Pleasant Valley Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place over two days on 07 and 08 December 2016. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and support to people living in their own homes and we wanted to make sure staff would be available to talk with us about the service. At our last inspection on 09 December 2015, we found the service to be requires improvement in two of the areas inspected. These related to the Safe and Well-led domains.

Pleasant Valley Care Limited was first registered August 2014 to provide personal care and support for adults in their own homes. At the time of our inspection the service provided care and support to 25 people.

At the last inspection the service did not have a registered manager in post. The service is required to have a registered manager in post. At this inspection there remains no registered manager in post. However, the provider was actively involved in the management of the business and was present throughout the site visit. The provider has recruited a care manager and it is intended to submit an application for the care manager to become the registered manager in January 2017. 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. At the last inspection, it was found there were insufficient numbers of staff working for the provider. People were not always protected from the risk of unsafe practice because risks associated with some medical conditions had not been appropriately assessed. The provider's quality assurance and audit systems were not always effective because their processes did not identify action taken or what measures were put in place to recognise trends and prevent re-occurrences of events. We found at this inspection there had been some improvement but further improvement was required.

Systems in place to assess and monitor the quality of the service provided to people were not used effectively and required further improvement. Care plans had not been consistently reviewed; audits to identify or manage risks had not been consistently conducted. The procedures in place to ensure that potential new staff had background checks completed were not always robustly applied and also required improvement. You can see what action we have told the provider to take at the end of this report.

Most people had experienced late and some missed calls at short notice when unplanned staff absences occurred. There was some inconsistency with staff informing the office they were going to be late which made it difficult for the provider to inform people their calls would be late. Although the provider used an electronic call monitoring system which provided some assurance that calls would not be missed, we found staff did not consistently use the system and at least one missed call had not been identified. People told us it was important to them to see the same staff member(s) and they felt this had improved and that the provider tried to achieve this where possible.

People felt staff had the skills and knowledge to care and support them in their homes. The provider

required new staff complete a two day induction training programme. New staff spent time shadowing an experienced staff member until they were deemed competent to work unsupervised. Staff explained they had completed their training although we found the provider had not maintained the staff training records to reflect completed training by staff and this required improvement.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs. People, relatives and staff felt they could speak with the provider about their worries or concerns and felt they would be listened to. Although there was a mixed opinion on the effectiveness of the action taken by the provider.

Risks to people had been assessed and staff were provided with the necessary guidance required to support people safely. People were included in the planning and review of their care; their care plans and risk assessments reflected their individual needs to ensure they received person-centred care. People felt safe and staff were aware of what would constitute abuse and knew how and who to report it to. The provider had processes and systems in place that kept people safe and protected them from the risk of abuse.

People were supported to make choices and were involved in the care and support they received. People's rights were protected because staff, including the provider understood their responsibilities related to the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. The provider knew what appropriate action should be taken to protect people's legal rights.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

People were not always consistently supported by staff when unplanned absences occurred.

The provider's recruitment process was not consistently applied and required some improvement.

Risks to people's health and safety had been identified and included on people's risk assessments to inform staff and ensure people received safe care and support.

People felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective

People were supported by staff that had the skills and knowledge to assist them.

People's consent was sought by staff before they received care and support.

People were supported by staff with the preparation of healthy meals where appropriate.

People received additional medical support when it was required.

Is the service caring?

Good

The service was caring

People were supported by staff that was kind and respectful and

valued people's privacy and dignity.

People's independence was promoted as much as possible and staff supported people to make choices about the care they received.

Is the service responsive?

Good

The service was responsive

People received care and support that was individualised to their needs.

People knew how to raise concerns about the service they had received.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Quality assurance and audit processes were in place to monitor the service to ensure people received a good quality service. However they had not identified the areas of improvement we had identified during the inspection.

Although people were happy with the quality of the service, they felt the management of the service required improvement.

People were encouraged to provide feedback on the quality of the service they received.

Pleasant Valley 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.

The inspection took place on 07 and 09 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that the registered manager and staff would be available to meet with us. One inspector carried out this inspection.

