Care Quality Commission

Sisterly Care Limited

Sisterly Care Limited

Inspection report

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Ratings

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

Overall summary

This inspection took place on 6 October 2015. The inspection was announced.

Sisterly Care Limited provides personal care services to people in their own homes. They provide services to older people and people living with dementia. At the time of our inspection there were 73 people receiving support from the service, of which 44 people were receiving personal care. There were 17 care staff and six office staff which included two co-ordinators, one team leader, two administrators and a registered manager.

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.

Audits had been completed but were not evaluated to help improve practice. Surveys had been sent to staff and people but the information analysed did not match the information received in the surveys and there were no overall evaluation of the results to help the registered manager improve the service.

Prior to the inspection we had received information of concern informing us that there were not enough staff to be able to support people safely. We were told most staff were turning up late and not staying for the correct

Summary of findings

duration because the office gave staff additional calls that they had to "squeeze" in. At this inspection we found people's care visits where sometimes provided later than planned when staff members were on planned or unplanned leave. However people did not feel rushed; there were no missed visits and staff stayed for the full duration of time.

People told us they felt safe and relatives confirmed this. Staff knew how to keep people safe from harm. Staff said they would report any concerns to the manager and were confident to inform other appropriate professionals if they felt the manager did not deal with the concerns appropriately.

Risk assessments were completed for people which identified risks to their environment and highlighted if manual handling equipment was required. Risk management plans were implemented for people who required support with manual handling equipment and staff were supported to stay safe when supporting people with the equipment.

Safe recruitment practices were followed. There were clear procedures for supporting people with their medicines. Medicine audits were also completed. There had been no medicine errors identified in the last 12 months.

People and their relatives said they received care from regular staff and felt they were well matched with care staff and they had the skills and knowledge to carry out their roles effectively. Staff received an induction programme and regular ongoing training. Staff felt supported but did not always receive supervision in line with the provider's policy and what the registered manager told us.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 and how to put this into practice. People were supported to eat and drink and maintain good health and access ongoing healthcare support.

People and their relatives were positive about the care and support received from staff. People were involved in their care and made decisions about their care. People's independence privacy and dignity were respected and promoted. The registered manager and staff knew people well. Compliments had been received by people and their relatives in the form of thankyou cards or phone calls to the office.

People's needs were regularly assessed and reviewed. People's care plans were personalised and individual, detailing how people like to receive their care. Complaints which had been received had been dealt with, responded to and actioned where required.

The registered manager demonstrated a good understanding of the service. People felt the management and office staff were good. The registered manager demonstrated a good understanding of when the commission need to be notified.

We found one breach 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 this report.

Summary of findings

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 safe.

Good

People's care visits were sometimes provided later than planned when staff members were on planned or unplanned leave. However people did not feel rushed; there were no missed visits and staff stayed for the full duration of time.

People and their relatives confirmed they or their relatives were safe. Risk assessments were completed of the environment and any manual handling equipment that would be used to support people with their care safely.

Safe recruitment practices were followed and there were clear procedures for supporting people with their medicines.

Is the service effective?
The service was effective.

Good

Staff felt supported but did not always receive regular supervision in line with the provider's policy and what the registered manager told us. However, people and their relatives said they received care from regular staff and felt they were well matched with care staff and they had the skills and knowledge to carry out their roles effectively.

Staff received an induction programme and regular ongoing training.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and how to put this into practice.

People were supported to eat and drink and maintain good health and access ongoing healthcare support.

Is the service caring?
The service was caring.

Good

People and their relatives were positive about the care and support received from care staff and the office staff. People were involved in their care and made decisions about their care. People's independence, privacy and dignity was respected and promoted.

The registered manager and staff knew people well. Compliments had been received by people and their relatives in the form of thank you cards or phone calls to the office.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People's needs were regularly assessed and reviewed. People's care plans were personalised and individual, detailing how people like to receive their care. People were involved in their care planning and confirmed they had control over their care planning.

Most people and their relatives said they had never complained but felt confident to raise complaints and that their complaints would be dealt with. Complaints which had been received had been dealt with, responded to and actioned where required.

Is the service well-led?

