

Valleywood Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place between the 8 and 11 May 2018 and was an announced inspection.

This service provides a combination of support as a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats in the community and specialist housing. The supported living service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection there were 110 people receiving a service.

Not everyone using Valleywood Care Ltd receives the regulated activity of 'personal care'; 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.

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

At the last comprehensive inspection on 20 April 2016, the service was rated 'Good'. At this inspection we found the service was now rated overall 'Requires Improvement'. This is the first time the service has been rated 'Requires Improvement'.

Overall people were very positive and complimentary about the service they received. Where appropriate people's consent to the care and support was sought. However, the service was not always compliant with Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to meet people's individual care and support needs and recruitment processes were generally robust. People told us that the service was reliable and that they felt safe with staff. Staff had received training in safeguarding and were confident the management team would take concerns seriously. Some improvements had been made to the process for reporting and recording safeguarding concerns, but further improvements were required to ensure that all concerns were recorded.

There were individual and general risk assessments in place. However whilst we found that staff had taken action to mitigate risks, appropriate assessments were not always recorded.

People were assisted to take their medication as prescribed. However information within people's care

plans over whether people were able to manage their medication themselves or required staff assistance needed to be clearer.

Staff had the appropriate skills and knowledge to support people effectively. Records showed us that staff undertook a range of training which was refreshed annually. Regular supervisions and appraisals were carried out with staff.

We saw evidence of staff working effectively to deliver positive outcomes for people. People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists.

Staff assisted people in a caring, patient and respectful way. People's dignity and privacy was promoted and maintained by the staff members supporting them. People were also supported to maintain their independence.

People had care plans in place which documented their needs. These plans informed staff about how a person would like their care and support to be given. They contained information about people's history, likes and preferences. Staff were knowledgeable about people's needs. People were given choices about their support.

The service promoted inclusion and supported people to take part in activities that reflected their interests. Within the supported living service we saw that people were supported to undertake activities and these were developed to meet people's individual preferences and needs

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. However, we noted that some verbal complaints and concerns raised were not consistently being recorded.

People and staff felt the service was well-led and staff spoke positively about the support they received from management. People were given the opportunity to provide feedback about different aspects of the service. There were some quality assurance systems in place, however quality assurance arrangements had not identified all the areas for improvement we found as part of this inspection.

We found one breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to consent. You can see what action we told the provider to take at the back of the full version of this report. The registered provider had also failed to submit relevant statutory notifications to the Commission. A notification is information about important events which the provider is required to tell us about by law. Failure to submit notifications is an offence under the Care Quality Commission (Registration) regulations. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Medicines were managed safely, however there were some minor short falls in medicines recording.

Risks were generally assessed and staff took action taken to mitigate risks. However in some cases this was not fully recorded.

Staff were trained and understood their responsibility to protect people from abuse and harm. However records needed further improvement.

There were sufficient and consistent staff, who had been recruited safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

We could not be certain that people's rights were always protected, as people did not have current or decision specific assessments of capacity in place.

The registered provider ensured that staff had the appropriate skills and knowledge to support people effectively.

People were supported to eat and drink sufficiently.

Requires Improvement ●

Is the service caring?

The service was caring.

People were very positive about the way they were treated.

Staff respected people's dignity and privacy.

Staff told us they encouraged people to remain as independent as possible and people confirmed this.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

Care plans included information in relation to people's communication needs, personal care needs, health needs and dietary requirements.

The service promoted inclusion and supported people to take part in activities that reflected their interests.

The provider had a complaints policy and people were confident that their concerns would be dealt with effectively.

Is the service well-led?

The service was not consistently well-led.

There were some quality assurance systems in place, however these arrangements had not identified all the areas for improvement we found as part of this inspection.

The Commission had not been notified of all incidents as legally required to do so.

We received positive comments from people about the organisation.

Staff felt well supported and said the management team were approachable.

Requires Improvement ●

Valleywood Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 8, 9, 10 and 11 May 2018. The registered provider was given 72 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 8 May 2018 and ended on 11 May 2018. It included visiting people at home with their permission, speaking with people who used the service and relatives over the telephone and speaking with staff. We visited the office location on 8 and 11 May 2018 to see the manager and office staff, to review care records and policies and procedures.

The inspection team was made up of two adult social care inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority about their view of the quality of care delivered by the service.

