South Essex Special Needs Housing Association Limited

Aveley House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place over a number of days and included September 28, 29 and 5, 6 and 8, 26 and 30 October 2015.

Aveley House provides personal care and support to adults who live in their own homes in the geographical areas of Rochford, Rayleigh, Castle Point, Basildon, Harlow and surrounding areas. It is a large service and employs over 400 staff.

The service has 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.

Summary of findings

Safe systems were not always in place to assist people with the management of their medication or to help ensure people received their medication as prescribed.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe.

Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff told us that they felt well supported to carry out their work and had received regular supervision and training.

There were generally sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

Where needed people were supported to eat and drink sufficient amounts to help meet their nutritional needs and staff knew who to speak with if they had any concerns around people's nutrition. People were supported by staff to maintain good healthcare and were assisted to gain access to a range of healthcare providers, such as their GP, dentists, chiropodists and opticians.

People had agreed to their care and asked how they would like this to be provided. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner. Assessments had been carried out and care plans had where possible been developed around each individual's needs and preferences.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. The registered manager had a good understanding of MCA and DoLS and mental capacity assessments had been requested from the appropriate government body where people were not able to make decisions for themselves.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

Summary of findings

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 consistently safe.

People could not be sure that they would receive the assistance they needed when being supported with medication.

The provider had systems in place to manage risks which included safeguarding matters and this helped to ensure people's safety.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

Is the service effective?

Good

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and people's rights were protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

Is the service caring?

Good

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff had a good understanding of people's care needs.

Staff were caring.

Is the service responsive?

Good

The service is responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual health care needs were met.

Is the service well-led?

Good

This service was well-led.

The manager understood his responsibilities and demonstrated good management and leadership skills.

Summary of findings

Staff understood their roles and were confident to question practice and report any concerns.

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

Aveley House

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.

The inspection was unannounced and took place on the 28, 29 September, 5, 6, 8, 26 & 30 October 2015.

The inspection team consisted of two inspectors and two Experts by Experience.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we visited 10 people within their own homes. We also spoke with the registered manager and directors of the business. As part of the inspection we contacted 30 staff to gain their views about working for the service and 13 chose to speak to us. Over a four week period the Experts by Experience and Bank Inspector made 38 telephone calls to people who received a service to gain their views about the service. Seven relatives also provided feedback. Healthcare professionals were approached for comments about the service and any feedback received has been included in this report where possible.

As part of the inspection we reviewed 15 people's care records and 10 care plan folders within people's own homes. This included their care plans and risk assessments. We also looked at the files of 16 staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

Requires improvement

Is the service safe?

Our findings

We found that the standard of medicines management in the service was variable and some people did not receive their medicines safely or as prescribed. Documentation within people's care files held at the office and in people's own homes contained conflicting information. In some cases it was unclear who was responsible for supporting people with their medicines and some records had unexplained omissions giving no indication of whether people had received their medicines or not, and if not, the reason why was not recorded. Again this was because it was not clarified within the administration records who had supported the person with their medicines and therefore, at times was difficult to determine if people had actually received their medicines safely and as prescribed. People's experiences regarding medication assistance varied and feedback included, "They did not administer my medication today, they took the dosset boxes and said they would bring them back tomorrow," and, "They [staff] administer my medication correctly and on time."

There were no body charts in place for one person who was prescribed medication in the form of a pain relief patch. This meant that staff could not be sure that they had placed this in a different place each time. During one visit to a person's home it was noted that staff had commenced more than one medication pack. This was confusing and caused difficulties for management when trying to audit the medication that was in place. There were also gaps on the medication administration record. This meant it was difficult to establish what medication had been administered and whether staff had administered the person's correct prescribed medication. The senior staff member present on the visit arranged for the office to investigate this to help ensure this situation was rectified as soon as possible.

We were advised that staff received medication training as part of their induction and at regular intervals thereafter. Although the service had systems and policies in place to assist with the management of people's medication and staff had received training, staff's practice was found not be in line with the provider's policy and procedure. For example, we found that people who required assistance with medication did not always receive this in line with the prescriber's instructions. Safe systems were not in place for staff to record and monitor people's medication to an appropriate standard. Regular medication audits had not been completed, which should have identified the areas of concern highlighted during this inspection. Although it was confirmed that the medication administration records were checked by the office and senior care staff when they had been fully completed, it was evident that these checks were not effective.

We brought our initial concerns the manager's attention in the early stages of the inspection. They set out to arranged for all care plans and medication assessments to be reviewed and for staff to have refresher medication training, but we received further concerns from people regarding their medicines support in line with our initial findings as our inspection progressed. This raised further concerns as although the provider had started to put systems in place and audit their medication practices and procedures, these were not effective and the required improvements were not being made. This was discussed with the management team who stated that as part of our preliminary feedback they had organised a programme that will refresh all care staff in respect of medication. All care staff would need to be assessed and would not be signed off as competent until the management were satisfied that the care staff had the required knowledge and skill to be involved in any medication task. This would assist in providing a safer system.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training around safeguarding vulnerable people as part of their initial induction when they first started working for the service. They knew how to protect people from abuse and avoidable harm and discussed this through their supervision process. Staff were able to explain how they would recognise abuse and who they would report any concerns to. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. Staff spoken with stated they would feel confident in raising any concerns they may have. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service. Feedback from staff included, "If I am worried about any service user I'd tell the office or the on call manager straight away, I would definitely also record what I had found and

Is the service safe?

the action I took" and, "In the past I have called the office about a concern I had regarding a service user and they came back to me afterwards to let me know what they had done, I think they handled my concern properly."