Before the inspection, we asked the provider to complete 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. The PIR was returned within the required timescale. As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service, to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

We spoke with seven people who used the service. Discussions were held either over the telephone or through visits to people's homes. During these visits we were able to observe interactions between staff and people who used the service. We also spoke with six relatives, one health and social care professional, four care staff, the care manager and the provider. We looked at records that included four people's care records

and the recruitment and training records for four staff. This was to check staff was suitably recruited, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of policies and procedures including complaints and audits carried out to monitor and improve the service provided.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in December 2015, we found improvements were required in staffing levels because calls were not attended to in a timely manner and there were insufficient staff available to provide cover for unplanned absences. At this inspection we found that although some improvements had been made in recruiting staff, some people had experienced an impact due to late and missed calls. The provider's PIR showed there had been two missed calls during a seven day period. Three people and four relatives spoken with gave us examples of how late and missed calls had affected them. One relative told us, "It's extremely annoying having to wait around for carers to come and when they don't turn up, that's a day wasted." One person explained, "The carer was so late when they did finally arrive, I sent them away. It is important the carers arrive on time otherwise it can throw my whole day out, I can't manage on my own." Another person told us, "It is important I eat at regular times, sometimes my morning call can be anything between 6.30am and 10.00am

Although all of the staff we spoke with felt there were sufficient numbers of staff available to support people. People and their relatives felt there had been some improvements in the staffing levels available since the last inspection. However, three of the seven people spoken with commented that the provider experienced difficulties in meeting their needs when unplanned staff absences occurred. One person said, "I don't think there is enough staff, the problems occur when staff don't come into work, for whatever reason, and they can struggle to find cover." Another person told us, "I know they struggle with finding staff to cover at short notice because [provider's name] will sometimes come out." A relative explained, "It has got much better in the last couple of months since [staff name] was employed, she comes regularly now." The provider's PIR stated there was a constant recruitment drive for staff and the provider's aim was to have a 'constant pool of staff to draw from'. People and relatives who felt there was a need to recruit more staff had acknowledged the provider was trying to address their recruitment issues and agreed there had been some improvement with the consistency of staff attending to their care and support needs. One person told us, "It's a shame a lot of the problems they [the provider] face is down to not enough staff, if they could get that right it would be top notch."

We looked at how the provider ensured unplanned staff absences were covered. We were told staff on duty would be asked if they could provide cover at short notice. In the event of no staff member being available, the provider or the senior care staff member would attend to the call. Staff we spoke with confirmed this was the process. However, for staff that relied on public transport this had led to calls being either late or early because of rescheduling their usual call pattern. The PIR showed there had been a high turnover of staff. The provider agreed a number of staff had left the service and this was being addressed with their ongoing recruitment programme. The provider continued to explain they had recruited staff within the specific areas where people using the service lived, as this would reduce the impact of staff having to travel any great distance to provide cover when required. Although there had been a slight improvement since the last inspection, peoples' individual experiences demonstrated that late and missed calls had impacted on their wellbeing. The improvement was not sufficiently effective and required further improvement.

At the last inspection in December 2015, we found improvements were required when assessing risk and

ensuring staff had the appropriate guidance when supporting people. We found there had been an improvement. People had received an initial assessment before receiving support from the service. This was to determine if the provider was able to meet the person's care needs safely. One person told us, "[Provider's name] came to visit me before the service started and completed an assessment of the care I needed as well as completing their risk assessments too." A relative said, "I was present at the assessment meeting and [provider's name] completed a risk assessment about [person's name] hoist." The Provider's Information Return (PIR) stated 'a risk assessment plan was in place for each identified risk and was subject to planned reviews.' We found from the four care plans we looked at that risk assessments had been completed and were personalised. Staff demonstrated in their answers how they kept people safe and were aware of what action should be taken in the event of people becoming ill. One staff member told us, "I always check the daily notes in case there had been any changes in the person's health or if there is anything I need to be aware of before I carry out any care."

