

Lighthouse Care Ltd

Lighthouse Care Agency

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

We carried out an announced full comprehensive inspection of Lighthouse Care Agency who provide care and support for adults with mental health conditions and older people who require assistance with their personal care. Not everyone using Lighthouse Care Agency received 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. At the time of inspection there were three people receiving personal care.

There was a registered manager, however, they were absent for more than 28 days. 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. One of the directors of the company was managing the service in the absence of the registered manager.

During the last comprehensive inspection 28 September 2016 we found that Lighthouse Care Agency were in breach of four of the Health and Social Care Act Regulations. We issued four warning notices. We carried out a focussed inspection 9 February 2017 and found that they were compliant with the Regulations.

During the focussed inspection in February 2017 the provider told us they intended to implement a computerised system to manage the governance of the service and update their risk assessments to reflect current legislation, standards and evidence based guidance, however, this had not been implemented. This had led to findings at this inspection of poor record keeping and a lack of oversight of staff training, rotas and out of date policies. There was a lack of audit in compliance with infection prevention policy. The provider failed to follow their recruitment policy which led to unsafe recruitment practices. We have made a recommendation to the provider to implement the proposed computerised system as a matter of priority.

People received care from staff that knew them well; they had positive relationships. People received their care at the planned times and staff were flexible to adapt to people's changing needs. People received their meals and drinks as planned.

People's risks were assessed and care plans were in place to mitigate the risks; these were updated regularly or as people's needs changed.

People were receiving their medicines as prescribed; we made recommendations that the provider refer to the up to date NICE guidelines about providing medicines in people's homes.

People's care was provided by staff that had received training and support to carry out their roles. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them.

Where people chose to stay at home as they approached the end of their life, staff were flexible in their approach to providing for their needs. They referred people to healthcare professionals for assessment and symptom control.

People were protected from the risk of infection by staff that complied with their infection prevention policy.

People knew how to complain and systems were in place to act on any complaints. However, there were no systems in place to ensure people with a disability or sensory loss could access and understand information they were given. We made a recommendation that the provider explores how they will comply with the Accessible Information Standard.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The service had an open culture which ensured people were treated with respect and working practices were carried out in line with the protected characteristics under the Equality Act.

At this inspection we found that Lighthouse Care Agency continued to require improvement in three areas. This is the second consecutive time the service has been rated Requires Improvement. They were in breach of one regulation relating to the governance of the service as the provider did not have sufficient systems and processes in place to assess, monitor and evaluate the quality of the service.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not always protected from the risk of unsuitable staff as the provider did not follow their own recruitment policy.

People were at risk of not receiving their medicines as prescribed as not all staff had received sufficient training and best practice guidelines were not being followed.

People received care from staff that knew how to safeguard people from abuse.

People's risks were assessed and reviewed regularly or as their needs changed.

There were sufficient qualified staff to support people to stay safe.

People were protected by staff that followed procedures to help prevent and control infections.

People could be assured that staff continually learnt from incidents and improvements were made when things go wrong.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People could not always be assured that their risks were assessed or their care delivered in line with current legislation, standards and evidence based guidance.

People received care that was delivered under the protected characteristics under the Equality Act.

People were cared for by staff that received the training and support they required to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet.

Requires Improvement ●

People's consent was sought before staff provided care. Staff understood their responsibilities in relation to the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs and had plans of care that were updated as their needs changed.

People had information on how to make complaints and the provider had procedures they followed to manage and learn from complaints.

People were supported to plan and make choices about their care at their end of life.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider did not have suitable procedures in place to monitor the compliance and quality of the service.

The registered manager did not understand their roles and responsibilities to submit statutory notifications to CQC.

There was a registered manager, they were absent from the service, there was a suitable acting manager in their place.

Lighthouse Care Agency

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 checked 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 comprehensive inspection took place on 24 November 2017 by one inspector and was announced. We gave the service four days' notice of the inspection visit because it is small and the acting manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 24 November 2017 and ended on 14 December 2017. We visited the office location on 24 November 2017 to see the acting manager; and to review care records and policies and procedures. We carried out phone calls to people using the service, their relatives and staff. We asked the acting manager to send additional information about the governance of the service, there was a delay as they had to consult with the registered manager who was out of the country.

Before our inspection, we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who monitor the care and support of people receiving care from Lighthouse Care Agency; they told us they did not have any concerns.