Requires improvement

The service was not always well-led

Audits were completed but not evaluated to help improve practice. Feedback was sought but outcomes were not analysed correctly, actioned or evaluated to help improve service delivery.

There was a registered manager and they demonstrated a good understanding of the service. People felt the management and office were good.

Staff were supported to question practice and were confident that if they raised any concerns they would be dealt with by management and they demonstrated an understanding of what to do if they felt their concerns were not being listened to by management.

Notifications had not been sent to the commission over the past 12 months because there had not been any allegations of potential abuse or any other reason for a notification to be submitted. The registered manager demonstrated a good understanding of when the commission need to be notified.

Sisterly Care 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 6 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two 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. The expert by experience had personal experience of caring for a relative who used care services.

Before the inspection we reviewed previous inspection reports, safeguarding records and other information received about the service. We reviewed notifications which had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with eight people who used the service and four relatives. We also spoke with eight care staff, one office staff, the registered manager and the nominated individual. We also spoke with an Occupational Therapist after the inspection.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for seven people which included specific records relating to people's capacity, health, choices, medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints, service quality audits and minutes of meetings. We looked at the training plan for 19 members of staff and recruitment, supervision, appraisal and training records for five members of staff.

We asked the provider to send us information after the visit. We requested copies of their policies and procedures, training and supervision planners and contact details for an Occupational Therapist to be sent to us by 8 October 2015. These were received by this date.

Good

Is the service safe?

Our findings

People told us they felt safe and relatives confirmed this. One person said, "Yes I do (feel safe) I wouldn't go anywhere else." One relative said, "Yes, [relative] is very safe. I'm very pleased with it." Staff confirmed they felt people were safe when receiving care. One staff member said, "We are all trained to give safe care."

Staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. Staff said they would report any concerns to the registered manager and were confident to inform other appropriate professionals if they felt the manager did not deal with the concerns appropriately. One staff member said. "If we notice anything or hear anything of concern I'd tell the office, if nothing was done I'd mention it to the family, social services or CQC." The registered manager said staff received training in safeguarding during their induction programme and received yearly updates. Staff confirmed they had received ongoing training in safeguarding and the training plan confirmed this. Safeguarding concerns had not been received by the service; however the registered manager was aware of their responsibilities in dealing with and notifying the Commission of any safeguarding concern.

Risk assessments were completed for people which identified risks to their environment and highlighted if manual handling equipment was required. Risk management plans were implemented for people who required support with manual handling equipment and staff were supported to stay safe when supporting people with the equipment. For example, one person's risk management plan identified the need for staff to support them with a number of manual handling tasks, such as supporting the person in and out of their bed and chair, rolling the person into the correct position and moving them up and down in their bed. The risk assessment detailed how staff should support this person at each stage and included details of the different types of equipment needed at each stage.

The registered manager said all staff received manual handling training. They said staff who were working with people who required the use of equipment were given specific training with the person's equipment. The registered manager said this training was provided by Occupational Therapist's (OT). We spoke to an OT who confirmed this practice. They said they had worked with three care workers in one person's home in regards to postural management positions and they had no concerns with how these staff completed the techniques**.** One staff member confirmed they received hands on training by an OT in people's homes. Staff confirmed they had received manual handling training and were confident with identifying risks associated with their roles and responsibilities. One staff member said, "One [person] used to walk with their commode, we had to ensure they used their Zimmer frame, we put it in front of them so they used this instead." Another said, "make sure there's nothing they can trip over." The training planner confirmed staff had received manual handling training in the past year. One person who required the use of manual handling equipment said, "Yes I do feel safe. It's just the way they do things; they work together on my hoist."

