

Fosse Healthcare Limited

Fosse Healthcare - Nottinghamshire

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

Fosse Healthcare – Nottinghamshire is a domiciliary care agency providing personal care to 301 people across Nottinghamshire. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe with staff; however, many raised concerns about staff punctuality and the consistency of staff. Records showed calls were overall made on time and people normally received a consistent team of staff; however, people told us their experiences did not always reflect this.

Risks were assessed in key areas; although, this was not consistently applied across all aspects of care, such as repositioning of people who were at risk of developing pressure sores. Environmental risk assessments were in place, but these did not include reference as to how to make people safe in an emergency.

The provider ensured safeguarding processes were followed. People's medicines were managed safely. The risk of the spread of infection was safely managed.

The provider had systems in place to help staff to learn from mistakes. We did note that a staff member did not follow care plan and risk assessment guidance when providing care for a person which placed the person's safety at risk.

Most people received care in line with their assessed needs. There were gaps in some staff training, although there were plans in place to address this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received the support they needed to maintain a healthy diet, although guidance was not in place to support people with appropriate foods for a diabetic diet. People had access to other health and social care agencies where needed.

People and relatives found the staff to be caring and respectful. People were treated with dignity when personal care was provided. Independence was encouraged.

People felt involved with decisions and that staff respected their wishes. People's records were stored securely to protect their privacy.

People's care records were person-centred and focused on what was important to them. People told us when they received their expected member(s) of staff they always received care in their preferred way.

Complaints were responded to in line with the provider's complaints policy. People were not currently receiving end of life care. End of life care was to be discussed with people during reviews of their care.

Quality assurance processes were in place; however, these were not always effective in highlighting and addressing the concerns we have raised during this inspection.

Some members of staff had not completed refresher training when needed, this could place people at risk of receiving inappropriate or unsafe care.

People were asked for their views during telephone interviews; however, no analysis was conducted to identify any trends. No annual survey was completed to enable the provider to assess the quality of the service provided for all. This could hinder the opportunity for continued learning and development.

Some people felt office-based staff did not always communicate effectively with them. When people had met the registered manager, they found her to be supportive and approachable. The registered manager had a good understanding of the regulatory requirements of their role

Rating at last inspection and update: The last rating for this service was Good (published 7 March 2017). The service's rating has now changed to requires improvement.

We have identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. More information about this is in the full report and can also be found at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

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 caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Fosse Healthcare - Nottinghamshire

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:

The inspection was carried out by one inspector, an assistant inspector and three Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager 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.

Notice of inspection:

This inspection was unannounced. Inspection activity started on 24 June 2019 and ended on 28 June 2019. We visited the office location on 24-26 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 29 people who used the service and 13 relatives about their family member's care. We spoke with 5 staff care staff, a care coordinator, a member of the compliance team and the compliance manager. We also spoke with the registered manager, innovations manager, area manager, regional manager and group operations director.

We reviewed a range of records. This included all or parts of records relating to the care of 11 people as well as a range of staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that 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.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- ☐ The risks to people's safety had been assessed and were reviewed to ensure they met people's current needs. We found assessments had been completed in a wide range of key areas such as medicines, nutrition and people's ability to carry out their own personal care. However, we found three examples in relation to pressure care where staff had not followed the guidance to reduce the risk. These three people were assessed as 'medium risk' and required their pressure care to be recorded on repositioning charts. This had not been done. We did note that there were examples of repositioning taking place in people's daily records, but, these records were not consistently recorded and could make it difficult to analyse any changes in each person's health. The area manager told us they would amend the risk assessment and the recording process to ensure people's daily pressure care requirements were accurately recorded. This would help to reduce the risk to people's health and safety.
- ☐ Regular checks of people's home environment were carried out. The regular reviewing of these procedures helped to reduce the risk to people's safety. However, plans were not in place to guide staff on how to make people safe in an emergency if staff were present at their home. People's needs varied, with some needing more support than others to be safe in an emergency. The failure to support people safely in an emergency could place their safety at risk. The area manager told us they would amend this process to include an evacuation or 'make safe' procedure.