During this inspection we spoke with one person using the service and one relative. We also spoke with two members of staff including the representative of the provider and one care staff and a local authority care manager.

We looked at the care records for three people who used the service and one medication record. We also examined other records relating to the management and running of the service. These included six staff recruitment files, training records, supervisions and appraisals and the service user guide.

Is the service safe?

Our findings

During the last comprehensive inspection on 28 September 2017 the registered manager did not have systems or processes in place to recognise or report abuse of service users, this was a breach of Regulation 13 (1, 2 and 3) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice which required the service to be compliant with the Regulation 13 by 21 October 2016. We carried out a focussed inspection on 9 February 2017 to assess whether the registered manager had implemented systems to safeguard people; which they had. During this inspection we assessed whether these systems and processes had become embedded into practice.

People were protected from harm because there were systems and processes in place to recognise the risks and signs of abuse and neglect. The registered manager and staff met regularly to discuss what safeguarding meant using scenarios and testing each other on what to do if they thought that someone may be at risk of abuse. There had not been any incidents of abuse however, the acting manager knew how to make appropriate safeguarding alerts to the local authority where people were at risk of or had experienced abuse. The registered manager was in close contact with one person's care manager to regularly meet and discuss the financial and emotional risk of potential abuse from members of the public; the registered manager worked closely with them to understand the triggers and provided care that reduced the risk for this person. This person was enabled by staff to continue to be as independent as possible and received guidance from staff to help prevent their known risk of abuse. The registered manager had embedded systems to protect people from abuse by involving staff in taking responsibility for the recognition and reporting of abuse.

During the last comprehensive inspection on 28 September 2017 the registered manager did not have systems or processes in place for the proper and safe management of medicines, this was a breach of Regulation 12 (2g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice which required the service to be compliant with the Regulation 12 by 21 October 2016. We carried out a focussed inspection 9 February 2017 to assess whether the registered manager had implemented systems manage medicines safely; which they had. During this inspection we assessed whether these systems and processes had become embedded into practice.

At this inspection we found people had received their medicines as prescribed, but not all the processes were embedded to mitigate all of the risks. Not all staff that administered people's medicines had received training in medicines management or had their competencies checked. People's Medicines Administration Record (MAR) charts did not hold a complete record of the medicines being administered in line with best practice guidelines; people were at risk of not receiving their medicines as prescribed as the MAR charts did not hold enough information. We have made a recommendation about referring to the current guidance for managing medicines for adults receiving social care in the community.

People had been assessed for their ability to manage their own medicines. Where people required staff to administer their medicines, their medicine administration record (MAR) charts showed that staff recorded when people received their medicines. One member of staff told us "[Name] sometimes refuses their

medicines, they have capacity to choose whether they do or not." They had recorded when the person refused their medicines. Their relative told us "[Name] takes their medicines when they can, their GP is aware. Lighthouse Care Agency are supporting [Name] to stay at home."

There were enough experienced staff to safely meet people's needs. People had a small team of staff who regularly provided their care which meant that people received consistent care. There had not been any missed or late calls. One person's relative told us, "[Staff] are very punctual, there's no problem at all." Staff worked closely with the registered manager who supervised the quality of the care and updated staff with the knowledge they required to provide safe care. However, there were no formal rotas; the provider was implementing a computerised system which would incorporate the rotas and care plans. We have made a recommendation about setting up a formal system of rotas as a matter of priority to help prevent any misunderstandings and reduce the risk of missed calls.

People could not be assured that staff had been employed using safe recruitment practices. Although staff had produced a copy of their previous employer's criminal records checks that had been undertaken with the Disclosure and Barring Service (DBS), these were over three years old and did not relate to the care they were providing with the Lighthouse Care Agency. The acting manager told us, and later sent us, evidence that they had applied for all staff's DBS clearance. The provider's recruitment policy stated that staff's DBS should not be accepted from another employer; the provider had not followed their own recruitment policy. Some staff were members of the provider's family including the registered manager and the acting manager; they had obtained other documentation for all staff, including employment history and character references which were held in staff files to show staff were suitable to work with vulnerable people.

People's risks were assessed and reviewed regularly, for example for their risk of falls and self-neglect. Risk assessments reflected people's current needs and staff were provided with clear instructions in care plans to mitigate the assessed risks. For example one person was prone to falls; they were prompted to use their walking aids when receiving care and reminded to do so when staff were not around. Staff also ensured they had their lifeline to hand at the end of their care visit so they could call for assistance if they did fall when they were alone. This person had provided feedback to the registered manager at their regular review in November 2017; they stated "I feel safe." The risk assessments and care plans were reviewed regularly or as people's needs changed. Information about changes to people's needs were shared with their care manager or relatives to assess whether they required further assistance.

