditing and competency checks would be introduced.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service failed to assess and monitor the quality of service provision effectively.

We spoke to the registered manager about our concerns, specifically in relation to the administrative

functions and office activities. We were told that the service had just recently appointed a part time administrator and intended to employ an assistant manager to assist in ensuring that effective governance system were introduced.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, whistleblowing, medication, supervision and recruitment.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service could not demonstrate it was doing all that was reasonably practicable to mitigate risks relating to the health, safety and welfare of people who used the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service failed to assess and monitor the quality of service provision effectively.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service has failed to demonstrate appropriate support, supervision and appraisal for staff undertaking their role.