

Agincare UK Limited

Agincare UK Southampton

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Agincare UK Southampton is a domiciliary care agency that provides personal care, respite and domestic services to people in their own homes some of whom were living with dementia and complex health needs. Not everyone using the service received a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', that is, help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, there were 40 people receiving a personal care service.

People's experience of using this service and what we found:

People consistently raised concerns about calls being later than planned. They also told us that continuity of care needed to improve. Risk assessments did not always fully reflect people's needs or take account of all risks to their health and wellbeing. Medicines administration records did not always provide assurances that people were receiving their medicines as prescribed or in line with best practice frameworks. Systems and processes were in place to safeguard people from the risk of abuse. Good practice guidance was followed to ensure infection prevention and control processes were implemented. When things went wrong such as late calls or missed visits, reviews and investigations were not always undertaken to support lessons being learnt.

The systems in place had not been fully effective at improving the quality and safety of the service. The previous registered manager, deputy manager and all members of the office team had recently left their roles. A new manager had been appointed but had only been in post two weeks when we inspected. Staff were positive about the new manager and felt she had already had a positive impact on the service. They were hopeful the new manager would drive the required improvements.

Overall people were supported in the least restrictive way possible and there was evidence that capacity to consent to their care and support was considered as part of the care planning process, however, this had not always been well documented. Some people felt that their care workers needed to be better trained. The records provided to us relating to staff training were incomplete and so we could not be assured about this. People were supported with their health and nutritional needs.

People were also not kept adequately informed about any changes to their support. This limited their ability to have choice and control over their care. People told us the confidentiality of information was not maintained. Staff were kind and caring and some people had been able to develop positive relationships with their care workers which they valued.

Care plans contained personalised information about people's preferences, likes and dislikes and life histories. Where people had regular care workers, staff were knowledgeable about their needs and this helped to ensure that they received personalised care. A complaints policy was in place and information about how to complain was in the Care Services Guide. People were generally confident that their complaints had been listened to and acted upon.

Rating at last inspection

The last rating for this service was requires improvement (published 8 November 2018) and there were two breaches of the Regulations. At this inspection we found improvements had not been made /or sustained and the provider remained in breach of one Regulation and two new breaches were found.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about whether there were enough staff to ensure people received a reliable and consistent service. A decision was made for us to inspect and examine those risks.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Agincare UK Southampton

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by one inspector 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. We started our inspection activity on the 25 July 2019 and completed this on the 2 August 2019.

Service and service type:

This service is a domiciliary care agency. It provides personal care, respite and domestic services to people in their own homes, some of whom will be living with dementia or have complex health needs. The service operates mainly in the Hythe and Totton areas of Southampton.

There was no registered manager in post during our inspection. A registered manager is a person who has registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left the service in May 2019. A new manager had been recruited and had started at the service two weeks prior to our inspection.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that relevant staff would be available to facilitate the inspection.

What we did:

We visited the office where we spoke with the manager, area manager, field care supervisor and five care staff. We contacted 22 people and 15 relatives by telephone and asked them about their experiences of using the service. We viewed the care and support records for five people and other records relating to the

management of the service such as audits, training and recruitment records and policies.

Before the inspection, we reviewed all the information we held about the service. We had not asked the provider to complete a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority to seek feedback about the service.

Is the service safe?

Our findings

Our findings

Safe – this means people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Requires improvement: Some aspects of the service were not always safe which increased the risk that some people could be harmed.

Staffing and recruitment

- Before staff are employed, a range of recruitment checks should take place to ensure that they are of good character. Our last three inspections had found that some of these required checks had not taken place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Fit and proper persons employed. We took enforcement action and issued a notice requiring the provider to have made the required improvements by February 2019.

This inspection found the warning notice requirements had overall been met, but that the systems in place, and the oversight of these by the manager and provider, needed to be further embedded to ensure that recruitment of new staff was fully robust.