Prior to the inspection we had received information of concern informing us that there were not enough staff to be able to support people safely. We were told most staff were turning up late and not staying for the correct duration because the office gave staff additional calls that they had to "squeeze" in. The registered manager said they often added on additional calls to staff when other staff members were not able to work. The registered manager said they did not "push" staff to take calls and would ensure staff had sufficient time to support people with their care needs. Five staff said they felt there were enough staff to keep people safe and meet their needs; however four staff said there were problems with the time of calls when staff members were on planned or unplanned leave. For example, one said, "We do not get any travel time; there are problems when staff are off sick or on holiday." Another said, "When all the team are working it works well, but if people are off some people's calls are late, we don't have a lot of time to get to calls." The registered manager said they provided care to people when staffing levels fell below the required level and this helped ensure people received their care on time. They said staff were given travel time and they were paid travel time and mileage in between visits. They said they had an informal process of working out when they required additional staff and this was when they were required to provide care to people on a regular basis. Six people and four relatives confirmed care staff arrived on time sometimes with slight delays, One person said, "Usually punctual within ten minutes." Two people said

Good

Is the service safe?

carers had been one hour late another said half an hour late. However, people and their relatives said they were contacted when care staff were running late, there were no missed visits and they never felt rushed or had their care compromised due to lateness. This meant that although people did not always receive their care at agreed times when staffing levels fell below the required standard; they still received safe care that met their needs.

Safe recruitment practices were followed. We looked at five staff members' recruitment files and saw the appropriate steps had been taken to ensure staff were suitable to work with people. All necessary checks, such as Disclosure and Barring Service checks (DBS), work references and fitness to work had been undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. For those staff that had been working for the provider for more than three years there was a completed DBS information form in their records confirming whether they had committed or had been charged with any offences since completing their original DBS check.

There were clear procedures for supporting people with their medicines. The registered manager identified there were different levels of medicines support people could receive. For example, the provider's medicines policy dated 15 April 2015 identified the levels of support as Level 1: General support also called assisting with medicine and level 2: Administering medication which included prescribed creams. The registered manager stated if people self-medicated they would not involve staff in supporting people with their medicines. People's plan of care records viewed described the support each person required with medicines which were in line with the provider's policy.

The registered manager said staff received training in medicines at their induction and then received a yearly update. Most staff confirmed they had received updated training in medicines. The training planner confirmed all staff had received this training in the last year. The registered manager also said staff were observed and tested on medicines when a spot check of their work was carried out. One staff member confirmed they had been tested on medicines and the policy during a spot check. Most people managed their medicines or were supported by their relatives. Those people who received support with their medicines from care staff did not have any concerns with how they were being supported with their medicines.

Medicine audits were also completed by the registered manager and nominated individual which included checking for gaps on medication sheets and any medicine errors. There had been no medicine errors identified in the last 12 months.

Good

Is the service effective?

Our findings

People and their relatives said they received care from regular staff and felt they were well matched with care staff and they had the skills and knowledge to carry out their roles effectively. One person said, "I get the same two carers. We've got it off to a fine art." Another person said, "Yes I do (think they are sufficiently skilled) they are very experienced, know what they are doing." One relative said when they had spoken with the manager about their relatives care the manager told them they knew "Just the person" to care for their relative.

Staff confirmed they received an induction programme when starting work for the service which included shadowing experienced members of staff. Staff records contained induction certificates which detailed the training given as part of the induction programme. This included? Safeguarding, Mental Capacity, Medicines, Manual Handling, Infection Control, Food Hygiene and Health and Safety. The training plan showed dates in which staff had completed their shadowing. The registered manager said the induction programme followed the Skills for Care common induction standards. Skills for Care common induction standards are the standards people working in adult social care need to meet before they can safely work unsupervised. The registered manager said they would be introducing The Care Certificate into their induction and training programmes effective from the 7 October 2015. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager had a training plan in place which assisted them to identify which staff required updated training. The training plan showed all staff had received training or refresher training in the past 12 months on Safeguarding, Medicines, Mental Capacity, Manual Handling, Infection Control, Fire Safety, First Aid, Food Hygiene and Lone working. The training plan also identified additional training which some staff had completed such as, end of life care, bereavement study and catheter and stoma care. This additional training was given to staff when they supported people with these needs. However the column showing whether staff had completed dementia training was left blank. The registered manager said some staff had completed dementia training and had not updated the planner. They said their internal trainer had been away from work since April 2015 and they were not sure if they would be returning. The registered manager had organised dementia training to be sourced by an external training provider and they had also organised the care certificate and other training courses for staff to be completed with this training provider. Staff confirmed they had received regular training updates which included training on dementia and felt the training provided had equipped them to support people effectively. One staff members said, "There is enough training." Another said, "We get refresher courses as a group. People confirmed they felt staff were skilled in their work and did not have any concerns, One said, "Yes they are very skilled, very much so."

