

JSH Care Services Limited

KARE Plus Cheshire

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 28 and 29 June and 5 July 2018 and was announced.

We previously carried out an announced inspection at the service on 22 and 23 March 2017, where we identified shortfalls to the care provision and the service was rated as Requires Improvement. We identified two breaches of the relevant regulations relating to good governance and the failure to submit statutory notifications. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective and Well-led to at least good. At this inspection we found that improvements had been made in some areas, however further work was still required. We found that the registered provider was no longer in breach of regulations relating to notifications. However, they remained in breach of regulations relating to good governance.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people living with dementia, learning disabilities or autistic spectrum disorder as well as physical disability and sensory impairment.

Not everyone using Kare plus Cheshire receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; such as help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 59 people receiving personal care.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since the last inspection, action had been taken to try to improve the recording of information relating to the management of medicines. However, shortfalls remained and we found that information relating to medications was insufficient. There were gaps in the guidance for staff around the administration of PRN (as and when required) medicines and topical creams. The registered manager had started to take action to address these concerns during the inspection.

Sufficient numbers of staff were deployed to provide people's care and support. However, we found that occasionally people received late visits or staff did not stay the full allocated time. We saw that travelling time was not included in staff schedules, which could impact on the timeliness of visits. The registered manager assured us that she would review the organisation of schedules.

Risk assessments had been carried out; however, the assessments had not always included all relevant information or been updated in line with people's changing needs. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the service.

The provider had taken some action to address issues raised at the last inspection regarding compliance with The Mental Capacity Act 2005 (MCA). However, we found there continued to be gaps in staff understanding of the MCA and mental capacity assessments were not always available when people were unable to consent to their care. We made a recommendation in relation to compliance with the MCA.

Improvements had been made to the training arrangements and a new provider had been sourced. Staff were positive about the support they received. We saw that staff received supervision and field observations were also undertaken.

An initial assessment of people's support needs was undertaken for all new referrals. The management team undertook visits to people to discuss their care needs. People's nutritional needs were met as required.

People were positive about the approach and attitude of staff. They told us that overall, they received support from regular staff who knew them and their needs well. We found that people's dignity and privacy was respected and promoted by the service. People's diverse needs were considered by the service.

People received personalised care and each person had a care plan. There were occasional gaps in information about people's support needs. People told us that their wishes and choices were respected. We saw that people's communication needs were considered.

There was a complaints procedure and people had access to this information through a service user guide. People knew how to complain and felt able to raise any concerns should they need to.

A new registered manager commenced with the service in December 2017. There had been some unexpected events over the past few months, which had significantly impacted on the staff team, but they had worked hard to ensure that the service continued without disruption to people.

Quality monitoring audits were not fully effective in identifying areas of improvement and sufficient action was not always taken in response to audits and inspections.

Staff told us they felt supported by the management team and systems to improve communication were being embedded. Most people told us they had not yet met the registered manager.

The registered manager had ensured that statutory notifications were submitted as legally required.

We identified one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the second time the service has been rated as 'Requires Improvement'. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Risk assessments were not always clear enough for staff to follow and mitigate risk to people.

Shortfalls remained in the recording around medicines management.

There were enough staff to meet people's care and support needs. However, lack of travelling time sometimes impacted on the timeliness of visits.

People were protected against the risk of abuse. The service had appropriate safeguarding and whistleblowing policies and procedures in place.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff had started to make some improvement to comply with the MCA but further work was required.

All staff undertook induction and refresher training and received appropriate support with their development.

Staff supported people with their nutrition and to maintain their health and well-being.

Requires Improvement ●

Is the service caring?

The service was caring.

We found that the service was caring.

People and their relatives were able to express their views and were actively involved in decisions about their care.

People's dignity and privacy was respected and promoted by the service.

Good ●

Staff encouraged people to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised to their needs.

Care plans contained information which was person centred, however we found occasional gaps in information and updates.

People spoken with knew how to complain and felt able to raise any concerns should they need to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had made some improvements. However, shortfalls remained in most of the areas identified at the last inspection.

Despite the quality assurance and audit systems in place, these were not effective.