We spoke with 24 people who used the service and four relatives. We reviewed six people's care plans. We also spoke with 15 members of staff, including the registered manager, the owner, five senior support workers and eight support workers. We 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 told us they felt safe receiving support from Valleywood Care. Comments included, "Yes, I do feel extremely safe with the staff and they have never cancelled on us"; "I feel safe with them because the same people come round and I know them all" and "(Relative) is absolutely safe. There are no concerns there. They always go that little bit extra and they brighten her day."

People received their medicine as prescribed. People told us they had the necessary support with medicines. A relative told us, "(Relative) is on quite a lot of medication. All the staff help her with them and they all have the relative training for it." The provider had a medicines policy and procedure in place and all staff had undertaken medicines training. Medicine administration records (MAR) were in place and these records were accurately completed.

However, we found that guidance recorded in people's care plans relating to their support needs around medicines needed to be clearer. A "medication administering plan" was in place for each person but we found the form in use was confusing because it was pre headed for people "able to self-medicate," which was not always the case. We also found that the level of support each person required was not always specific enough. For example on some occasions staff were administering medication but care plans stated that the person only required a prompt. Guidance on the use of 'as and when required' medication (PRN) was also not always clearly recorded. If people are unable to indicate their medication needs then guidance should be in place for staff to know when to administer this type of medication. We raised this with the registered manager who immediately started to take action to address these issues.

We saw that there was enough staff to support people in their homes. Rotas confirmed that overall there was a consistent staff team. We noted from the rotas that travelling time was not allocated between calls for staff, however the provider told us that rotas were organised within a small geographical area, which meant that staff had minimal travelling time and calls could be organised more effectively. The registered provider monitored any missed calls and we saw that these were rare. There were senior staff based in the office who could respond to any emergencies. People told us that staff generally arrived on time and stayed for the full time agreed, but some people said that they were sometimes shorter than planned, but that carers would only leave if all the support had been provided. Comments included, "They are always here when I need them and they are always willing to do a bit extra if I need them to"; "They are a bit late on occasions but I don't mind because I know they are busy and sometimes they might go a little earlier because they have done all I require" and "(Relative) feels very comfortable with the callers. They are not hundred per cent, but they are not bad at all for arriving on time and they do stay for the allocated time."

People were provided with a level of support appropriate for their needs. Staff spoken with felt they had sufficient time to meet people's needs in a unrushed manner, they told us that emergencies and traffic difficulties occasionally made them late but overall had no concerns. Staff within the supported living service told us that there were sufficient staff to cover shifts as required. Some people required one to one care and we saw from the rotas that this was provided.

Recruitment was ongoing to ensure there was always sufficient staff within the organisation. The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. However we noted in one case that a clear explanation was not recorded for a gap in a person's employment history. We discussed this with the provider who confirmed that checks had been made and acknowledged that this needed to be recorded more clearly in future. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

In the majority of cases risks were assessed and action was taken to manage risks as safely as possible. We saw that where there were concerns about people's safety, staff reported these as necessary to appropriate professionals. People had risk management plans in place, which covered areas such as medication, moving and handling and any environmental risks within people's homes. Where people required specific equipment guidance was provided to staff about appropriate moving and handling procedures. Risk assessments were reviewed on a regular basis. However we found that risk assessments were not always recorded for all identified risks. For example we saw that a concern had been raised about a person's safety at home, whilst senior staff explained that action had been taken to mitigate the risk, a risk assessment had not been carried out. We saw a further example where staff were taking action to manage a risk regarding a person's financial management this had not been fully recorded. We raised this recording issue with the provider.

During our last inspection we recommended that a system should be implemented to log and record any safeguarding referrals/concerns and their outcomes. We saw at this inspection that a system had been introduced, where any referrals made to the local authority were logged and stored with details of the outcomes. However we found that records relating to safeguarding concerns raised by third parties such as the local authority were not included in this system. For example the local authority advised us about a safeguarding investigation which had been undertaken by the service on their behalf. We discussed this with the registered provider and saw that information relating to this investigation was not available and the registered provider was unable to confirm the outcome during the inspection. Furthermore, the registered provider was able to tell us about the actions taken and outcome of another safeguarding concern, but there were no written details available within the safeguarding file to confirm this.

Staff were trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. The service had a safeguarding policy in place. Staff told us that they could raise any concerns and felt that they would be dealt with promptly. Minutes of staff team meetings demonstrated that safeguarding procedures had been discussed with staff. We saw that people within the supported living service had regular meetings with staff to review their support, as part of this review staff checked that people knew what to do if they had any concerns about their care.

The provider had an accident and incident folder. Staff recorded any incidents using a form, which the management team then reviewed. We saw that there were two recorded incidents over the past eighteen months and appropriate action had been taken in response to these incidents.

