Everycare (Central Surrey) Ltd

Everycare (Central Surrey)

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

About the service
Everycare (Central Surrey) is a domiciliary care agency. It provides personal and live in care to 50 people living in their own houses and flats. It provides a service to older adults, some of whom are living with dementia. Not everyone using Everycare (Central Surrey) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service and what we found
People and their relatives told us they felt safe, and staff were aware of their role in safeguarding people from abuse. However, risks to people were not always appropriately recorded, and the recording and auditing of medicines also required improvement. There were a sufficient number of safely recruited staff to meet people's needs. Accidents and incidents were not always recorded appropriately.

People's rights were not always protected in line with the principles of the Mental Capacity Act 2005. Staff were up to date with mandatory training and received regular supervision. There was an effective communication system in place and referrals to healthcare professionals were made where required. The service completed pre-assessments to ensure they could meet people's needs and followed national guidance and best practice.

People and relatives told us staff were extremely kind and caring and treated them with dignity and respect. People were involved in decisions around their care and encouraged to be independent where possible.

Although people's care plans were not personalised, people were receiving personalised care. Complaints were dealt in line with the provider's policy. Care plans did not include people's end of life wishes. The service was not delivering end of life care to anyone at the time of the inspection.

People and relatives felt the management team were approachable and staff felt valued. Quality audits were not always robust and did not identify issues we found during our inspection. People and their relatives were regularly asked for their feedback on the service, and events to reduce social isolation were organised by the registered manager. There were links to local organisations where best practice, knowledge and training resources. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
At the last inspection the service was rated Good (9 September 2016.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will follow up on breaches and recommendations made and any improvements required at our next inspection.

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 always safe.

Details are in our safe findings below

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Everycare (Central Surrey)

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. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

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
We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity took place on 24 April 2019. We visited the office location on this date.

What we did before the inspection
We reviewed information we had received about the service from the provider since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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.

During the inspection

We visited and spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager, care coordinator, and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
Following the inspection, we spoke with three people, three relatives and one staff member by telephone.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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.

Using medicines safely

● Medicine were not being safely recorded. The service had recently introduced an electronic medicine administration record (MAR) system. Limitations of this system did not always allow staff to correctly record when they had administered a medicine. The registered manager said, "We can't have two people signed in on the system at the same time to administer medicines, so if one person needs to administer it but the other person is signed in, they will have to leave a comment on the daily note." However, relatives told us people always received their medicines on time. One relative told us, "They make sure that she has her medicine before they go." Another relative said, "I normally do her medicines but sometimes I need the carers to do this and they will always record what they have given her."

● The safety of medicine administration and recording was not been assessed which could leave people at risk. The registered manager had not been recording the findings of monthly medicine's audits. He told us that he was hoping to implement a weekly auditing spreadsheet to resolve this issue.

● The electronic MAR system displayed how many times a day a medicine should be administered. There was also a medicine list in people's files within their household which confirmed this information. The registered manager said, "Even for the clients we don't support with medication, we have a medicine list. This is in case we need to call an ambulance and they need to know what medication they're on." Protocols for as and when medicine (PRN) were in place to guide staff on how much of a medicine should be given in a 24-hour period.

Assessing risk, safety monitoring and management

● Risks to people were not always appropriately recorded. One person had developed an open wound. The registered manager said staff were aware they should monitor and clean the wound which staff also confirmed, but this was not written in the person's care plan. Another person had a diagnosis of asthma. However, their risk assessment around breathing was identical to another person's we looked at who didn't have asthma. There was no detailed and personal information of how staff should support that person if they were to have an asthma attack. Other people's folders did not include care plans around their health diagnoses. For example, one person had a diagnosed skin condition but there was no specific care plan around supporting them with this and what risks staff should be aware of. The registered manager told us this would be addressed immediately following our inspection.

● Despite this, staff were aware of how to manage risks in people's homes. One person told us. "The [staff] sit with me whilst I am having a bath. I feel safer with them there." A relative told us, "They never leave her alone in the shower. When they assist her to her chair they make sure she is safe before they go to the kitchen." A staff member said, "[One person] needs hoisting. His house is pretty messy so we have to make sure that the floor is cleared and there is nothing obstructing the wheelchair. We have to be careful not to knock their legs when going through doors."