Staff were positive and felt supported by the management team who were committed to providing a quality service.

People's views were sought and the registered manager planned to undertake quality review with people and their relative.

Statutory notification were now being submitted as required.

KARE Plus Cheshire

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 28, 29 June and 5 July 2018 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection. Inspection site visit activity started on 28 June 2018 and ended on 5 July 2018. It included visiting people with their permission at home, speaking with people who used the service over the telephone and speaking with staff. We visited the office location on 28 June and 5 July 2018 to see the manager and office staff and to review care records and policies and procedures.

The inspection team was made up of two adult social care inspectors.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We used information the provider gave us during the inspection in the 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 contacted the local authority about their view of the quality of care delivered by the service.

We spoke with six people who used the service and six relatives. We visited three of these people at their home. We also spoke with members of staff, including the registered manager, the owner, five care workers and two care co-ordinators. We reviewed five care plans and looked at three staff files, which included recruitment records. We also looked at records concerned with the day to day running of the service .

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included: "Yes we feel very safe, no concerns,"; "My husband is safe and I have no concerns" and "We feel very safe, very happy, no concerns"

At the last inspection we found that some people did not have risk assessments in place to guide staff on keeping them safe. At this inspection we found that risk assessments were in place in several areas including, the environment, moving and handling, fire, risk and nutrition, amongst others. However, these were not always clear enough for staff to follow and mitigate risk to people.

For example, one person was prescribed fluid thickener, this is used when a person is at risk of choking on normal consistency fluids. The person's care plan said they required thickener 'as and when required'. It did not detail how care staff would recognise if thickener was required, how to make it up or how to administer thickened fluids. When we discussed this with the care coordinator, staff understood that this was only used in certain circumstances and under the instruction of the district nurse. However, the records were not sufficiently detailed and this could lead to confusion.

We saw further examples where risk assessments were in place did not reflect the actual risk or the action taken by staff to mitigate the risk. For example, one person's mobility had deteriorated significantly. Staff had arranged for an occupational therapy assessment to take place, however the person's risk assessment and care plan had not been updated to reflect the changes. This meant that staff who were less familiar with the person's needs may not have sufficient guidance. The registered manager told us that work was being undertaken to review and update all risk assessments. This had taken longer than expected due to exceptional circumstances.

There was a process in place to manage and record accidents/incidents and staff were aware of what they needed to do to report them. The registered manager kept a file which recorded any incidents and analysed these to establish whether any further action was necessary.

People told us they were receiving their medicines appropriately. One person said, "They do the medicines properly and I have no concerns." Following the last inspection, the provider's information return indicated that changes had been made to the daily log books which now included Medicine Administration Records (MAR) for all medication and any PRN (as required medication), along with protocols to guide staff about when these could be administered. New medication training had also been introduced for all staff which included competency checks.

During the last inspection we found people's MARs had missing information such as the dosage. At this inspection we found that some shortfalls remained. Whilst the majority of MARs contained the appropriate details, others did not contain all necessary information. For example, we found that one person required eye drops and skin cream but there were no details about when or where to apply these. The person told us however that staff were administering these correctly. We also saw that where people had medication administered from a monitored dosage system, the details of all medicines included were not always

recorded. During the inspection the registered manager acted to address these issues. She advised us that in future all MARs, including a list of medicines within the dosage system would be electronically printed in the office and updated at least monthly or when changes occurred. The MARs reviewed evidenced that people were receiving their medication as prescribed and information was also recorded within people's daily records.

We previously saw that staff supported people to apply their creams but there were not always specific plans in place to guide staff on when or where they needed to apply these creams. We also found there was no guidance for staff about when they should administer 'as required medicines' for people. At this inspection we found that shortfalls remained, some action had been taken to record the administration of creams and PRN medicines but this was inconsistent and guidance to staff around where and when to administer PRN medicines or topical creams were not always in place. The registered manager told us that action would be taken as soon as possible to address this.

Records relating to risk management and medication were not always accurate, complete and up to date. Quality audits had been undertaken but had not effectively addressed the issues relating to records.