People were protected from the risks of infection by staff following processes to help prevent and control of infection. Staff used personal protective equipment such as gloves and aprons when providing personal care. They received training in infection prevention and food hygiene in line with current guidelines. Staff recorded in people's daily records how they helped people to maintain a clean home by laundering their clothes and safe disposal of incontinence pads. Staff were prompt to contact people's relatives or medical services where people showed signs of infection which required medical attention. However, there were no systems in place to check that staff were adhering to the infection prevention policy, such as hand washing audits. We have made a recommendation that the provider regularly check staff compliance with the infection prevention policy.

People could be assured that the registered manager was continually looking to improve the service by implementing changes to practice and improve communication with staff. There was a positive culture within the service where all staff were willing to learn, any negative feedback was seen as an opportunity to learn. The acting manager told us, "We are committed to providing a good service to people we care for." They were implementing a computerised system to record and manage the staffing, training, risk assessments and care plans. One of the staff was a nurse who provided clinical oversight of the risk

assessments and care plans. The registered manager had taken the findings from our previous inspections to assess, monitor and implement changes to improve the systems and process for safeguarding and medicines management. The registered manager involved staff in implementing changes and embedded any new systems into practice through continuous supervision. One member of staff told us, "We all work closely together." The registered manager was pro-active in contacting and involving outside agencies and people's care managers to assess what other actions can be taken to improve people's quality of life and maintain their wishes to stay at home. In particular the registered manager had worked very closely with other care agencies to manage the specific needs of one person to help maintain their safety and provide continuation of care.

Is the service effective?

Our findings

People's needs were assessed holistically taking into account their physical, social and psychological needs. People's care was planned to meet their needs. However, the assessments and plans of care were not based on evidence based guidelines. The provider told us they had recognised that the risk assessments required a formal approach; a senior member of staff who was a nurse was helping to implement a computerised system which used best practice tools for assessments and guidelines for planning care. The provider had intended to implement the system earlier in the year but this had not been prioritised. We have made recommendations that a system of evidence based risk assessment tools and care planning be implemented as a matter of priority.

The acting manager was aware of the protected characteristics under the Equality Act; their policies and guidelines reflected this. The positive culture of the organisation meant that staff respected each other and the people they provided care for which enabled people to receive care that met their needs without the fear of discrimination about their age, sex, culture or religion.

People received care from staff that had received training for the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were due their yearly update of all training which was scheduled for early 2018.

Staff received support and guidance from the registered manager on an on-going basis. The registered manager worked alongside staff regularly and a member of staff who was a nurse helped to provide formal supervision. Staff received group supervision during team meetings where they could discuss training, policies or any issues they were unsure of. One member of staff told us, "We can highlight any issues, we can talk about anything, [registered manager] is very supportive." Communication between the management and staff was clear and inclusive. The registered manager listened to staff when they raised ideas or concerns that involved varying care to meet peoples' changing needs. Where care plans changed, staff were informed to ensure people received consistent care. The registered manager worked closely with care managers to plan and implement care plans that met people's complex psychological needs.

There was no system in place to assess people for their risks of not eating or drinking enough to maintain their health and well-being. The provider planned to implement a system of risk assessing people's nutritional needs and demonstrated the computer based tool they were going to use. Although there was no system in place to assess these needs people who required assistance with their meals received their meals regularly as planned. One person's care plans and daily notes recorded that they required staff to sit with them and offer small amounts of food and drink often, their relative provided feedback at the person's care review; they said, "The extra support is working well; [Name] is doing well at home." We have made recommendations that the provider implement an evidence based tool for nutritional risk assessment as a matter of priority.

People were supported to attend medical appointments where required. Staffing was flexible enough to

change the time of people's care to be ready in time for medical appointments. Staff took into account the instructions from GPs and discharge notices from hospital to update people's care to meet their needs. Staff recognised when people became unwell, for example when people's behaviour changed to call for medical attention.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

The registered manager and staff understood their roles in assessing people's capacity to make decisions. People were formally assessed for their mental capacity to make decision by the local authority or their GP. Some people no longer had the mental capacity to make decisions about their health needs; they had a Lasting Power of Attorney (LPA) for their health needs. The provider involved people's LPA in planning and making decisions about people's care. Where people did have capacity to make day to day decisions staff would provide support that took into account their wishes and seek their consent before providing care. For example one person required a diabetic diet; they had the capacity to choose their food and understood the consequences of not adhering to their diabetic diet. Staff recorded the person had the capacity to make their food choices and recorded what they ate. This was reviewed at regular meetings with their care manager.