- The service had not ensured that there were, always, sufficient numbers of staff available to provide a consistent and reliable service. This was a particular challenge during weekends and evenings and meant people were not receiving a reliable service.
- Staff told us they were working excessive hours to try and cover calls. One staff member said, "I am doing too many hours, 60 - 65 hours a week, I'm not getting enough rest in between calls, they are putting too much on us... People are not getting consistent carers because of staffing. They keep moving carers around, most people want someone regular".
- Over three quarters of the people and relatives we spoke with raised concerns about calls being later than planned. One person said, "I'm not happy with the timings, they keep coming earlier or later. I am given a rota, but the carers rota is different to mine... as a disabled person, I do need to go out sometimes and they might turn up at 4pm, not 6pm when due". Another person said, "One Sunday, they didn't turn up, I rang and they did turn up at 10pm blaming each other". A third person said, "They have, more than once [missed a call], I rang the out of hours number as it was 10pm and no-one had turned up. They said, sorry, there's no one to do it, could your kids not help you to bed, they did, but they shouldn't have to as that's why I have a care package". Other comments included, "They've actually phoned and said, I'm very sorry, we can't get to you till 10.30pm, but I like to go to bed at 9pm, so that's no good" and "A week ago I rang at 10.30pm and cancelled the call because they hadn't turned up, I got a friend in to help instead".
- People consistently told us that the continuity of care needed to improve. One person said, "I do get a schedule but this weeks is wrong, there is four days missing, I rang the office, but they still don't know who is coming". Another person said, "More frequently, the rota doesn't always match with who comes". A relative said, "We don't know who is coming this Sunday".
- There had in recent months been a small number of missed calls. The cause of these had been

investigated and the circumstances reported to the local authority safeguarding teams. However, the service no longer used a system which alerted them should a care worker not log in to a call. A member of the office team told us, "There is no alert [to a missed visit], the only way is if the client calls, or when the next carer goes and sees the call was missed". We discussed this with the area manager who told us there were plans to introduce a new App that would provide these alerts but that this was not likely to be introduced at the Southampton branch until September 2019.

- Where people did have regular care workers assigned to their care, they were much happier with the service provided and most people confirmed that staff did stay for the allotted period of time and this did help to ensure that people did not feel that their care was rushed.
- The provider was working hard to recruit new staff and the manager and office team to review rotas and schedules to ensure that all calls were covered. However, they were also often required to undertake visits themselves which meant that it was difficult for them to focus on their own role and responsibilities.
- To help manage this in the short term, the service was not taking on new packages of care and continued to try and recruit new staff but local circumstances were making this challenging.

The service had not ensured that there were, always, sufficient numbers of staff available to provide a consistent and reliable service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Staffing.

Using medicines safely

- Not everyone receiving a service required help with their medicines. Where this was the case, information about the level of support needed was available but not always accurate. For example, staff told us that one person required their medicines to be administered with yoghurt. This was not included in the care plan and it is not clear who had made the decision to administer the medicines in this way. This person's Medicines administration record (MAR) also contained confusing information about who was responsible for administering some of the medicines.
- Medicines administration records (MARs) were noted to contain a number of handwritten additions which had not been documented in line with the providers policy and procedures. MARs did not always include a person's name.
- We found a number of examples where people's MARs contained gaps or omissions with no reason being recorded. In some examples, we were able to see that the care worker had written in the persons daily care record that they had, as part of the care tasks undertaken, administered medicines but this is not sufficient to confirm which medicines were given and is not in line with the providers policy and procedures. We have asked the provider to investigate this further to ascertain whether each of the gaps is a recording error or an administration error and to take appropriate remedial actions.
- Two people's MARs contained conflicting instructions about the frequency with which the medicine or topical cream should be applied.
- We found similar concerns at our last inspection which indicates improvements have not been embedded.