This was continued a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to meet people's care and support needs. People told us they usually received their care as scheduled and missed visits were rare. Most people felt that there were enough regular staff. One person said, "I get regular staff and they are always on time". However, some people expressed concerns that staff did not arrive on time and call times could vary. Comments were varied, "The timings are inconsistent" and "They're not absolutely spot on but within reason (time of call)." They said that staff generally arrived within an expected time frame, but sometimes did not stay for the full allocated time. One person said, "Only the odd one stays the full time, they do what they need and then go". Another person said that they were happy for staff to leave once all support had been provided and commented, "They stay for a chat if they finish their work in time, they never just rush off".

We reviewed a sample of staff schedules and saw that service operated a system where travel time between calls was not included in staff schedules. The management team advised that calls were grouped together based on location so that staff had minimal travelling time. However, due to the lack of travel time there was sometimes an impact on people who could experience late and shortened calls. This was particularly the case where there was a significant travelling distance between calls.

Overall, staff told us that they managed their calls effectively and did not need to rush people, however some staff felt it could be difficult to get to people on time if there were any delays. The registered manager told us that they were fully staffed and had some bank staff. Staff absences sometimes meant that staff undertook extra calls. They had recently recruited new staff and this was a continuous process. We discussed the schedules with the registered manager and were advised that one in particular had extra visits due to staff holidays, however consideration was being given to the incorporation of travel time and the registered manager agreed to review the organisation of schedules.

The provider had a policy for missed or late calls which stated that the service should have a system in place to ensure that it is notified immediately if a visit to a person is late or missed completely. People told us that generally staff would call them to advise them if they were running late and staff would contact the office. We saw that staff recorded the time and length of calls in individual log books and these were audited in the office to identify if there were any issues with the times and lengths of visits. However, we saw that there was

a delay in auditing some of these. A relative expressed concern that the office staff would not know if a call had been missed because their relative was unable to alert people. The management team told us that they would mitigate the risk of vulnerable people being left without care by asking carers to text in when they arrived at a person's home. However, this system was not in place for anyone at present. We discussed this with the registered manager, who agreed to assess the risk to each person and whether these extra measures were required.

The registered manager told us that the service was planning to introduce an electronic monitoring system which would alert them in real time to any late or missed calls, so that immediate action could be taken.

The service followed safe recruitment practices. Staff file viewed included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with people who used the service.

People were protected against the risk of abuse. The service had appropriate safeguarding and whistleblowing policies and procedures in place. We saw that staff were up to date with safeguarding training. Staff spoken with could tell us about different types of abuse and how to spot potential signs of abuse., as well as how to report abuse. The registered manager kept a safeguarding file and we saw that any safeguarding concerns had been reported appropriately following local procedures.

Staff told us they were provided with personal protective equipment (PPE) to ensure people were protected by the prevention and control of infection. Staff told us they could collect PPE from the office. People and their relatives we spoke with confirmed staff members wore PPE when providing care. One person told us "They always wear gloves and aprons."

Is the service effective?

Our findings

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.

At our last inspection in April 2017 we found the service was not meeting the principles of the MCA as capacity assessments or best interest decisions had not been completed. People were not having their capacity assessed in line with the MCA. At this inspection we saw that the management team had considered these issues and had taken steps to try to comply with the MCA. However, we found that there remained some confusion and people's capacity had not always been assessed when they were unable to consent to their care.

Staff had completed MCA training and staff spoken with understood some of the principles of the MCA. Staff told us that capacity assessment were now carried out where it was felt that people lacked capacity to make decisions. We saw that a new form had been introduced, however on review we found this was a screening tool and was to be used to establish whether a capacity assessment should be arranged. There remained a lack of evidence to demonstrate that people's capacity had been assessed where necessary and best interest decisions made. People had various signed consent forms within their files to show that they gave permission for staff to carry out certain care support. However, these were sometimes signed by the person and their relative and then "in their best interests" by a member of staff. This demonstrated a lack of understanding by staff, as it would not be necessary to make a best interest decision for a person with capacity who was able to consent to their care.

People told us that staff gained consent from people before carrying out any care tasks. One relative told us, "They do speak to her before they do anything," Other people spoken with made similar positive comments. The service also held records where relatives held Lasting Power of Attorney for people using the service.