Staffing and recruitment

- ☐ People gave mixed feedback when asked if staff arrived on time. Some people felt staff arrived at the time they expected them; others, raised concerns that staff were not arriving at the time they expected. Some people felt this was directly impacting their personal life. A relative said, "We have no problems when our regular ladies come, but when they are off, we never know who is coming and this can be very unsettling to [family member] as they do much better when they know the staff."
- ☐ People also raised concerns that they did not always receive a consistent team of staff and when changes were made, they were not informed. Some felt this impacted on the quality of the service they received as staff they did not know, needed time to understand their care needs. People also told us they were not always introduced to new members of staff, which for some made them apprehensive about having a person they had not met before in their home.
- ☐ The area manager told us they were aware of these issues. They showed us analysis that confirmed that almost 90% of all calls were carried out within 30 minutes of people's agreed arrival times. They could also demonstrate that over 75% of people received a team of four to six staff for all calls. However, they stated

that more needed to be done to ensure that people were kept informed of any changes to their team of staff and when calls were going to be late. Additionally, people and where relevant, their relatives, would have access to an App which would show them which staff were due to attend their or their family member's home. However, this will not be in place until late in 2019. Others who were unable to access an App would have access to a rota if they wished to receive one. These improved processes would help to reduce people's anxieties and to reassure them they were safe.

- There were procedures in place that ensured new staff were appropriately vetted before they commenced their role. This helped to reduce the risk of people being cared for by inappropriate staff.

Systems and processes to safeguard people from the risk of abuse

- Most people we spoke with told us they felt safe when they had a consistent team of staff to provide them with personal care and other tasks within their home. One person said, "I do feel safe with them although sometimes I have to tell them things if they are not regular." Another person said, "I do feel safe with all the carers. I have never had any reason not to feel safe. Although some are more experienced than others."

- Staff were aware of the signs of abuse and could explain how they would report any concerns they had and felt these concerns would be acted on by the registered manager.

- The provider had the systems in place to ensure the relevant authorities such as the CQC or the local authority 'safeguarding team' were notified of any allegations of abuse or neglect. Records showed this process had been used when required. We did highlight one incident to the area manager which they are currently investigating. They will notify us of the outcome and the action they have taken. These processes meant the risk of people experiencing avoidable harm was reduced.

Learning lessons when things go wrong

- There was a process in place that ensured accidents and incidents were recorded and investigated. Where needed, actions were recommended by the registered manager and then followed up to check they had been completed. We were informed during the inspection by the local authority that a recent incident had led to a person experiencing harm due to staff not always following the person's care plan and risk assessment. The area manager told us they would be discussing this with the local authority to establish what lessons could be learned.

- Prior to the inspection we were informed of another incident where it had been alleged a person had experienced harm because a staff member had not followed the correct routine when completing their call. The area manager investigated this incident and found the staff member to be at fault. The area manager has taken disciplinary action and had plans to remind all staff of the necessity to complete all tasks to make sure people were safe when they finish their call.

Using medicines safely

- People's medicines overall were managed safely. Most people told us they received their medicines when they needed them. One person said, "My medication comes in a blister pack and they help me by dropping the tablets into a little pot, so I can get to them. They always wear gloves and sign the sheet when they have done."

- Some people did raise concerns with us that if staff were late this could affect them receiving their medicines when needed. The area manager told us they had addressed this issue by scheduling 'time critical' calls. These were for people who, along with health-related risks, required their medicines at a specific time of day. Analysis of calls carried out in the three months prior to this inspection showed that almost 92% of all time critical calls were carried out on time. The area manager told us their aim was to improve this statistic further to reduce any risk to people not receiving their medicines on time.

- Staff had received training on how to ensure people were supported safely with their medicines. They received an annual competency assessment which assured the registered manager that staff practice

remained safe and in line with current best practice guidelines and legislation. An electronic recording process had been introduced which staff completed each time they administered a person's medicines. The area manager told us if a medicine had not been given, an alert was sent to the provider's office. This meant the error could be rectified immediately. These processes helped to ensure safe medicines practice.