Is the service caring?

Our findings

People received care from staff that knew them well. People had developed positive relationships with staff. One person told us "[Staff] are extremely kind, I am very happy with the care. Staff treat me with compassion and kindness."

Staff took joy in people's lives and acknowledged special days in their lives. One relative told us "It was [my relative's] birthday; the staff remembered and celebrated her birthday by singing. [My relative] is very fond of the registered manager; their bond is very nice to see. It counts for a lot to be cared for by people she likes."

Staff understood the importance of home and family life. One person was particularly close to their pet. Staff had recorded in the daily notes that they fed and took care of the person's cat. Their relative said "[Staff] help [my relative] to continue to be close with the cat; they feed the cat and encourage it to sit on the bed with them."

People were treated with dignity and respect. Staff had worked closely with one person to regain their confidence in being independent in managing their needs between calls. The person told us, "I am really pleased that staff suggested [a change in care], I am much more independent now, and it's much more dignified." Staff told us, "I make sure people maintain their dignity by providing personal care in the privacy of their bathroom or in their bedroom with the curtains closed."

One person had limited communication due to their condition; staff had cared for them for a long time and knew them well. Staff told us they took their time to sit and listen to what they had to say and talk about what the person liked. Their relative told us, "[Staff] sit with [Name] after they have provided their care and try and engage with them." A member of staff told us, "We know [Name] very well, we have a good chat. [Name] understands what we say, but can forget sometimes." Staff had recorded in people's daily notes when they had stayed and talked to people; it was evident that staff knew all of the people using the service very well.

Staff were flexible in their approach to manage people's changing needs. One person now required care through the night. Their relative told us, "[Staff] provide emotional comfort during the night; they sit with [my relative] and offer drinks regularly." Another person required reassurance in between care visits which staff provided over the phone.

The registered manager had ensured that people received support to make decisions about their care from their named representative's or advocates. People could be referred to an independent advocate if they thought they were felt they were being discriminated against under the Equality Act. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People could be assured that information about them was treated confidentially and respected by staff. Information about people was shared on a need to know basis and with their agreement. Records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to

promote confidentiality.

Is the service responsive?

Our findings

People received their care as planned. People's care plans provided staff with the information they needed to provide care that reflected people's needs and preferences. Staff recorded the care they provided in the daily notes which demonstrated that people received their care as planned.

People told us they were very happy with their plan of care. One person told us, "I'm not having to go into hospital all the time because of the care from the team." Their care records showed they had previously required regular medical assistance which was no longer the case since staff implemented some self-care measures to promote their independence. They had also provided feedback to the registered manager during their review, they said, "It's the best care I've ever had."

One person had complex psychological needs that were met by the small team of staff who responded to their continually changing needs. The registered manager had built a trusting relationship with them. The registered manager worked closely with their care manager to develop a plan of care which took into account the person's wishes and preferences. Their care manager told us, "They [the registered manager] have a very good relationship with [Name]. They go above and beyond what is in the plan of care to ensure [Name] is safe, they are good with them.." Their care package had evolved over time to adapt to the person's requirements; they found a mutually beneficial way of providing care that met the person's needs safely, whilst maintaining as much independence as possible. Staff helped to allay the person's fears by speaking to them on the phone in between the planned visits and staff liaised closely with each other to keep up to date with the person's current needs.

People could raise any concerns or complaints with staff or the registered manager. People had received the service user guide which provided them with information on how to make a complaint. There had not been any complaints recorded and people were very happy with the service. People had the opportunity to raise any concerns or make a complaint at their regular reviews as they were specifically asked about their experiences. One person told us, "I have the opportunity to raise concerns as the manager provides my care too."

During the inspection we did not identify any person that required any adaptations to aid communication. The service had not yet considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We have made recommendations that the registered manager explore how they will comply with the Accessible Information Standard.