● The service had a business continuity plan in place. This stated how to ensure people continued to receive safe care and treatment in the event of an emergency such as a major accident in the local area, severe weather or communication issues.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they felt safe. One person told us, "I absolutely feel safe, the [staff] are lovely." A relative said, "I feel [my family member] is safe with them. I have met [the staff] and they are very nice. I have turned up when they don't know I am coming and there is never a bad feeling."

● Staff were aware of their responsibility to safeguard people from abuse and were aware of who to report concerns to. One staff member said, "If I suspected abuse I would report it to my manager. It could be bruising on a person or the family shouting at them." Another staff member said, "If you are having concerns, make sure that the person is safe. Use your instinct. Fill out a form and notify the office." The registered manager said, "I feel confident that my staff know who to report abuse to because I've seen them do it. They are aware of the whistleblowing policy if needed."

● The service had a safeguarding, lone working and whistleblowing policy in place. The registered manager analysed safeguarding concerns on a monthly basis to check that all necessary steps had been taken to identify any trends.

Staffing and recruitment

●There were a sufficient number of staff to meet people's needs. People and relatives told us they had never missed a care call. One person said, "The staff always turn up and I am always told if they are going to be late." Another person said, "They have never not turned up and will always let me know if they are running late. They are great like that." A relative told us, "It's important to know if they are going to be late and they do let us know. It doesn't happen very often though. They always stay for the full hour." A staff member said, "There are definitely enough staff. We get travel time which helps so we aren't rushing around. We have a chance to chat with people."

● There was a call monitoring system in place to ensure staff arrived on time and stayed the full length of the call. The service used a GPS app on staff phones to record when they arrived and left a person's property. Sickness was covered by staff or the deputy or registered manager. The registered manager told us, "We are fully staffed. We are quite well off. We are able to do a shift pattern for staff. It means that staff are not doing twelve hour days. We are able to cover sickness."

● Recruitment files evidence staff had been recruited safely. Staff's files included a full employment history, references from previous employers and a Disclosure Barring Service (DBS) check. This ensures that people are safe to work with vulnerable people.

Preventing and controlling infection

● People were cared for by staff who followed safe infection control practices. One person told us, "The staff wear gloves and wear a clean uniform. They always look nicely turned out." A staff member said, "We make sure we use the gloves, aprons. We have to make sure the equipment we use is clean. We always dispose of the gloves and clean any sores." Another staff member said, "It's important to wear gloves and apron especially when you are working with people with severe illnesses

●The registered manager conducted monthly spot checks at people's homes to check staff were adhering to infection control policies. He informed us if a person became unwell with a contagious illness, a message would be sent to all staff to make them aware.

Learning lessons when things go wrong

● Staff were aware of what to do in the event of an accident or incident. One staff member said, "I would fill out a form, complete the body chart, take a photo of the injury with their permission and call an ambulance

if needed." However, we found thorough recording of accidents and incidents was not always occurring, with some records missing body maps or what actions were taken.

● Accidents and incidents were analysed on a monthly basis to check for trends. The management team also followed up with any people or staff members involved in an accident or incident to ensure that they were okay or needed any support.

Requires Improvement

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.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own home applications must be made directly to the Court of Protection. We checked whether the service was working within the principles of the MCA

● People's legal rights were not always protected because staff did not always follow the principles of the MCA. The registered manager told us everybody they cared for had mental capacity. However, some people lived with dementia that impaired their capacity or caused it to fluctuate. For example, one person was supported with their medicines as they were unable to manage these due to cognitive issues, and one person had a lap belt on their wheelchair but didn't have capacity to consent to this. Therefore, decision-specific mental capacity assessments and best interest decisions should have been completed but had not been.
● Despite this, staff were aware of the MCA and how this effected how they worked with people on a day to day basis. A relative said, "My [family member] lacks capacity. They will ask her simple things but with bigger decisions they will come to me." A staff member said, "It's all about choice and their capacity to make choices and make their own decisions. We assume they have capacity unless it is brought to our attention." Another staff member said, "MCA exists to protect people whether they have a permanent lack of capacity or whether it fluctuates."