Preventing and controlling infection

- ☐ People did not raise concerns with us with regards to staff practice and reducing the risk of the spread of infection. Staff were aware of the actions needed to prevent the spread of infection and this included having access to and using personal protective equipment. This meant the risks associated with the spread of infection were reduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience.

- ☐ Most people told us they were supported by staff who understood them, appeared well trained and knew how to provide the care and support they needed. One person said, "They know what they are doing, the odd one is a bit slow though." Another person said, "I am happy with the way I am looked after and each person who comes knows exactly how to support me, I have no problem with how they are trained."
- ☐ Records showed that not all staff had completed refresher training which the provider had deemed mandatory for them to carry out their role effectively. This included areas such as moving and handling, safeguarding and infection control. The provider had identified these areas and told us any gaps in training would be addressed within six weeks of the inspection. This will reduce the risk of people being supported by staff without up to date skills and experience.
- ☐ Staff felt well trained and supported which enabled them to carry out their role effectively. They received supervision of their practice to ensure they provided appropriate care and support for people. The provider's target of three supervisions or spot-checks and one appraisal per staff member per year was on-track to be met for most staff. However, some staff had were overdue for their most recent supervision. Regular supervision and assessment of staff performance and practice contributes to people receiving care from staff who are well-trained, skilled and experienced.

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

- ☐ People told us when needed, staff assisted them with their meals and maintaining a healthy and balanced diet. People told us they could choose what they wanted, and staff understood their likes and dislikes. One person said, "They get me my breakfast such as [food item] which I like and choose, and they always make me a hot drink and leave me with a drink." Another person said, "I have what I fancy for lunch and they always leave the kitchen clean and tidy. I like a cup of tea, so they will do me flask for later."
- ☐ There was limited information in people's records about how to support people with their diet if they had diabetes. There was some information about people needing support with following a diabetic diet; however, this did not include what a diabetic diet was and people's individual dietary needs. Records showed staff had completed diabetes awareness training, but the area manager agreed to ensure care plans more specifically recorded the requirements of an individualised diabetic diet.

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

- ☐ People's physical, mental health and social needs were, in most cases, assessed and provided in line with

current legislation and best practice guidelines.

- We also noted an inconsistent approach to the way records were completed when people were being supported by staff to reposition themselves. Robust recording of when and how a person has been repositioned is important to help staff to identify any risk of the person developing a pressure and to ensure they received consistent support. The area manager assured us that people did not currently have any pressure sores, but they would review the way repositioning was recorded to ensure consistency of approach.
- Where people needed support with specific health conditions, staff had acted to support people with their health needs

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

- People had access to their GP and other healthcare agencies to help them lead healthier lives. On occasions staff have supported people with accessing their GP or to attend other health appointments.
- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.
- People's day to day health was recorded in daily running records. These helped senior members of staff assess whether any changes to people's health required a referral to other agencies such as falls teams and occupational therapists. This helped ensure people received effective and timely care.

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. We checked whether the service was working within the principles of the MCA.

- The application of the MCA was effective. Where MCA assessments were needed, they in were place. When family members or other relevant people were involved with making decisions about people's care, their legal right to do so was recorded. This ensured that people's rights were respected.
- People's care records also contained examples where people had signed to give their consent to certain elements of care provided. This included staff support with medicines and personal care. This ensured people's right to make their own choices about their care was sought and acted on, protecting their rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence 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 has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- ☐ People liked the staff who supported them. All praised their regular staff who they had built friendly and meaningful relationships with. One person said, "They are lovely, and we have a good laugh at times. They are always chatting and telling me what they have been up to." A relative said, "The carers coming now are lovely. [My family member] loves the ones we have now. They are respectful, and they talk and have a laugh with [my family member]. They ask if there is anything else they can do and will make me a cup of tea too."
- ☐ People told us they felt well treated and supported and they enjoyed their visits. One person said, "I can't fault my carers I genuinely think they care about me and how I am." Another person said, "I can honestly say that whoever comes to my home appears to be really concerned about me and how I am."
- ☐ Care records contained guidance for staff on how to communicate with people. This included reference to people who may be hard of hearing. All staff had completed dementia awareness training which gave them the skills to communicate with people living with dementia also guided them on how to support people who may become agitated or distressed. This meant people were not discriminated against because of a disability or health related condition.
- ☐ People's diverse needs were discussed with them when they first started to use this service. Where people had expressed their chosen religion, this was recorded within their care records to ensure staff were informed. If people required further support with their chosen religion this was recorded to ensure people's rights were respected by staff.