Where people chose to stay at home as they approached the end of their life, staff were flexible in their approach to providing for their needs. For example one person who required additional care throughout the night received this from staff they knew well. People could be reassured that their pain and other symptoms would be assessed and managed effectively as staff referred people to their GP for assessment; the GP

involved district nurses and the community end of life care team. Staff worked closely with the health professionals to alert them to any changes in people's conditions which may require interventions. One relative told us, "[Name] wishes to stay at home, all the plans and staff are in place. All of the equipment is in place and they have moved the bed downstairs."

Is the service well-led?

Our findings

During the last comprehensive inspection 28 September 2017 the registered manager did not have systems or processes in place assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (2a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. We issued a warning notice which required the service to be compliant with Regulation 17 by 21 October 2016. We carried out a focussed inspection 9 February 2017 to assess whether the registered manager had implemented systems monitor the quality and safety of the service, which they had. During this inspection we assessed whether these systems and processes had become embedded into practice.

We found there were informal systems in place to check the quality of the care provided. The registered manager worked closely with staff to train, support and assess the care they provided. People's care plans and daily records were checked and people were asked for their feedback at regular reviews. However, there was no formal system in place to record when these quality checks were planned. There were no formal systems or processes in place to record or manage rotas, ensure risk assessments were in line with best practice guidelines, test infection control measures or adherence to recruitment procedures. The acting manager had to be prompted to search for and collate the training records which were not readily available for inspection. During the inspection in February 2017 the provider had planned to implement a computerised system to record and manage the quality monitoring, however, this had not been implemented.

Staff and the acting manager told us that regular staff meetings were held but these were not recorded. The registered manager did not have sufficient systems in place to demonstrate that staff were kept informed and involved in the running of the service or how changes were implemented.

The service had policies in place for all areas, however, the policies had been implemented in April 2015 and due for review in April 2017. None of the policies had been reviewed. The provider had not followed their own recruitment policy as they had employed people without acquiring a criminal records check through the Disclosure and Barring Service.

The provider failed to implement formal systems or processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (2a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

There is a requirement to display ratings from the Care Quality Commission (CQC) inspections on the provider's website. The provider failed to display their inspection ratings on their website from their last inspection. The acting manager told us the website was new and they would contact the developer to add the ratings from the last inspection. We checked whether this had been done on 18 December 2017; there was a link directly to the CQC website.

There was a registered manager, however, they were absent for more than 28 days. 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 had appointed a manager in their absence; the acting manager was familiar with the running of the service as they were a director of the company and they regularly provided care.

During the last comprehensive inspection 28 September 2017 the registered manager did not notify the commission without delay any incidents or allegations of incidents of abuse. This was a breach of Regulation 18 (2e and f) Care Quality Commission (Registration) Regulations 2009. We issued a warning notice which required the service to be compliant with the Regulation 12 by 21 October 2016. We carried out a focussed inspection 9 February 2017 to assess whether the registered manager had implemented systems report incidents without delay; which they had. During this inspection we assessed whether these systems and processes had become embedded into practice.

There had not been any occasion since February 2017 to submit a notification of abuse or alleged abuse. The registered was absent during the inspection and we were unable to interview them. The acting manager understood their responsibilities as the provider to report all incidents of abuse. We have not been able to assess whether the submission of notifications of abuse have been embedded into practice.

The registered manager did not have a clear understanding of their responsibilities to submit all notifications without delay. When we contacted Lighthouse Care Agency to provide notice that we were inspecting the service the registered manager told us they were unavailable as they were going to be out of the country for six weeks. The registered manager was not aware that it was a legal requirement to report their absence of over 28 days to CQC. They were prompted to submit the statutory notification which they did. The registered manager had not demonstrated that they understand all of their responsibilities as a registered person. We have made recommendations that the registered manager becomes familiar with their responsibilities for making statutory notifications which is available on the CQC website.

Although there were no formal processes in place to monitor the quality of the service people were very happy with the care they received. This was due to the personal nature of the delivery of the care. People were regularly asked to comment on the quality of their care. This was undertaken by staff and the registered manager at regular reviews. People were very positive about the care they received. One said, "I would recommend this service to anyone."

Staff told us the management team ensured the culture at the service was open and transparent and they were positive about the management and leadership of the service. They also told us the registered manager and provider were approachable and supportive and acted on suggestions made. One staff member told us, "I am so proud to work here. It is a good small company, I always get the information I need and I always have access to [registered manager] and [acting manager] at any time."

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 provider did not have sufficient systems and processes in place to assess, monitor and evaluate the quality of the service.</p>