We reviewed the provider's recruitment processes. We spoke with staff who confirmed that employment reference checks and checks with the Disclosure and Baring Service (DBS) (which provides information about people's criminal records) had been undertaken and records seen confirmed this. We looked at four staff files and confirmed the recruitment process with the provider. We found the provider's processes for checking past employment history and security checks required improvement. There was no risk assessment in place, where a risk had been identified, to ensure that the provider had measures in place to manage any known risks. It is important to ensure employment and criminal checks are thoroughly reviewed and corroborated, as this can reduce the risk of unsuitable people being recruited. The provider confirmed a risk assessment had been put in place after our inspection, alongside additional measures to ensure the service being provided remained safe and we will look at these measures at the next inspection.

Six of the seven people we spoke with, who were supported with their medicines, told us they were happy with the support provided to them by staff. One person said, "They [staff] help me with my medicine, they make sure I take it." Another person told us, "They [staff] drop my tablets into a little plastic cup and leave them for me to take." Relatives we spoke with had no concerns with the support their family member received in respect of their medicine. We saw that systems were adequate to record what medicines staff had supported people to take. Staff we spoke with was able to describe how they supported people, where appropriate, with their medicines. We saw that Medication Administration Records (MARs) held the necessary signatures to demonstrate staff had witnessed the person taking their medication. Although we found there were a high number of gaps in recording the administration of medicines, we established these to be recording errors and after reviewing care notes, it was found people had received their medication.

People we spoke with told us they felt safe when staff were in their home and that staff supported them safely with their care and support needs. One person, when asked if they felt safe when staff used their hoist, told us, "They haven't dropped me yet (laughing)." Another person told us, "I feel very safe, they [staff] are very conscious of security and make sure I'm left comfortable and always lock the door so I'm safe." A relative said, "I know [person's name] is safe and happy with the support, he'd would tell me if this wasn't the case." Staff we spoke with told us they had completed safeguarding training and identified signs that could suggest abuse. Staff explained their responsibilities to protect people and how they would report concerns. One staff member said, "You get to know people and if their behaviours or mannerisms changed suddenly it could mean there is something wrong." Another staff member told us, "Any unexplained marks or bruising could mean somebody is being hurt, I've never come across it yet but if I did I'd let the office know straight away and if they didn't do anything I'd contact the Care Quality Commission." We saw the provider had safeguarding processes in place to keep people protected from risk of harm.

Good

Is the service effective?

Our findings

Six people and all the relatives spoken with told us that although their call times were not always consistent; the quality of the support delivered by staff was good. One person said, "She [pointing to the staff member] knows exactly how I like things to be done." Another person told us, "[Staff name] is excellent; she anticipates my needs." A relative told us, "I know the carers are providing effective care because [person's name] is so much happier, they know what he needs and how to care for him." Staff we spoke with was able to explain to us about the individual needs of the people they supported. For example, one staff member explained how they communicated with one person who had difficulty with their hearing. The staff member continued to explain, "You have to speak directly to their face, slowly and clearly so they can hear you."

The Provider's Information Return (PIR) stated staff members received induction training and the records we reviewed confirmed that three of the four staff members we spoke with had completed two days of induction training. The induction training had been adapted to meet the requirements of the Care Certificate. The Care Certificate is an identified set of standards to equip staff with the knowledge they need to provide safe and effective care. In addition, all four staff members told us that they worked alongside an experienced member of staff for at least one week. One staff member told us, "I shadowed staff for nearly two weeks, the first week I just observed how things should be done and the second week I was observed how I did things. I found it extremely helpful and wouldn't have felt comfortable supporting people without it (the training and shadowing experiences)." Another staff member said, "I have been a care worker for many years and did not complete the two days induction but I did work alongside other staff for two weeks before supporting people on my own." Three of the staff we spoke with told us they had received the necessary training and they felt supported by the provider to carry out their role. We noted from staff records that one staff member's training was not up to date however their answers demonstrated to us they were knowledgeable of people's needs and an experienced care worker.