We recommend the service reviews people's capacity o and completes mental capacity assessments and best interest decisions where required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and choices were assessed before the service started delivering care to ensure their needs could be met. One person told us, "The manager came and did a very thorough assessment. He asked what I was interested in." The registered manager said, "They phone in to us, we take down brief information. Before I go to the client, I'll start populating the customer profile, and then complete it during the meeting with the person. The seniors then go in and complete the rest as they get to know people."

● The service followed and acknowledged national guidance and best practice. The registered manager has recently received information from the Local Government and Social Care Ombudsman (LGO) around the dangers of leaving commodes next to radiators. This information had been passed to staff to be aware of. The registered manager also told us, "We do download information from places like Parkinsons UK and discuss it with the staff."

Staff support: induction, training, skills and experience

● Staff were up to date with mandatory training. This included modules around epilepsy, diabetes, end of life care and basic oral care. A staff member said, "It's definitely good training, especially the face to face training around moving and handling. It's definitely better to do it that way, you get the idea of what to do."

● People and relatives felt that staff were well trained and knew how to carry out their role effectively. One person said, "The staff know what they are doing. She [carer] is really super." A relative said, "I think they are very competent." Another relative said, "You can tell that they have had training with dementia as you can see they understand dementia."

● There was a thorough induction process for new staff. One staff member said, "When I did my induction I did a week of shadow shifts." The deputy manager said, "We have started a new induction programme. We commence shadowing and we offer at least two shadows with each client that they are going to take on. A senior will fill in forms to sign them off as competent. We will extend the shadowing if needed. We don't leave it to chance." All new staff members were required to complete the Care Certificate through the service. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

● Staff received regular supervision to support them in their role. One staff member said, "If I need support all I need to do is ask. [The deputy manager] came and did a supervision with me. It's definitely important to have them."

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

● There was an effective communication system within the service. The service used an electronic app for communicating information to staff. The registered manager said, "Slack is our communication portal, it's the most secure system we can use. We make sure that only staff members that are involved in a person's care plan can read messages regarding that person's care."

● People, relatives and staff also felt that the communication was effective which led to good teamwork. One person said, ""They are very smart people and take the initiative." A relative told us, "When [my family member] was unwell the staff coming on duty were aware and knew she had a problem." A staff member said, "We work well as a team. When there are changes in care we write the information on the daily notes but we also call each other as well." They gave an example of a call she had from another staff member asking if a person's laundry dryer could be turned off on a call later that day.

● Referrals to healthcare professionals were made in a timely manner. One relative told us, "When [my family member] had a urine infection they stayed with her and then went to the chemist to get her prescription. It was wonderful as I was stuck and couldn't get it." A staff member said, "If a client is unwell we try to meet their needs and try to make sure they are comfortable. We assess whether we need to call a doctor." Daily notes showed that referrals to professionals such as chiropodists had been done, as well as call for ambulances where need. These records also showed that staff stayed with people until the ambulance arrived.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People and relatives told us staff were kind and caring. One person said, "They are caring and they listen to me. They are really very friendly." A relative said, "The girls are very good and thoughtful. They will talk to her and go through photos which she likes." Another relative said, "They talk to her beautifully. I can't praise them enough. I can't speak highly enough of them. They are beautiful and caring." Staff were also complimentary of the people they cared for. One staff member said, "I love my client to bits. She is like a mum." Another staff member said, "I really like doing something that matters and making a difference. I really like the clients."

● We observed kind interactions between a person and staff member during a home visit on our inspection. The person became upset when talking to us about the care they required. The staff member reassured them and said, "It's okay, don't get upset." They then decided to complete a crossword together and shared laughter and humour during this activity. The staff member said, "I'm getting better at them because of [the person I care for]. It helps us both."

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

● Relatives told us that people were involved in making decisions about their care as much as possible. One relative said, "They really know [my family member] and they always ask her what she wants even if she says the same thing over and over." Another relative said, "[My family member] is able to say what she wants. They listen to her views." We observed a staff member offering lunch choices to a person and also asking them if they would like another drink.

● People were involved in reviews of their care. The registered manager said, "We involve people when they want to be involved. We record it on the system to show that we have included them in the decisions." Documents showed that people had been involved in reviews of their care, or their next of kin had been if they were unable to.