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

- ☐ Most people told us they had been involved with making decisions about their care. They told us they had a care plan, and this was regularly reviewed with them. We saw evidence of this in most of the support plans that we looked at. One person said, "I do have a care plan and I am happy with it. It was reviewed a few weeks ago." A relative said, "We have a care plan which I think covers all of (relatives' name) needs. It was updated in the last 12 months."
- ☐ A 'family portal' was in the process of being developed. When implemented, this will enable family members, with the permission of the person who uses the service, to access electronic records about their family member's care. They will then be able to see what care has been provided and if needed, raise concerns on their family member's behalf. The area manager told us this will ensure an open and transparent approach to care provision. Additionally, it will mean people who are less likely or able to raise concerns about their care can have a relative do so on their behalf. This means decisions about people's care and the review of the quality of the care provided will be continually assessed to ensure people receive

the care they deserve.

- ☐ A service user guide was provided for people to inform them about the services available to them and the quality of care they should expect to receive. Contact details were available for people to contact the provider's office should people feel the need to discuss their care needs outside of normal care reviews.
- ☐ Information about how people could access an independent advocate was provided in the service user guide. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered further support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- ☐ People felt staff offered support and cared for them in a dignified way. One person said, "They are lovely staff, all really good. They have lots of patience and treat me with respect and dignity. I can't fault them they encourage me to do what I can." Another person described the process when staff provided them with personal care. They said, "They always keep me warm and covered and close the curtains as they help me shower."
- ☐ People's independence was promoted. A relative praised the approach of staff when supporting their family member to move around their home. They said, "There is a handrail up the stairs, and they will walk behind [person] all the time and rest when [person] gets breathless. They never rush [person] and are always checking they are OK. They really understand [person's] condition."
- ☐ People's care records were treated appropriately to ensure confidentiality and compliance the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People's care records contained personalised information about how they would like their care to be provided. This included the times they would like their calls, the level of support they would like with personal care and their preferred choice of meals. Information about each person's background, life history and hobbies and interests were also recorded. Some praised the approach of staff, who understood their personal interests and choices and used these to provide person-centred care.
- Some people told us they had been offered the opportunity to choose whether they would prefer a male or female member of staff when receiving personal care. Many of those spoken with told us they did not mind but welcomed being given the opportunity to choose. This meant people were able to make choices and have control of how their care was provided.
- The area manager was aware of people's concerns about punctuality and the consistency of the care staff that attended their calls. They told us they would work with people to ensure wherever possible their preferred members of staff were able to attend their calls to further improve people's experiences of this service.
- Some care packages, as well as receiving personal care, included provision for domestic and social calls. Some people had hours allocated throughout each week where staff supported people with accessing local shops and other amenities. This also sometimes included helping people to day centres or to meet friends and family. This helped to reduce the risk of people experiencing social isolation.
- Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. Once it was agreed that people's needs could be met at the service, detailed support plans were then written to ensure staff had the guidance they needed to support people safely and to enable them to respond effectively to their health needs.

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

- The provider's service user guide referred to records being made available for people in other languages and in different styles and sizes. The area manager acknowledged that more could be done to improve accessibility to records. They told us this would form part of initial assessments when people started to use

the service and during care reviews in case people's needs had changed. This would further improve people's ability to understand records that related to them.