All of the staff we spoke with told us although they had not received supervision in the last three months, they confirmed they were in regular contact with the provider, care manager and the senior care staff member and that communication was good. One staff member told us, "I only joined a few months ago and haven't had a supervision but I'm always speaking to [provider's name] she is very accommodating." The PIR stated that one of the improvements identified to be introduced within the next 12 months, was to undertake five supervisions and an annual appraisal each year for staff members. The provider confirmed that due to work commitments and the continuous recruitment programme, they had not been able to conduct as many supervisions and spot checks as they would like to. A spot check is where a member of the management team would assess the capabilities of a staff member in the workplace environment. However, we did see from two staff records that some spots checks and supervisions had been completed and recorded on staff files. Staff continued to tell us members of the management team was 'always available' and if staff had any problems they could seek guidance and advice from the management team.

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.

Staff received training about the MCA during their induction. We found that mental capacity assessments had been completed by the provider where decisions were to be made about a person's care and support needs. Staff confirmed in their conversations and our observations of practice, they knew the people they supported well and would seek consent from the person before supporting them. Staff explained how they involved people in their day to day choices. One staff member said, "I always check with people first if they are happy for me to help them." People we spoke with confirmed staff would seek their permission before supporting them. One person said, "They [staff] do ask me if it's ok to do things for me before they start anything." Our observations showed that staff offered people choices before supporting them.

All the people we spoke with received support from staff members with their meal preparation. Staff spoken with told us they had completed health and safety and food hygiene training and would sometimes prepare meals and light snacks for people. The care files we looked at showed the food and fluid intake for people was recorded and where appropriate people had received additional support from health care professionals. For example two people had difficulties swallowing and we saw there was guidance and advice, provided by a Speech and Language Therapist (SALT), contained within the care plans for staff to follow. A SALT is a healthcare professional that provides support and care for people who have difficulties with communication, or with eating, drinking and swallowing. People we spoke with were satisfied with the support they received from staff in relation to food preparation. Staff we spoke with explained how they encouraged people to eat and drink and confirmed they ensured people were left with a drink before they finished their visit.

We saw from care plans there was input from health and social care professionals, for example, GPs, district nurses, dentists, opticians and social workers. We found that family members were usually responsible for arranging people's routine healthcare appointments. However, the provider told us they had referred people to the relevant healthcare professionals to seek specialist advice. For example a district nurse had been requested for one person when staff had noticed their skin had become sore. People and their relatives were happy with the support they received with healthcare and we saw the provider worked well with healthcare agencies to ensure people's health and support needs were continually met.

Good

Is the service caring?

Our findings

Everyone we spoke with told us they found the staff to be caring and kind. One person told us, "[Staff name] is brilliant, she is lovely and kind, there's nothing she wouldn't do for you." Another person said, "The staff are good and some are excellent, all of them are very kind." Relatives we spoke with told us, "They're all lovely girls, very polite and caring," "I've never heard or seen any of the carers be rude or uncaring to [person's name]." We found that staff was friendly and kind to people, speaking with them in a professional and compassionate way.

The Provider's Information Return (PIR) stated they provided 'culturally sensitive care' and this was demonstrated with staff recruited to ensure the staff members could communicate in the person's own preferred language. People and relatives we spoke with confirmed, and we saw from our visits, a copy of their care plan was left in each person's home for reference. We saw that there was information available in the care plans about people's life histories. The provider explained they discussed the care plan in detail with the person and relatives at the time of the initial assessment to ensure the care delivered was tailored to the specific needs of the person. Staff we spoke with was positive about their role and the relationships they had developed with the people they supported.

People and relatives told us that they never heard staff talk disrespectfully about another person while they were supporting people. People and relatives felt staff was conscientious and maintained people's confidentiality. One staff member told us, "Because the people I go to know and talk to each other they do sometimes ask me about each other when I visit but I tell them I can't talk about other people because it is confidential." Some people visited by staff required key codes to enter their homes. The provider and staff we spoke with assured us all information relating to codes was kept in the office in a locked cabinet and not stored where it could be accessed by others.

People we spoke with explained how staff encouraged them to maintain some independence. One person said, "They [staff] do ask me if I'm able to do some things for myself." Another person said, "I do try to do what I can and the carers are very encouraging, I have got a lot stronger." Staff we spoke with explained how they promoted people's independence as much as possible. One staff member explained, "You should allow people to do as much as they can by themselves and be there to help them when they need it." Another staff member said, "I'll say to people, you can do it and encourage them, it can give them confidence." We found the staff to be reassuring to one person when they used the hoist to transfer the person. We heard them say with encouragement, 'we've got you' and 'you're doing really well.'