Respecting and promoting people's privacy, dignity and independence

● People were supported and encouraged to be independent where possible. One person told us, "It's very important to me to remain independent. Staff support me with this." We observed the staff member allowing the person to have the time they needed to complete a task despite it taking them three attempts, which encouraged them to be as independent as possible. A relative also told us, "They encourage [my family member] to walk whilst keeping an eye on him." The registered manager told us, "We need to make sure we respect people's independence where possible. We may be able to do it in half the time, but that's not the point. We should only do as much as they need us to do."

● Staff respected people's dignity. One person told us, "They are always polite and treat me with dignity." Another person explained to us staff never made them feel embarrassed if they had been incontinent. A

relative said, "I couldn't do without them. They mean everything to me. They treat her with dignity. So caring and gentle." Another relative told us, "They are very courteous to him. They talk through what they are doing." A staff member said, "You have to be respectful of their bodies and put yourself in their shoes." The registered manager informed us that all staff completed dignity and respect training so knew that personal care should take place behind closed doors and curtains. He also explained the topic was discussed at staff meetings too. This allowed staff to keep engaged with the topic and also share best practice.

Good

Is the service responsive?

Our findings

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

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

● People received personalised care that was responsive to their needs. For example, staff supported one gentleman to go to the pub and watch rugby at weekends as they had done theirs whole life. A staff member had recently supported a person to switch energy suppliers when their electricity bill increased. The staff member set up a cheaper account with an online supplier so they are able to track their electricity usage. However, personalised information was not always recorded in people's care plans.

● Staff respected people's preferences in their care. People's preferred names were recorded in their care plans and people were called by these names. People's preference about the gender of staff providing personal care to them was also respected. The registered manager told us, "The reason we set up the business was to set up a small team around the client, and we give them their preferences too such as female carers only." People confirmed they received care based around their preferences.

● Daily notes were personalised and gave details on what people had eaten, drunk and the care provided that day. One relative told us, "They always write in the care they have given. It's nice to see how she has been over the week. It gives us a feeling of how she is doing."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were met. Care plan's included information around people's communication. For example, one person's care plan stated, "Stand in front of [person] when communicating and check understanding, ensure [person] wears glasses if required, only send care worker who speaks native language." Documents for people using the service was also available in large print for those with sight issues.

Improving care quality in response to complaints or concerns

● People knew how to raise concerns and felt comfortable to do so where needed. One person said, "They gave me information on how to make a complaint. I do feel listened to." A staff member said, "If somebody wanted to complain then I would ask [the registered manager] to come and visit them." The provider had a complaints policy which set out clear details of time scales to respond to a complaint raised.

● Complaints that had been received were responded to within the time frame and had resolved and issues raised. For example, one relative complained that a different staff member was arranged to cover the usual carer over the Easter break without their input. The registered manager apologised and responded to the

relative on the same day, stating that they would look to include them in the process in the future.
● The service had received compliments which were also stored in a central file. Two people who used the service had contacted the main office within a month to say that they were extremely happy with the care they were receiving.

End of life care and support
● The service was not providing end-of-life care at the time of our inspection. However, people's end of life wishes had not been discussed or recorded. The registered manager informed us, "We haven't got end of life care plans as no one is currently end of life." A staff member explained that these care plans were put in place when people required end of life care. They said, "We do support staff with end of life care. We check in on the live -in staff to found out how they are doing. We develop care around their wishes and the wishes of the family." Services should discuss this with people prior to them reaching this level of care so they are prepared to meet any end of life wishes.

We recommend that personalised end of life wishes are recorded prior to people reaching this stage of care.

Requires Improvement

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.