Staff did not always receive a supervision or appraisal in line with the provider's policy and what the registered manager told us and records and staff confirmed this. However all staff said they felt well supported, attended regular team meetings and were given regular memo's updating them on various service information such as changes with people's needs, staff recruitment and out of hours information. Records confirmed staff team meetings took place regularly and staff memos were sent. This meant that although the registered manager did not always provide supervisions and appraisals in accordance with the providers supervision policy staff felt supported and were kept up to date on changes to the service and people's needs.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and how to put this into practice. The Act provides a legal framework for acting on behalf of people who lack capacity to make decisions. For example, the registered manager and staff confirmed that people could consent to decisions concerning their day to day support. People were helped to make decisions by care staff who used different methods of communication. Care staff provided information in different ways which were individual to the person to help them make a decision.

People and their relatives did not express any concerns about nutrition or hydration. Those that required support with eating and drinking were supported by care staff to have sufficient food and fluids. Care staff said they made

Good

Is the service effective?

sure people had drinks left for them and one said they would look in the person's folder to see what they had eaten for dinner the previous day and if it was a sandwich they would cook them a meal. Another staff member said they "varied" the meals for people but tried to cook them what they liked such as "eggs and bacon." Care staff said most people have meals delivered by an external meal delivery service and they had already chosen what food they wanted for that day. People who were supported with their meals confirmed they were given a choice. One said, "I have weight watchers meals and choose what I want."

For those people who required support to access healthcare services care staff would contact the office or family member and advise of any concerns and whether a health care professional would need to be contacted. Care staff said they monitored people's health and wellbeing when they were supporting them with their personal care. One said, "[Person's] feet swell up, they do not like elevating them, I left a note to encourage [staff] and family members to elevate their feet." One person said, "When my catheter didn't feel right, I could feel it was kinked and they adjusted it for me. My carer was concerned about my catheter and they rang the doctor's surgery and spoke to a nurse who came out straight away." Family members or people themselves would mostly be involved in contacting healthcare professionals when they or their relative required assistance. One person said, "Last Friday I saw the district nurse. It was for my legs and neck. Twice a week they come."

Good

Is the service caring?

Our findings

People and their relatives were positive about the care and support received from staff. We received comments such as, "Yes definitely caring, they are amazing." "Very pleasant and respectful." "They are very kind you can rely on them." "They are absolutely second to none. The boss sent me a bouquet of flowers to cheer me up." Office staff were polite, courteous and respectful to people when speaking with them on the phone.

Compliments had been received by people and their relatives in the form of thankyou cards or phone calls to the office. Compliments received included relatives informing the service that a care worker had delivered a very high standard of care to thanking staff for their help. One compliment card said, "Thank you lovely ladies for all you did for my [relative] – you showed care, compassion and allowed them to keep their dignity."

The registered manager and staff knew people well. An Occupational Therapist confirmed staff knew people well and in particular with one person they were working with, they said, "Care staff know [person] incredibly well." We heard conversations between the co-ordinators and registered manager about what support people needed and why they needed the support. The registered manager and nominated individual said they did not want to be "faceless" managers. The registered manager and office staff would also provide care to people during staff shortages and this helped them to delevop a more personalised relationship and approach with them. For example, during the inspection we heard the registered manager speak with a person on the phone who had contacted the office to ask for additional support for that day. The registered manager spoke with the person in an open and friendly manner; they knew their name immediately and were aware of their personal history which included anxiety. The registered manager agreed to the additional support to relieve this person's anxieties.

People felt involved in their care and six people felt they made decisions about their care. Two people felt they did not want be involved in their care and were happy to leave decisions about their care to their relatives or care staff. One person said, "I don't make decisions. I leave it to them." The registered manager said they always involved people in their care and the development of their plan of care. People confirmed they were consulted by the managers or team leaders as to their ongoing care needs. One person said, "They enquire what I want, I tell them and they act on it."