The provider failed to ensure that staff were following correct policies and procedures for the safe administration of medicines. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Assessing risk, safety monitoring and management

- Care plans continued to not always contain sufficient information to ensure that staff were able to support people safely. Our last inspection had noted that one person's care plan needed to be updated and more robustly reflect their needs in relation to eating and drinking. The plan had been updated, but still did not

provide sufficient information to support the delivery of safe care. For example, it did not include specific information about the consistency to which the person's drinks should be thickened to help them swallow safely. The person's care plan stated they were under the care of a speech and language therapist (SALT) and had been reviewed within the last month, but their records did not include a copy of the SALT report to inform safe care planning. Action is being taken to review this person's needs. This person's choking risk assessment had not been completed accurately.

- Another person's care plan contained conflicting information about the level of assessed risk with regards to falls.
- The provider used a form to assess each person's risk of developing pressure ulcers or skin damage. These were not being used correctly. This limited the effectiveness of the tool as a risk monitoring measure. For example, whilst one person did not have any current pressure ulcers or skin damage, they had been assessed as being at high risk of developing skin damage, the form stated that this risk should be reviewed every two weeks. Records showed that the length of time between reviews had been over 12 months.
- One person's bed rail risk assessment had not been completed fully. The part of the assessment which assessed the contraindications of using the bed rails had not been filled in. Another person who required bed rails did not have a bed rails risk assessment.
- Risks associated with people's home environment had been identified.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Learning lessons when things go wrong

- A record had been maintained of some of the incidents and accidents that had occurred within the service. These were audited monthly and the record for June 2019 showed that staff had responded appropriately to the incidents recorded.
- However, staff had not ensured that situations where there had been the potential for a call to be missed, what could be termed a 'near miss', were also highlighted as incidents. This is important as these also have the potential to impact upon the safety of the care provided. MARs showed a number of gaps or omissions, but no further investigation had been undertaken to ascertain whether these were recording or administration errors for example. Therefore, the opportunities to learn from when things go wrong were not being maximised.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that staff provided their care safely. One person said, "Agincare provide a double up for me in the morning and evening, I feel safe with them" and a relative said, "Yes I feel he's safe with the carers".
- Policies in relation to safeguarding and whistleblowing were in place and staff received annual safeguarding training.
- Staff had a positive attitude to reporting concerns.

Preventing and controlling infection

- Good practice guidance was followed to ensure infection prevention and control processes were implemented and we saw staff receiving supplies of personal protective equipment such as gloves and aprons when they visited the offices.

Is the service effective?

Our findings

Effective – this means people's care, treatment and support achieved good outcomes and promotes a good quality of life based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People felt that staff did explain what they were doing and asked permission to assist them, for example, one person said, "Yes they ask what you want, they don't just start washing you".
- However, whilst the provider had procedures in place for recording people's written consent to their support, this was not always being followed in practice as we found some consent forms were signed but others were not.
- There was evidence that mental capacity was considered as part of the care planning process and staff had received training in the MCA 2005, however, records indicated that the principles of the Act needed to be further embedded. For example, one person's medicines were locked away out of their reach as a safety measure, but no mental capacity assessment had been undertaken to see if the person could consent to this. The new manager has arranged for this to be assessed along with the person's social worker. In another case, a relative had signed a consent form on behalf of their family member without it being clear that they had legal authority to do so.

Staff support: induction, training, skills and experience

- Records indicated, and some staff confirmed, that new staff completed a three-day induction during which they underwent a range of training which was mapped to the standards of the Care Certificate and included skills such as moving and handling, end of life care, safeguarding people, health and safety,

infection control, first aid, the Mental Capacity Act 2005, dementia care and medicines management. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate.

- Following the induction, new care workers were provided with an opportunity to shadow more experienced staff.
- Five training courses were deemed mandatory by the provider. These were medicines management, safeguarding, infection control, moving and handling and information governance. The records made available to us, did not provide assurances that this training had always been refreshed by staff in line with the provider's policies.
- We received mixed feedback about whether staff were knowledgeable, competent and suitably skilled. Some people felt their care workers were well trained with one person saying, "My regular carer is very good, she knows what she is doing". Some people felt this was an area which needed to improve, for example, one person said, "Sometimes, I have a new carer who doesn't know how to care for my legs, I have had to tell them". A relative told us, "No I don't think they are well trained, they don't know how to wash properly".
- Records indicated that most staff had received at least one supervision so far in 2019 which would be in line with the providers policy.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and requirements were assessed before they started to use the service. The information was used to develop a health and wellbeing assessment and a visit plan.
- The management team conducted competency assessments to monitor that staff were working in line with the provider's procedures and expected standards.