People we spoke with told us that staff treated them with dignity and respect. One person told us, "They [staff] always cover me as much as they can." Another person said, "When I'm ready, they [staff] always put a towel over me." Relatives we spoke with explained there had not been any problems in respect of staff treating their family member with dignity and respect. Staff gave us examples of how they ensured a person's dignity and privacy was maintained. One staff member told us, "Some people can get very embarrassed so I make sure I cover them and talk to them to try and put them at ease."

Good

Is the service responsive?

Our findings

People and relatives we spoke with told us they felt people's needs were being met. People and relatives confirmed they had been involved in the initial assessment process with how care and support needs would be delivered. One person told us, "[Provider's name] and [staff name] have been out to see me to review my care plan." A relative said, "I am always contacted by the agency before they come out to see [person's name] because they know I like to be involved and [person's name] likes me to be there as well." Everyone we spoke with all confirmed staff recorded what they had done in the daily notes that were left at the person's home, after every visit. Although one relative explained they could not always read the notes and liked them to be written more clearly. The Provider's Information Return (PIR) stated the care plans were individualised and contained life histories. The care plans we looked at confirmed this. We saw that care plans included aspects of people's health, their social needs and what support they required. There were also copies of the assessments from local authorities who were responsible for funding support.

One care plan had not been fully completed however, there was a completed initial assessment that was detailed and on reviewing the daily notes, we saw that staff had attended to the person's identified needs. The provider explained that some of the care plans had not been reviewed recently because of work commitments and the on-going recruitment process. However, staff we spoke with confirmed their knowledge of the people they supported and gave us examples of how they delivered individualised care and support to people; including an understanding of people's likes and dislikes. One staff member told us, "Once you have worked with people for a while you get to know the way they like things done." Another staff member told us, "We all know to make sure we read the daily records because peoples' needs can change very quickly so it's important we have up to date information to hand."

We looked at how complaints were managed by the provider. People and relatives we spoke with knew how to make a complaint and all but one person felt confident their concerns would be listened to. They told us, "I've given up complaining now." We discussed the complaint issues with the provider and they were able to explain the circumstances of the concerns the person had raised. However, some of the issues raised lay outside the remit of the provider and we could see, where possible, the provider had tried to accommodate the preferences of the person with changes of staff. A request for the person to be re-assessed had also been submitted to the local authority.

We looked at the record of complaints held at the office. Complaints and concerns received had been recorded on people's individual care files and we found the complaints had been looked into and responded to in a timely manner. However, we found there was no overall record of the outcomes to clearly show what actions had been taken in response to concerns. There was no mechanism in place to monitor trends and patterns. The provider showed us that they had recently improved their electronic recording system to contain a section for 'action taken' that would assist them to monitor for trends and patterns in the future.

Requires Improvement

Is the service well-led?

Our findings

We had identified through conversations with people who used the service and their relatives that there had been issues with some missed and late calls. On one person's file, we found a staff member had not attended to one call. We checked the provider's call monitoring system and found there was no record to confirm the staff member had attended that call. There were no completed care notes recorded for the call in the person's file and the staff member's timesheet showed no record of the call. Although this incident occurred in October 2016 and the person had not raised the missed call as a concern, this demonstrated that missed calls could remain undetected. The provider's current quality assurances processes were not sufficiently effective at identifying when calls were missed.

We asked to review information relating to the missed and late calls and this was not available because the information had been recorded on people's individual records and proved difficult to identify where there were trends and therefore required further improvement. The provider confirmed staff should contact the office if they (staff) were running late. Staff we spoke with confirmed this was the procedure. However, this was not regular practice with only a small number of people and relatives confirming they had received calls. The provider also explained there was a 'live' monitoring tool and this identified when staff were going to be late so the office could contact people to let them know the expected time of arrival of the staff member. One staff member said, "Yes I am aware of this system but I don't always use it." Another staff member told us, "I know about the system and have seen emails about it, but I've never used it." When we visited people in their homes, we could not confirm staff members used the call monitoring system. People and relatives we spoke with could not confirm they had seen staff use the system. The provider agreed the system required improvement and explained staff were being reminded to use the call monitoring system so that they could effectively monitor that people received their calls so that their care needs were met.