Improving care quality in response to complaints or concerns

- ☐ People felt able to make a complaint and told us they would contact the provider's office if they had any concerns about their care.
- ☐ The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy. We did note that the process for people to follow if they were not happy with the outcome of a complaint was not recorded on the policy. The area manager told us they would ensure that this was added to the policy. This will ensure that the actions of the provider are appropriately reviewed by an independent body, should people be dissatisfied with their outcome.

End of life care and support

- ☐ End of life care was not currently provided. The area manager told us they would discuss people's preferences and choices in initial assessments and on-going reviews of people's care. They told us they were aware that due to the type of service provided end of life care is not a fundamental part of the care provided; however, they acknowledged that people could suddenly be taken ill or pass away, and staff needed to be aware of their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence 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 Good. At this inspection this key question has changed to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care. Planning and promoting person-centred, high-quality care and support

- ☐ Risks to people's safety had been assessed although risk assessments were not always effectively followed to reduce the risk to people's safety. Repositioning risk assessments which gave clear guidance about how to record the action taken by staff to reduce the risk of people developing pressures sores were not consistently recorded. A staff member had not followed the risk assessment and care planning guidance when supporting a person in their home. This person experienced that may have been avoidable. This placed the person's health and safety at risk.
- ☐ We received mixed feedback when we asked people if they received good quality service. Some people the staff and felt they received high quality, person-centred care. Others told us they had concerns about the care they received. Many of the people we spoke with told us they did not feel the office-based staff responded appropriately to their concerns. Some felt communication was poor, with a regular theme of people not knowing if changes were to be made to their calls, or if staff were running late.
- ☐ Comments from people included; "I don't think it is very well organised company, the mess up over my times being an example. I am not sure I would recommend them", "At weekends you keep phoning and it goes to a recording machine and then the machine says it's full up. You phone the office and want to talk to the manager and they say they will phone you back and they never do" and, "You ring the office and they take messages but don't always get back to you. It can be very frustrating." The area manager told us they were aware that there had been some issues with some of the office-based staff. They told us some staff had left and that performance had improved. However, they acknowledged that action was needed to reassure people about the quality of the service they could expect.
- ☐ Quality assurance processes were in place. These assessed the on-going quality of the care provided in key areas such as; call monitoring, records reviews and staff training and supervision. Whilst the internal results of these systems were positive, this was not reflective of the feedback we received from many of the people we spoke with. Some people felt the quality of the service was good, whilst others had less positive experiences. We also found that training deemed mandatory by the provider for staff to complete to carry out their role effectively was not all up to date. Action was being taken to address these shortfalls through training refresher courses.

The failure to ensure that the risks to all people's safety were appropriately assessed, monitored acted on as

well as people's experiences of poor communication with regards to their calls was a breach of regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood how to comply with the regulatory requirements of their role.
- It is a legal requirement that a provider's latest CQC inspection rating is displayed at their office where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the office.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to apologise to people and/or their relatives when mistakes were made. We saw examples of this in the provider's complaints log.
- People were supported by staff who understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

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

- Some people told us they were aware of who the registered manager was, and those that had met her praised her approach. One person said, "I think the manager is called Maria, she is very nice; she comes to care sometimes". Others felt they would like more contact with the registered manager to enable them to discuss any concerns they had about their care. A relative said, "I have met her, and she is very approachable but getting hold of her can be very difficult."
- We saw examples of people being involved with decisions that affected their care. Regular quality assurance phone calls were held with people to gain their views of their care and improvements were needed. However, these results were not then analysed to help the provider to identify any developing themes or trends. No annual survey was completed with people or their families. Therefore, no analysis of people's views was completed which would make it difficult for the provider to identify any themes across the service as a whole. The area manager acknowledged this and told us plans were in place to address this.
- Staff felt able to raise any issues with the registered manager and that any concerns would be acted on. Team meetings were held with staff to obtain their views about the service.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies and assisted them in providing care and support for all.

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 person had not always assessed, monitored and improved the quality and safety of the care and treatment provided. They had not always assessed, monitored and mitigated the risks to people's safety. Records were not always accurate, complete and contemporaneous in respect of each service user</p>