Supporting people to eat and drink enough to maintain a balanced diet

- Where this was part of the agreed care provision, staff supported people to have access to food and drink of their choice.
- Care plans contained some information about people's food likes and dislikes.
- Due to concerns about one person's nutrition, food and fluid charts had recently been implemented to monitor this.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff told us how they would recognise if peoples' health or wellbeing was deteriorating and they spoke of the importance of seeking medical advice to address this. For example, staff described the signs which may indicate that people may be experiencing a urine infection.

Is the service caring?

Our findings

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question had deteriorated to 'Requires Improvement'.

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were mostly confident that their care workers treated them with dignity and respect.
- Staff described ways in which they were mindful of people's dignity. For example, curtains kept closed, and towels used to discreetly maintain people's dignity during personal care.
- However, as referred to elsewhere in this report, staffing challenges meant that some people did not receive consistent and timely care and support from staff who were familiar with their needs. People were also not kept adequately informed about any changes to their support. This limited their ability to have choice and control over their care.
- Some service users, relatives and staff raised concerns with us that the confidentiality of information was not maintained. For example, one service user said, "They don't all show respect for each other, one carer talks about another carer and other people they go into I don't like that".
- People and their relatives confirmed that staff helped and encouraged them to stay independent. One person said, "They ask me to do what I can for myself with washing".

Supporting people to express their views and be involved in making decisions about their care

- People told us staff acted in accordance with their needs and wishes. For example, one person said, "Yes, they do ask me, do you want a wash or a shower today".

Records supported this practice, for example, one person's care plan said, 'Ask [person] what perfume they would like to wear'.

- However, only one of the people / relatives answered positively when asked if they were involved in reviews of their care. One person said, "A review, not since 2017".

Ensuring people are well treated and supported; equality and diversity

- Everyone told us they were currently being supported by staff who were kind and caring. People's comments included, "The carers are absolutely lovely, all of them" and "They are nice and cheerful".
- Where people were assigned regular care workers, they had been able to develop positive relationships with them. For example, one person said, "They are kind and caring, [Care workers name] is my favourite, he's my regular carer" and a relative said, "The regular ones get to know us and us them". Another relative said, "[Person] is really pleased he gets on with [Care workers]".
- Staff were kind and compassionate and enjoyed supporting people, for example, one staff member said, "I

love [Person] to bits, we have a laugh and joke... we have that connection".

- There was some evidence that people's religious needs were considered as part of the care planning process.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question had deteriorated to 'Requires Improvement'.

Requires improvement: This meant people's needs were not always met

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- As described elsewhere in this report, most people told us the continuity of their care needed to improve and therefore was not fully meeting their needs or wishes.
- Where people had regular care workers, they told us staff were knowledgeable about their needs and this helped to ensure that they received personalised care. For example, one person said, "I have the same carer consistently, she never lets me down, if she is running late, she lets me know". Another person said, "We have [Care workers name] regularly it's much better than it was when different carers came in".
- People told us that their regular care workers recognised when they were unwell and advocated for them to have additional care when this was needed. For example, one person told us their increased care package had made a big difference to their quality of life.
- Care plans continued to contain a pen profile of each person which included some personalised information about their preferences, likes and dislikes and life histories. For example, information was available about the jobs people had had and the pets they had kept.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. The area manager told us that should people have specific communication needs these would be met. For example, the service user guide could be provided in easy read or braille formats.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information about how to complain was in the Care Services Guide.
- People were generally confident that their complaints had been listened to and acted upon.