At our last inspection in December 2015 we found the service's systems to monitor the quality and safety of the service required improvement. At this inspection we saw the provider had developed their quality assurance systems and had completed some audits within the service. However, these quality assurance and audit checks were not sufficient and required further improvement. For example, while people told us they received support with their medication when they needed it the medicine administration records (MAR) we looked at showed there were a high number of gaps. We were told audit checks on MAR sheets had not been completed since October 2016. This was due to the senior care staff member having to complete calls due to the increased volume of work and the ongoing recruitment of staff. The provider agreed this was an area for improvement and recognised the importance to maintain audit checks so that the systems in place were effective. The provider assured us that the recruitment of a care manager and additional care staff would leave more time for the senior staff member to recommence their audit checks.

People and relatives we spoke with told us there had been an improvement in the service delivery in the last three months. There had been an attempt by the provider to implement systems and monitor the service to ensure it operated effectively. However, the providers own quality monitoring systems had not identified issues with auditing of MAR sheets, some risk assessments and care plans, late and missed calls and recruitment processes. The systems for monitoring and auditing the quality of the service required further

improvement and had not sufficiently improved from the last inspection in December 2015. This was a breach of Regulation 17 of the Care Quality Commission (Registration) Regulations 2009 Good governance.

At our last inspection there was no registered manager in post. There was no registered manager in place at the time of this inspection. There had not been an active registered manager in their role since June 2015 therefore, the provider was not meeting the conditions of their registration. We were told by the provider a new care manager had been appointed who intended to register with the Care Quality Commission (CQC). The care manager was available during the inspection and they confirmed their intention to register their application in January 2017.

People and relatives we spoke with confirmed they had been asked for their views on how the service was managed. The Provider's Information Return (PIR) stated they had recently introduced a feedback system in conjunction with an independent consumer body created to gather and represent the public's experiences of using local health and social care services. We reviewed the comments and found they reflected the feedback we had received about the service.

The provider explained how they kept up to date with current care practice. Staff told us the provider had provided continuity and leadership and felt supported in their role by the management team. Staff we spoke with and records we looked at confirmed staff meetings had taken place although there had been no meetings for more than three months. One staff member said, "There is good communication between us, [provider's name] will phone us and make sure we are okay and ask how we are getting on." Staff spoken with confirmed the provider was 'approachable' 'helpful' and they would have 'no hesitation' in requesting support or assistance. One staff member told us, "I'm very happy working here and I'd recommend them [the service] to others looking for a job."

At our last inspection the provider had not notified the CQC about significant events as they were legally required to do so. At this inspection we found there had been an improvement. We had been notified about significant events by the provider and saw that where appropriate, investigations had been conducted in partnership with the local authorities to reach a satisfactory outcome. Staff we spoke with all told us if they were worried or concerned about anything they would speak with the provider. One staff member said, "I'd have no concerns speaking with [provider's name or care manager's name] if I was worried about anything." Another staff member said "I'd go to CQC if they [management team] didn't do anything." We saw the provider had a whistleblowing policy. Whistleblowing is the term used when an employee passes on information concerning poor practice.

The most recent CQC reports and ratings were displayed in the provider's office. As part of the inspection process, we sent out a PIR for the provider to complete and return to us. The PIR provided an overview of what the service does well and where there provider intends to develop the service. The PIR had been completed thoroughly and submitted on time. The information had been completed by the provider. It contained information relevant to the service and the improvements they planned to make. These were consistent with our findings and what we were told by people, relatives and staff. At the end of our inspection we provided feedback on what we had found. The feedback we gave was received positively with clarification sought where necessary. This showed a willingness to reflect and learn in order to sustain and continue to improve the quality of service provided to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effectively operated to ensure compliance with the Fundamental Standards. This included failure to assess, monitor and improve the quality and safety of the services provided. Regulation 17(1)(2)(a)