Plans were in place to support people in emergency situations. The provider had a business contingency plan containing guidance to staff on providing a continuity of care in situations that disrupted the service, for example loss of utilities. Keys were not held by the service for people's properties and consent was sought to share any key codes with staff.

The provider had appropriate policies and procedures in place relating to infection control. We saw that

staff had access to and used appropriate personal protective equipment to help prevent the risk of possible infection. In each person's care plan there was a reminder to all staff to ensure that gloves and aprons were worn appropriately. People and their relatives told us, "The Staff are always washing their hands and are conscious of keeping clean before administering any care" and "When (the carer) is helping him shower she always wears the gloves and apron."

Is the service effective?

Our findings

People and relatives spoken with told us that staff were appropriately skilled and knowledgeable. They said, "They can do their job no doubt about that and they will do anything for me"; "The girls that come round know what they are doing and if there is a new one they usually have someone with them showing them the ropes" and "I find them all very helpful and they know what to do, they seem to have the skills for the jobs. It makes for a good start to my day."

The service sought people's consent. We observed signed consent in people's care plans, which covered the assessment and care planning process. People we spoke with told us that staff involved them in making choices and decisions about their care. One person told us, "They always ask me what I want before they do anything for me but we have a routine that works well."

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.

During our last inspection we found that the service did not consistently hold information or records which took into account whether people had the capacity to make decisions or have copies of local authority mental capacity assessments which could provide this information, where necessary. We recommended that the service found out more about training for registered managers, based on current best practice, in relation to MCA and adjust their practice accordingly.

At this inspection, we saw that the registered manager had undertaken some training in this area and had attempted to address aspects of this within people's care plans. Care plans highlighted that where possible people should be supported to have choices and make decisions where they had the capacity to do so. However, we could not be certain that people's rights were always protected, as people did not have current or decision specific assessments of capacity in place. For example statements were written in some people's care plans to say that they lacked capacity in certain areas, such as around finances or medication. However it was unclear how these decisions had been reached because assessments were not recorded. We saw that the provider was supporting a person with their financial management, but the person did not always agree with the action taken by staff. However, there was no assessment available to indicate whether the person had the mental capacity to manage their own finances or not. There was also no record of a best interest decision. Whilst we could see that staff believed they were acting in the person's best interests, the provider was making decisions on behalf of people without following recognised guidance or best practice.

In a further example we saw that staff had taken action to ensure that a person's movements were monitored during the day and night, whilst we could see that these measures were in place to keep the person safe, there was no assessment of the person's capacity to make this decision or record of a best interest decision, which demonstrated that the measures were the least restrictive option. Staff spoken with

understood the principles of capacity and best interests but did not have the supporting systems in place to ensure decisions made were lawful or followed the principles of The Mental Capacity Act 2005.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the registered provider ensured that staff had the appropriate skills and knowledge to support people effectively. Records showed us that staff undertook a range of training which was refreshed annually. Training considered mandatory by the provider included, medication, safeguarding and moving and handling, amongst other topics. Staff told us, "We get lots of support and plenty of training. We are encouraged to have more training in areas of interest and we can request more training if we feel we need it." Staff were also encouraged to develop their skills with the majority of staff having completed or undertaking National Vocational Qualifications (NVQs).

All staff were required to complete induction training before starting work at the service and staff spoken with confirmed that they had undertaken this training. Staff undertook classroom based training, followed by shadowing experienced members of staff. All new staff were required to complete The Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers must adhere to in their daily work.

Staff spoken with told us they felt supported with any day to day issues and that there was always someone available to offer help and advice during both the day and out of [office] hours. We saw from the records and by discussions with staff that one to one supervision meetings and annual appraisals were carried out on a regular basis. A system was in place which identified when supervisions were due. We saw that spot checks and observations were undertaken by senior staff within the community to monitor the service provided and staff confirmed that they were occasionally observed in practice.

People's needs were assessed prior to accessing the service to ensure they could be met and there was evidence that people and their relatives had been involved in the assessment and care planning process. People's needs and choices were also documented, for example in one plan it was recorded that staff should offer choice of food, clothes and activities.

People were supported to eat and drink sufficiently. People spoken with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. Comments included, "They make some lovely meals for me like chicken with sauce and they will say right (name) what do you want today" and "They always ask me what I want before they do anything for me but we have a routine that works well." Where necessary people's nutritional intake was monitored. Staff spoken with were also aware of people's special dietary requirements including those with diabetes. We saw that one person had lost weight and appropriate action had been taken by staff to help them to regain this weight. People had also been supported with healthier diets and some had benefitted from weight loss.