Care staff said they promoted people's independence by encouraging and supporting them to complete some personal care tasks they were able to do. For example, one staff member said, "Let them wash their hair, style it if they want to." Another said, "Let them do as much as they could do themselves. Lots of people can dress themselves but struggle with buttons, I step in if there is a problem but take my time with people." People and their relatives confirmed staff supported them or their relatives to be as independent as possible. One person said, "They are in the wet room to make sure I don't fall. I can wash myself, they keep the curtain closed."

People's privacy and dignity was respected and promoted. People told us they felt staff respected their privacy and dignity at all times. One person said, "[Staff] are very careful about my dignity. They don't leave me uncovered, they do their best." One staff member said, "I ask [person] if they want me to go out of the room when they are washing." Staff stated they did not share information about people they cared for unless they had concerns about them. One said, "Whether they are happy or sad, if I think it is serious I report it to the office."

Good

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed by the registered manager and team leader or co-ordinator. Relatives were involved in the assessment of people's needs if the person requested their involvement and attendance when the assessment was being completed. One relative said, "My [relative] and I discussed their care with Sisterly Care. They have a care plan which I signed."

People had individual care folders which contained a care plan, review pack, care needs assessment, risk assessments and completed daily logs. People's care plans were very detailed and included their likes and dislikes, personal histories such as medical conditions, strengths cultural needs and how they would like their support. For example, people's care plans detailed how the person liked to have their support at each visit and detailed what the person liked to do for themselves and what support they required from the care staff. This meant arrangements were in place for people to have their individual needs assessed and met.

People were involved in their care planning, confirmed they had a care plan and had choice and control over their care planning. The registered manager said they always tried to seek the views of people when completing a care plan and this was on-going through the care process. People living with dementia were involved in their care planning as the registered manager confirmed they were able to understand the care planning process. Care staff confirmed there was always a care plan available in the person's home and people were always involved in the planning of their care, which sometimes included their relatives. One said, "People do get asked what they want and family too."

People's needs had been reviewed and updated regularly. One person said, "They updated my plan in March and posted it to me". The registered manager confirmed a person's care plan would be reviewed regularly or as and when the need arose. Care staff confirmed people's care plans were updated regularly and they were informed of any changes. One said, "The office do care plans but I always read the notes for changes and updates. If it's not in there it's texted to us straight away so we always know what had changed." Memos were sent to staff which often included updates on people's care needs.

The registered manager said they had received three complaints and one concern in the past 12 months. They said complaints were logged on their computer database and people were given a copy of the service user guide which contained the provider's complaints policy. Records showed three complaints and one concern had been recorded, responded to in a timely manner with updates and outcomes included. All complaints and one concern had been resolved at the time of our inspection. Staff confirmed people were encouraged to raise concerns and complaints. One said, "Open culture, people are encouraged to raise concerns either by telling us or phoning the office." Most people and their relatives said they had never complained but felt confident to raise complaints and that their complaints would be dealt with. One person said "They have a very friendly attitude. I could talk to them about any concerns, no problem with that." Two people said they had complained and it had been resolved to their satisfaction.

Requires improvement

Is the service well-led?

Our findings

People felt the management and office were good. We received comments such as, ""They are marvellous the office staff. The manager is lovely." "I think they are (management) very efficient and homely." ;"10/10."; "They are brilliant."

There was a registered manager at the service, they were present at the time of inspection and demonstrated a good understanding of the service. The registered manager said they liked to be approachable to staff and people, keep communication open and felt as though they worked alongside staff to support them and make effective decisions about people. Staff confirmed the office were very supportive and kept them updated on information about people and passed on positive feedback received. One said, "I couldn't work for nicer people, they are really supportive,always someone there to help." Another said, "Yes they are very good last month I had a message from family to say they were really pleased with the care and the message was passed on."

Staff were supported to question practice, were confident that if they raised any concerns they would be dealt with by management and they demonstrated an understanding of what to do if they felt their concerns were not being listened to by management. One said, "Yes I could go to them if there's a problem. I feel comfortable talking with them." Another said, "If I have any problems I speak with the manager directly, if they did not do anything I would speak with CQC."