We recommend that the service finds out more about training for registered managers, based on current best practice, in relation to MCA and adjust their practice accordingly.

Overall, staff spoken with said they felt supported by the management team and had regular contact with the care coordinators. There was a system in place for staff to receive regular supervision with their line manager. The registered manager told us that staff received two one to one supervision sessions and two field observations per year, as well as a yearly appraisal. We reviewed records which demonstrated that these were being undertaken. Staff told us that the regularity of supervision varied but confirmed that one to one sessions and spot checks did take place. The care coordinators also worked regularly in the field, which helped them to build effective relationships with people and staff.

We found that staff had appropriate knowledge and skills to carry out their roles effectively. People spoken with told us that carers were knowledgeable and well trained. All staff were required to complete induction training before starting work at the service and all staff spoken with confirmed that they had gone through this training. One person commented "I did two weeks of shadowing, I was never left by myself." Staff were also issued with a handbook, which provided relevant information about their role. The registered provider had a wide range of policies and procedures in place which were readily available to staff using a mobile application.

All staff undertook regular training and we saw evidence of training certificates within staff files. Staff were positive about the training they received and told us, "These (the provider) have been the best for training" and "We recently did medication training, we do eLearning every year and separate training for moving and handling and medication." Since the last inspection a new training provider had been sourced and training considered mandatory was undertaken on an annual basis. We saw that staff undertook e-learning which included safeguarding, health and safety, first aid and infection control. The training included practical assessments for manual handling, as well as regular medication competency assessments. We inspected the training records and saw that on-going training was monitored, kept up to date and logged. Some staff had completed or were undertaking National Vocational Qualifications (NVQs).

An initial assessment of people's support needs was undertaken for all new referrals. From the assessment an initial care plan was written. The registered manager told us that care packages sometimes commenced at short notice. They aimed to have care plans in place as soon as possible and consideration was being given to staff roles to ensure that staff could focus on assessments and care plans when necessary. Staff told us they had access to people's care plans and were provided with initial information from the care coordinators about people's support needs. There were some differences in opinion from the staff about communication with the office staff. Whilst some staff were very positive, we received some comments that communication could be improved to ensure that any changes to schedules and other information was always received by staff. We discussed this with the registered manager who agreed to take action to address this further.

People's care plans detailed if people were supported with their nutrition. People we spoke with told us staff supported them with meal preparation and drinks as required. They told us that staff asked them what they would like to eat and respected their choices. One relative told us, "They make good food, they make sure she has drinks."

Staff supported people to maintain their health and well-being. We saw that where people's health needs changed, the service contacted health professionals and informed relatives appropriately. Records demonstrated that the provider had referred to health professionals such as GPs and district nurses where necessary. Staff provided examples where they had noticed changes to people's mobility and therefore referred these concerns to an occupational therapist for assessment.

Is the service caring?

Our findings

We found that the service was caring. People told us staff treated them in a caring manner. They said, "They're all lovely at the moment, very caring" and "They are nice, pleasant and kind." A relative commented, "They know us, they make her laugh which is important, she's very happy to see them".

People were positive about the approach and attitude of staff. They told us that overall, they received support from regular staff who knew them and their needs well. We found that the care coordinators had a thorough understanding of the needs of all the people who they supported. They aimed to provide consistent support to people and be as flexible as possible to respond to individual needs. They provided examples where scheduled calls were re-arranged to enable people to attend appointments and meet other commitments. One member of staff commented, "We build up a lovely relationship with clients."

People told us that care staff were kind and caring and in some cases, undertook extra tasks to support people, such as small amounts of gardening. The service had received thank you cards and compliments from people and relatives who had used the service.

People and their relatives were able to express their views and were actively involved in decisions about their care. One person told us "They ask me what I would like and I can make my own decisions." We saw that meetings were held with people prior to the service commencing and people were consulted with about the support they required. Review meetings were also held to review and discuss people's care plans and make any changes that were needed. However, the frequency of these meetings was variable and some people told us that they had regular contact whilst others thought that it had been some time since they had taken part in a review. Records indicated that staff respected people's choices and wishes. We saw for example where one person had chosen not to have a shower and staff supported a person's preference to go back to bed. One person said, "I'm definitely in control yes, I ask them for what I need."