End of life care and support

- Staff were not providing end of life care to anyone at the time of our inspection.
- End of life care planning was an area which could be further developed to ensure that person centred record of people's known wishes and preferences was available.
- Some people had 'Do not attempt cardio-pulmonary resuscitation orders (DNACPRs)' in place. One staff

member raised a concern with us that the DNACPR form had not been readily accessible during a visit in which they had found a person non-responsive. The manager has provided assurances that action is being taken to ensure that all staff are aware of the actions to take upon finding someone unresponsive and that DNACPRs are always readily accessible.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Our last inspection had found that the systems in place had not been effective at identifying and responding to areas where the safety and quality of the service was compromised or to ensure compliance with the Regulations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.
- This inspection found that the required improvements had not yet been made.
- Checks had failed to identify that people's known risks had not fully been identified and mitigated. There continued to be a need for the management team and provider to have greater oversight of recruitment checks to ensure that these were fully completed and robust.
- Risk management tools were not always fully completed or being used effectively, and we saw examples where mental capacity assessments had not been fully completed in line with legal frameworks.
- Some records relating to people's care were not fully reflected of the care being provided.
- The new manager and office team were working hard to address the areas for improvements. They had completed a range of checks and audits. Medicines and care plan audits had taken place and checks of staff files to ensure they contained all the relevant information. The most recent audits seen were detailed and had identified a number of areas for improvement. However, there was still scope for these to be more robust. For example, the medicines audit undertaken 17 July 2019 had identified missing signatures in all the ten MARs sampled. The action plan was recorded as 'Speak to all care workers about signing'. However, there was no evidence that the missing signatures had been investigated to ensure all remedial actions were taken.
- People were still not receiving a consistently good service and we were not yet assured that the quality assurance systems were being effective at driving improvements to the quality of the service and improving the rating from 'requires improvement' to 'good'. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All staff told us that communication needed to improve. One staff member said, "Communication is not so good, [Medicines] are changed and we are not told, calls cancelled, and we are not told".

- The majority of people and their relatives raised concerns with us about poor communication. One person said, "I rang earlier in the week and cancelled today... but they turned up, so no communication is not good". Another person said, "Communication has always been a problem". A third person said, "The office staff, and this is an ongoing situation, do not communicate with me if a carer is going to be late. I always have to chase the office to see when they are coming". A fourth person said, "I have phoned up when they are late, but I never get a ring back".
- Some people felt communication had, very recently started to improve and were hopeful that this was being led by the new manager and would be sustained moving forward. For example, one person said, "The manager is [Name], as I said, communication is not always good but since the new manager came it's much better". Another person said, "It's getting there, they need time to sort things out, but I'm happy with the management, they're very supportive to me".
- The provider undertook telephone surveys with people to obtain their views about the service. The surveys undertaken in June 2019, reflected our findings with two thirds of the 20 people responding saying they were not happy with the service they received. The new manager was aware of the need to act upon this feedback, key to which was the recruitment of more staff.
- The new manager had already held a staff meeting which staff told us had been useful and had provided assurances that their concerns were being listened to, however, the challenges around recruitment and retention of staff and the constant requests to be covering additional calls had led to some staff experiencing low morale. One staff member told us, "Everybody's spirits are down, morale is low, team work will take a while to build".

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Despite the low morale and challenges to effective teamwork, the staff we spoke with did all recognise the importance of providing person-centred care and support and some staff were working long hours to try and ensure people received their care as planned. The new manager was also confident that all the staff team had the right approach to care.
- Feedback about the new manager was positive. One staff member said, "[Manager] is amazing". Some staff felt it was too early to comment, but were hopeful that the manager would bring stability, improve communication and people's experience of their care.

Working in partnership with others

- The new management team understood the need to establish good links with local health and social care professionals to support improvements.
- Staff understood the importance of communicating with GP's, district nurses and occupational therapists to ensure that people's changing health and wellbeing needs were responded to.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure that staff were following correct policies and procedures for the safe administration of medicines. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality assurance systems were not effective at driving improvements to the quality and safety of the service and improving the rating from 'requires improvement' to 'good'. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service had not ensured that there were, always, sufficient numbers of staff available to provide a consistent and reliable service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Staffing.</p>