Notifications had not been sent to the commission over the past 12 months because there had not been any allegations of potential abuse or any other reason for a notification to be submitted. The registered manager demonstrated a good understanding of when the commission need to be notified.

The registered manager said they used Quality Assurance Audits (QAA) to audit and monitor the quality of their service. The service had a number of QAA's which included care plans, reviews, risk assessments, medicines charts, daily logs, staff supervisions, training, meetings, safeguarding's, incidents and accidents, complaints, compliments and quality assurance survey's for staff and people. The service also had a Quality Assurance policy in place dated 6 April 2015 which stated, "Processes which check that all audit and review processes are carried out as specified, action planning takes place, planned actions are carried though, and the effects of planned action are fed back into the management process."

Individual care plans, reviews, risk assessments and medicines charts had been monitored at regular intervals for a group of three people each time. For one person it had been identified that the review of their care needs was out of date, a review date was identified and the review was completed. Medicines charts were checked for gaps and if the appropriate level of support people received with medicines were correct. Daily logs which detailed the support people had received were collected regularly and analysed by the registered manager and nominated individual, this included checking for any concerns, and if staff were providing the correct medicines support to people in line with their care plan and assessment of need. Incidents and accidents had been reviewed and outcomes had been put into place to mitigate the risk of reoccurrence. This meant there were audits in place to ensure people's care was being received safely and effectively on an individual basis; however there was no overall evaluation of these audits to assist the registered manager in identifying any overall improvements that were required to be made with the service.

Staff supervision audits completed on 3 April 2015 identified one care worker required an appraisal. The target date provided for this to be completed was 3 months. However on the day of the inspection the staff member said they had not received an appraisal but was aware that one was due. Records confirmed this. However staff supervision records did not reflect that staff were receiving regular supervisions and appraisals in line with the provider's policy. This meant staff supervision audits were not always effective in identifying when staff should have received a supervision or appraisal and actions had not been taken to resolve this.

Feedback about the service had been sought from people and staff; however the analysis of the information did not match the feedback received in the surveys. Quality assurance surveys were sent out to people and staff in January 2015. An analysis of the results of the surveys had been collated for both people and staff; however the information detailed in both analyses did not match the survey results received. For example, the analysis of the surveys received for people stated 14 surveys had been

Requires improvement

Is the service well-led?

sent out to people and five had been returned; however there were 28 surveys that had been returned. The analysis of the survey's completed for staff stated six had been sent out and only one had been received back; however seven staff survey's had been returned.

The survey analysis for both staff and people did not describe the outcome of the surveys in detail. For example, the analysis of the survey's received from people stated two people were neither happy nor unhappy. The surveys sent to people contained a list of specific questions asking; "Are you happy that your carers stay for the allotted time of your visit," and "Are you happy with the punctuality of your visits." The analysis did not identify the results of these questions and no overall evaluation of results were made. There were some area's which showed people were unhappy and some areas which showed an average response. People and staff responses which required areas of improvement had not been actioned. The registered manager and nominated individual said they knew their quality audits were not up to the standard expected of them and they were planning to spend time on re-looking at the quality assurance processes. They told us they had been dealing with a number of other priorities and were aware there auditing had lapsed. We received positive feedback when we asked people if they felt the service needed to improve. We received comments such as, "Nothing to improve, give 9/10." "10/10. No, can't think of anything to improve." "Nothing to improve 20/10." "I can't think anything better that they could do. I'd say 10/10." "I've had a questionnaire a few times. I've given them full marks 10/10." This meant although the provider sought feedback from people and staff there was no action or evaluation carried out to improve their practice by processing the information received.

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

A business continuity plan was in place and had been updated and reviewed in April 2015. The business continuity plan would be used to provide guidance for staff on how to continue to deliver a service in the event of any emergency. For example, the policy stated, "If there is a need to prioritise service users, the social work teams and day centres keep a list of the most vulnerable service users who would require care at these times."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 17 HSCA (RA) Regulations 2014 Good governance The provider did not act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services. Reg 17 (2) (e). Systems and processes were not effective in evaluating and improving practice in respect of the processing of information received from feedback from relevant persons. Reg 17 (2) (f)