We saw evidence of staff working effectively to deliver positive outcomes for people. People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists. The service liaised with social workers, district nurses, GPs, specialised nurses and others where required. People receiving care told us that staff arranged appointments and accompanied them on visits to healthcare professionals if necessary. People told us, "They also organise appointments for me to the doctors, chiropodist, dentist and the hospital" and "They have had to call an ambulance for me twice and they did it very efficiently."

Is the service caring?

Our findings

We found that the service was caring. We asked people whether staff treated them in a caring manner and they told us, "They are very capable and I am very satisfied how they look after me and behave when they are in my house"; "I would say they are very kind and caring and they have to do some very personal things for me and I am not embarrassed or uncomfortable with how they help me" and "The Staff are caring and supportive." A relative commented, "If I'm away, I have confidence that Mum is being cared for properly by staff who really care."

People told us that staff had sufficient time to provide care in a personal way. We observed that people appeared to be happy and relaxed around staff within the supported living service. Staff were kind and caring in the way that they approached people. We saw examples of people and staff laughing and joking together and it was apparent that staff knew people well. The service had received numerous 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, where they had the capacity to do so. One relative told us, "I am involved in (Name's) care plan and we can add to it if we need to." We saw that meetings were held with people prior to the service commencing and people were able to talk about the support they required. Regular meetings were held with people to go through their care plan and make any changes that were needed. Families and other professionals were also included in the process as necessary.

Staff told us they encouraged people to remain as independent as possible and to have a lifestyle of their own choice. The supported living manager explained how staff encouraged independence and described how one person had gained in confidence and with support were able to go out and about in the community. In further examples we saw how staff supported people to undertake tasks independently, such as using the washing machine or cooking. People told us, "I try to do as much as I can because I have always been independent but they are there to help if I'm not up to it and they are very appropriate with me" and "They are very patient with me and encourage me to do things for myself if I can."

People were supported to maintain important contacts with family and friends through visits and correspondence. The registered provider had purchased a mini bus which enabled people to go out into the community.

People's dignity and privacy was respected and promoted by the service. People told us that staff treated them with dignity and their privacy was respected. One person said, "I appreciate their help and they treat me properly and with respect and help me keep my dignity." Staff spoken with were aware of importance of promoting people's dignity and were able to provide examples of the way they promoted this. We visited people in their home within the supported living service and saw that staff respected their home and sought permission to use the lounge area. In a further example we heard how a senior member of staff had given instructions to a new staff member about ensuring that a person was covered to maintain their dignity. Care plans took account of people's individual needs to ensure that their privacy was maintained. We also saw

that senior staff undertook regular visits and made observations which checked that people were treated in a dignified manner.

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, spiritual or cultural requirements.

Is the service responsive?

Our findings

People and their relatives told us that they found the service to be responsive. Comments included, "I am involved in (relatives) care plan and we can add to it if we need to. It's a good service and I think very highly of them" and "I believe that I do get the right care from the staff and we can always chat whenever I feel the need."

People received personalised care which was responsive to their needs. We found that staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. One staff member said, "Every client is different and we treat them with respect." We saw how staff supported one person effectively following guidance from health professionals.

People told us that they were treated as individuals. Information gathered from an initial assessment was used to inform people's care plans. Care plans included information in relation to people's communication needs, personal care needs, health needs and dietary requirements. They also described the care each person required during the care calls. We saw that people in the supported living service had an "All about me" document in place which provided detailed information about people's histories, likes and preferences. Care plans were reviewed on a regular basis. However we noted that in some cases, changes of people's support needs had not always been updated within the care plans. For example one person had received support from staff to monitor and manage their health and nutritional needs; however this was not fully reflected in their care plan.

Care staff told us they were always informed about the needs of the people they cared for and could consult care plans, which were held in people's homes and the service's office when required. Care staff recorded the care and support they provided at each visit and a sample of the daily records demonstrated that care was delivered in line with people's care plans and their wishes.

The service identified people's communication and information needs. Some people had complex communication needs and information about this was included in their support plans so that staff had up to date guidance on how people communicated. We observed how staff were very familiar with one person and able to communicate very well through gestures and facial expressions. Staff also used other strategies to ensure that they communicated effectively such as picture cards and easy read formats. Some staff had undertaken training in sign language to support a person with a hearing impairment.

The service promoted inclusion and supported people to take part in activities that reflected their interests. Within the supported living service we saw that people were supported to undertake activities and these were developed to meet people's individual preferences and needs. Staff were able to provide examples of the types of different activities that people enjoyed. Examples included swimming, trips out and holidays. One person had been supported to increase their level of independence and another had been supported to do a voluntary job.