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

- Areas of the service lacked robust record and auditing paperwork. For example, as referred to earlier in this report, medicines audits were currently not being recorded. There were no staff competency checks being completed, and no pharmacies carrying out any external audits. This meant there was no clear audit trail which recorded issues that were found and what actions were taken to resolve this.
- Recording of accidents and incidents were not always robust. Although accidents and incidents were stored in a central file, we found information missing from reports such as body maps or actions that were taken. For example, one report stated a person's "scar on tummy has opened up, is bleeding slightly." However, there was no body map or photo to show the location of the wound on the person's stomach to help other staff and healthcare professionals. Another report had a photo of a rash that had developed on a person's leg but didn't state what action was taken to resolve this.
- People's care plans did not include personalised information. For example, one person told us information around their background and where they grew up. Staff were aware of this, but it was not recorded in their care plan. Another person's care plan noted that they used to work in television but did not give any further information. This information could help provide responsive and personalised care to a person.
- Other areas of the service did have audits that were recorded, such are care plans and risk assessments audits. These audits were completed every six months or earlier if required. However, they had not identified the issues we had found such as risk assessments lacking detail, and therefore were not fully effective.
- Spot check audits had identified issues which had been resolved as a result. The registered manager told us, "Some of the staff weren't washing out sinks or spit bowls and this has been resolved now." Therefore, the effectiveness of audits carried out by the registered manager was inconsistent.

The lack of robust quality assurance and record keeping meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of his responsibilities about reporting significant events to the Care Quality Commission and other outside agencies. However, shortfalls in recording of risks, personalised care,

mental capacity assessments and end of life wishes demonstrated that management oversight of the service required improving.

● People and relatives felt the registered manager and management team were approachable. One person told us, "The managers are very good. They listen to me. I would highly recommend them." A relative said, "The managers are very competent. I feel I can put my trust in them." Another relative said, "[The registered manager] is very nice. When I ring the office last minute they will oblige me and help."

● Staff told us they felt valued. A staff member told us, "[The registered manager] is the best boss I've ever worked for. He is a real people person. The hierarchy is well placed." Another staff member said, "[The registered manager] makes me feel part of the team. Management are caring and supportive. [The registered manager] is fantastic." The registered manager recognised staff achievement and support by giving an 'employee of the month' award, which consisted of a bottle of wine, bath gifts and their picture displayed on the wall. A staff member told us, "I feel valued. I got Employee of the month in February. Its shows I'm appreciated. It's nice to get. We also get told when clients praise you."

● Staff received praise and recognition through the communication system when people and their relatives had given positive feedback. One message sent out on the system read, "I would like to say a big thank you for the support that you gave (a person) and the family. When we receive lovely letters like this it shows the difference we do make to the clients and their families lives while we are supporting them. So well done and thank you for all the support everyone gives to our clients." The registered manager also sent messages on the communication system to remind staff to look after their own well-being, for example during bad weather.

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

● People, relatives and staff were engaged in the running of the service. A person told us, "The office are always checking with me that the care is correct. It's important to me that they keep this contact." A relative said, ""We do get asked for feedback. It shows that they are interested in how the carers are doing." The registered manager informed us that they used to send questionnaires to people for feedback but didn't receive many back. Therefore, he now asks the management team to contact people or their relatives every two months by telephone, or a staff member will go to the person for an extra visit to sit with people and as for their feedback. The registered manager said, "It's more of an informal conversation which I find works better."

● The registered manager had arranged social meetings for people and relatives to help them engage with each other and reduce social isolation. There had been coffee mornings and a Christmas party in which people and their relatives had attended.

● Staff meetings were held every two months. One staff member said, "Staff meetings are pretty useful. Most of us are lone workers so it's quite nice when we see each other. It gives us a chance to discuss clients." The registered manager said, "Team meetings were on a monthly basis but it was a struggle to get everyone in so often, so now it's now every two months. I ask staff if they feel we need to update our values. We're looking to implement focused staff meetings on different topics." The registered manager also informed us there was a feedback box in the office for staff but no one had engaged with it. However, the registered manager explained, "We have it as an open invitation feel here so they can come in and chat to us at any time."

Continuous learning and improving care; Working in partnership with others

● There were plans in place to improve the quality of the service. Following a board meeting with all the services managed by the provider, the registered manager was going to implement a health and safety slot into every team meeting in order for staff to improve their knowledge and practice.

● The service was a member of various organisations, such as the Surrey Care Association, and Live-In Care Hub. These organisations provide services with knowledge, best practice and training resources. The

registered manager had also been appointed as the chair for Mid Surrey in local Skills for Care Managers meetings.

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 The service was not keeping thorough records and audits.