People's views varied as to whether staff always had sufficient time to talk and listen. Overall people told us that staff always ensured all necessary tasks were completed and some people said that staff were very attentive. However, some people said that carers were rushed at times and were not always able to stay and chat for the full allocated time.

Staff told us they encouraged people to remain as independent as possible. People confirmed this and one relative said that the support provided ensured that their relative could remain independent and live at home. One of the management team told us that the importance of supporting people's independence was emphasised to the staff to help raise their awareness.

We found that people's dignity and privacy was respected and promoted by the service. People confirmed that this was the case. Comments included, "They are very respectful" and "They are all very good at maintaining her dignity." Staff spoken with were aware of importance of promoting people's dignity and could provide examples of the way they promoted this. We also saw that the management team undertook regular visits and made observations which checked how staff treated people and that their dignity was

respected. We saw that information about staff becoming 'dignity champions' has been discussed at the latest staff meeting.

Staff were trained in equality and diversity and the provider's equal opportunities policy was available at the service. We saw from the assessment undertaken when a person joined the service that they were asked if they had any religious, cultural or other preferences which needed to be considered.

Is the service responsive?

Our findings

People provided positive comments about the responsiveness of the service. They told us, "They're (the staff) ever so good" and "Everything is brilliant, I can't fault them."

People received care that was personalised to their needs. Most of the people we spoke with felt that the staff knew them well and knew how to support them. They told us that sometimes they were supported by new staff but that they were usually introduced beforehand. Staff had good knowledge and awareness of the people that they provided care for. They told us they usually provided care to the same people, which allowed them to build a rapport and understanding of their needs. Urgent situations sometimes meant that staff were asked to cover visits, however staff said that they received information about the person's care needs verbally from office staff.

Each person had a care plan in place in their home and at the office. People and their relatives said they had been involved in developing their care plans and agreeing the support they needed. Care plans contained information which was person centred, including their backgrounds, preferences, likes and dislikes, such as whether they preferred a male or female carer.

Comments included, "They did talk to us a lot at the start about what we wanted or needed" and "(Name) came out and we went through a review of the care plan." The management team told us that care plans were reviewed with people and their relatives on a regular basis, we saw this had happened in most cases but some people commented that it had been a while since they had discussed their care plan. One person's records indicated that their care plan had been reviewed in April 2018 but there was no indication this was discussed with the person's relative, which would have been appropriate and the care plan had not been amended to reflect changes to the care. The registered manager told us that staff were being supported to make improvements in this area.

Since the last inspection the registered manager told us there had been a focus on the auditing of care plans and a significant number had been re-written, this was ongoing. However, we found occasional gaps in information about people's support needs which had not been included. In the main this was where there had been changes to people's needs. For example, we saw from daily records that staff were now supporting a person with their continence needs, however there was no information in the person's care plan to guide staff regarding this. Another person had increased the number of care calls but this was not reflected.

People's communication needs were considered by the service. The registered manager was aware of the Accessible Information Standard (AIS). The AIS aims to ensure information for people and their relatives can be created in a way to meet their needs in accessible formats, to help them understand the care available to them. Care plans included information about people's preferred communication methods. One person had hearing loss and staff had supported the person to arrange for specialist equipment to be installed in their home, they had also supported this person to maintain contact with their family through use of technology, which had a positive impact on their wellbeing. Staff also gave an example of a person whose first language was not English and how they used a particular method to communicate effectively.

The provider had a complaints procedure and we saw that people had access to this information through a service user guide, this included the contact numbers for the management team. People spoken with knew how to complain and felt able to raise any concerns should they need to. People told us, "I'd complain to the office, I don't hesitate to complain but I've never needed to" and "I would phone the manager's office but mainly I would speak to (carer) as I know her and trust her."

We saw that the registered manager kept a log of any complaints which demonstrated that these were investigated and actions taken as a result. We reviewed the complaints file and saw that there had been three formal complaints received so far in 2018. We saw that action had been taken to investigate and resolve the issues appropriately.