At the time of our inspection, the service was not supporting anyone who required end of life care. However,

staff were aware of how to access support from other healthcare professionals if required. We saw that some people had a Do Not Attempt Resuscitation (DNAR) in place which was accessible on the person's care plan and guidance was given to staff about sharing this form with paramedics as necessary.

People we spoke with and records viewed confirmed that people were consulted for their feedback on the service. The management team telephoned people to ensure that the service was meeting their needs. One person said, "I get a call every now and again from the office to see if I am okay but I have no complaints about anything I get the help I need." Senior staff undertook regular monitoring visits and people's views were sought. We saw that within the supported living service an easy ready form had been developed to support people using the service to provide regular feedback. One person told us, "(Staff) came round last week to see if I was happy with things and I told her I had no complaints I have nothing to complain about because I get everything I need but if I did I would just ring (staff) at the office."

The provider had a complaints policy and procedure, the registered manager told us that this was discussed with people when they first joined the service. All of the people we spoke with were aware of who the management team were and what they would do if they wished to raise a complaint. People were confident that their concerns would be dealt with effectively. One person told us they had raised a concern and were satisfied with the provider's response. Records reviewed showed that only one formal complaint had been received. However, we were aware of some concerns which the provider had dealt outside of the complaints procedure, we found that actions taken outside of the complaints procedure in response were not fully recorded and available for review.

We recommend that the provider considers keeping a record of smaller issues that are raised, which may not be considered formal complaints, but require some action to be taken to improve service user satisfaction. This would enhance the quality monitoring practices and support the provider to drive improvements.

Is the service well-led?

Our findings

There was a registered manager in post. 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. The registered manager was also a director of the service and managed the service jointly with another director.

The registered manager is required to notify the Care Quality Commission (CQC) of certain events that may occur. We identified several instances where the registered manager had not notified the CQC as required with regard to safeguarding concerns and incidents reported to or investigated by the police. This meant that the registered manager and provider had not complied with the legal obligations attached to their role.

This is an offence under Regulation 18 (1) (e) and (f) of the Care Quality Commission (Registration) Regulations 2009 in that, the registered person had failed to notify the CQC without delay of any incidents of abuse or allegations of abuse in relation to a service user or incidents reported to, or investigated by the police. We will deal with this issue as a separate matter and report on this when complete.

The management team told us that they were proud of their service and committed to providing a quality service. They had developed close working relationships with external agencies to the benefit of the people they supported, including social workers, district nurses, local GP's and other health care professionals. The provider regularly attended provider meetings with the local authority and clinical commissioning group to support continued development.

We received positive comments from people about the organisation. They were positive about the leadership of the service and told us that they knew who the management team were and felt able to raise any concerns with them. One person commented, "The manager has been here and he is approachable. I talk to them about my opinions when I need to." People were positive about the response and support that they received from the senior staff team who were based in the office.

Staff turnover was low and some staff had worked at the service since it had opened. Those spoken with were happy with their jobs. They told us that they felt well supported and said the management team were approachable. One person commented, "I feel valued and never feel under pressure." Communication between staff was effective. Staff said that they were routinely informed of any changes. We saw that staff meetings were held occasionally and staff regularly visited the office to collect their rotas. The registered provider told us that this was positive because it meant that he had regular contact with all of the staff.

The registered provider explained that the management team had made improvements to aspects of the service since the last inspection. For example, the recording and reporting of safeguarding concerns to the local authority. Evidence we received from speaking to the registered manager and provider was that any concerns raised about the service were addressed and any lessons learnt were considered. However we

found that records relating to informal complaints and other investigations undertaken were not robustly recorded to evidence that appropriate action had always been taken.

There were some quality assurance systems in place including medication record audits, care plan audits and recruitment audits. Regular monitoring visits and spot checks were carried out. However quality assurance arrangements had not identified all the areas for improvement we found as part of this inspection. This meant that these arrangements were not as robust as they should be and improvements were required. This referred specifically to some gaps in risk assessments, medication records, notifications to The Commission and compliance with the MCA.

People's feedback about the service was sought. Satisfaction surveys had been sent out and we saw that regular meetings were held with people, as well as telephone calls to seek people's view. One person said, "We are asked for our opinions from time to time and I feel that we can always ask the staff things."

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 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that where a person lacks capacity to make an informed decision, or give consent that staff had acted in accordance with the requirements of The Mental Capacity Act 2005 and associated Code of Practice.