The service supported people to receive end of life care and understood the importance of providing good end of life care. They supported people to have conversations about their wishes for the end of their life and worked in partnership with other health professionals to meet people's needs.

Is the service well-led?

Our findings

During the last inspection, we found the previous registered manager did not have effective quality assurance systems in place. This left people at risk of not always receiving care in a way that met their needs. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst some improvements had been made the provider remained in breach of this regulation.

There was a registered manager in post. A new registered manager commenced with the service in December 2017 and the managing director explained that there had been some unexpected events over the past few months, which had significantly impacted on the staff team, but that they had worked hard to ensure that the service continued without disruption to people.

At this inspection, we saw that the provider had made some improvements and attempted to address the concerns raised. However, we found shortfalls remained in most of the areas identified at the last inspection. The provider had implemented an action plan; however, the registered manager was unable to locate the action plan. She did provide a verbal update on the changes that were being implemented and planned developments for the service.

We found that some quality audits were undertaken. Staff files had been audited and reorganised. A quarterly over view form was completed in April 2018 which audited safeguarding, accidents, complaints and medication errors. The registered manager demonstrated that monthly care plan audits were completed and some issues had been identified for action, however she told us that in future she planned to undertake a fuller audit for each care plan. We saw that medication and log book audits should be undertaken monthly. The management team said that where issues were identified these would be discussed with the relevant staff member, although records relating to this were inconsistent. We saw that some log books had been returned to the office for audit but this was inconsistent and not all had been audited monthly.

The provider told us that the service was visited by a quality assessor from the Kareplus franchise, who undertakes an audit. We saw the report from a visit in May 2018 and a small action plan had been put in place where improvements were required.

Despite the quality assurance and audit systems in place, these were not effective as risk assessments and care plans did not always record the needs of people adequately. There were also shortfalls in the management of medicines and compliance with the MCA which had not been identified and addressed. Further improvements to the quality monitoring process therefore need to be made to ensure there is a clear overview of practice within the service and ensure it is well-led.

This was continued a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that the service had not always informed CQC about significant events that they were required to send us by law. This was a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation. We reviewed our records and found that appropriate notifications had been submitted as required. We spoke with the registered manager who understood her responsibility to notify CQC about certain events.

Throughout our inspection we found that the management team worked effectively together and demonstrated a commitment to providing a quality service for people who used their services. They were keen to act on any advice or recommendations to improve the service.

Most people spoken with did not know who the new registered manager was. People told us that communication was mainly with the care coordinators. People said that they had received an introductory letter from the manager and one person commented that they had expected to meet with her. The registered manager told us that she had visited some people but had not yet had the opportunity to visit everyone. She told us that she planned to visit more people and undertake quality reviews with them.

Overall staff were positive about the management of the service. They told us that they worked well as a team. They said there was always a member of the management team on call and someone available in emergencies. Comments included, "I'm really happy"; "They're a great company" and "I enjoy every minute." Staff felt the management team was very approachable and felt confident they would address and deal with any concerns raised. We saw that the provider awarded staff for long service with the company.

Since the last inspection, changes had been made to the training and a new provider had been sought. The registered manager was also arranging further bespoke training in consultation with staff. Staff were now positive about the training they received.

There were some comments that communication with the office could be improved. There had also been a significant gap since the last staff meetings. The registered manager had re-instated these meetings in May 2018 and planned to hold these quarterly going forward. Minutes evidenced that many issues were discussed and staff had the opportunity to provide feedback. A staff questionnaire had been sent out in December 2017 and we saw that there was some positive feedback but some issues had been raised about staff travelling time and communication with the office. The registered manager told us that she would revisit these issues with staff.

Feedback questionnaires were sent out to people who used services and their relatives. The registered manager told us that a survey had been sent out in May 2018. The results were currently being analysed and a summary report would be produced together with an action plan for any areas identified for improvement. Letters were due to be sent out to people with the outcome.

The provider had displayed their rating as legally required to do so.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured that systems to assess, monitor and improve the quality of the service were effective.</p> |