People said they felt safe with the staff who supported them and stated, "I feel that the service is safe, never had any complaints, but I was given information in the care folder about how to contact the office and complain if I needed it." The service's own quality assurance questionnaire, which is regularly sent to people who receive a service asks whether people feel they are 'Safeguarded from the risk or abuse' and whether people's human rights are 'Respected and upheld'. This provided people an opportunity to report back to the office any concerns they may have. No concerns had been raised from those questionnaires returned.

Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. People stated they had been part of the risk assessment process. This documentation had been placed in each person's home with clear instructions to staff on how risks were to be managed, to help minimise the risk of harm from the environment and also where people had mobility needs. One health care professional stated, "Whenever I have requested their views [the service] for a review or any further paperwork, i.e. Risk assessments they have provided concise and timely pieces of work."

Most people told us there were enough staff and they received the care and support they needed from regular carers. However, some stated they felt there was 'generally' sufficient staff working for the agency, but they had experienced some problems at weekends or when staff were off sick or on annual leave. Comments included, "I have had a missed visit at weekends occasionally, this was not my regular carer," Also, "We sometimes get different carers, especially at weekends but we've got to know most of them now and they are all very, very pleasant." Another person said, "We used to get some late visits but lately this has improved." Most staff confirmed that they had enough time to provide the care people needed, but when they had extra work they could sometimes feel under pressure and a bit rushed. One added that at times they had had 10 tea time calls and felt this was too many to provide a quality service. The service advised that they are constantly recruiting new staff to try and ensure there are sufficient people to provide the care required and not put staff under pressure. The service had also arranged staff to complete visits to people in geographical areas, which helped to reduce travelling and also assist with providing continuity of care for people. The manager sent in confirmation that they were the process of reviewing staff rosters to ensure that they had the resources available in the event of disruption due to staff absences.

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Baring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. We looked at sixteen recruitment files and found that all appropriate checks had taken place before staff were employed. This had included written numeracy and literacy tests and a face to face interview at the service. Records had been kept of the interview questions and the candidates responses to show that applicants were assessed on their knowledge of the role they had applied for. Staff told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service. Staff comments included, "When I wanted to apply for this job I had to complete an application and come for an interview, I had to give two referees and do a criminal record check and I had to do two weeks induction training before I started work." and, "I think the recruitment here is done ok, I had an interview, gave references, showed identity to prove who I was and did a written test before I was offered the job."

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe. The service had a small leaflet for staff which advised them of the process and staff confirmed they were aware of the whistle blowing procedure and described who they would speak to if they had any concerns. Comments included, "Yes I know about whistleblowing and that I can go to Social Services or CQC if I need to."

Good

Is the service effective?

Our findings

People were happy with the care they received and felt the staff had the right skills and knowledge. Feedback included, "The staff seem to know what they are doing, I'm quite satisfied with them," "I feel that the carers who come here definitely have the skills and the right training for what they do for us" and, "I'm confident how the carers support my relative and I think they have the right skills and experience for their work, I'd soon tell them if I was not satisfied."

The manager said that induction training for new staff usually took two and a half weeks to complete. This followed the Skills for Care Common Induction Standards for social care staff and they had recently started to implement the Care Certificate, which is a recognised induction training course for people working within the care sector.

Newly recruited staff had completed an induction training programme before they started working in the community. This included information and guidance on how to meet the needs of the people using the service. The initial induction would include the new staff member 'shadowing' an experienced member of staff until they felt competent. This allowed the new staff member the time to understand their role and the standards expected of them. Staff said the induction was very good and had provided them with the knowledge and experience they required. Feedback included, "Before I could work alone with our service users I had induction training in the training room and five days 'shadowing' shifts with senior carers working with clients" and, "The manager was very thorough with this training, which was good for me as I not done this type of work before."

A range of training had been provided to staff. This included infection control, dementia awareness, food hygiene, moving and handling, health and safety, safeguarding awareness, management of medication, privacy and dignity and record keeping. The service had nearly 400 staff working for them and out of this 220 staff had completed a recognised qualification in care. We were advised that a further 111 staff had signed up to start this training.

Further training had been provided to some staff around meeting specific areas of need for people using the service, which included; Parkinson's, diabetes, epilepsy, stroke and cerebral palsy awareness. The staff confirmed that they were offered refresher training and their comments included, "The training here covers the areas needed for the work we do and we have refresher updates," "We get reminders when we are due to do refresher training in areas like, safeguarding awareness, manual handling and medication" and, "I recently finished an NVQ 3 course, which I liked doing and we get on-going training updates." People felt the staff had the appropriate knowledge and skills to meet their care needs.

Most staff stated they had received regular supervision and support, but the content varied. Staff files showed that annual appraisals had taken place, but on further discussion with staff it appears that these were done via forms sent through the post and not actually 'face to face' with the staff member. If requested staff can arrange to meet with management to discuss any concerns they may have as part of this process. We have since received written confirmation from the manager that they are looking at their appraisal system, to help ensure it is meeting staff's needs and also providing appropriate support.

Staff had been given the opportunity to attend team meetings and records had been kept of observations or discussions with staff with any agreed actions. Feedback from staff included, "Every couple of months we get monitoring checks by seniors.., we also complete supervision sheets every month. We can write down any issues we want to discuss and the managers will come back to us with an answer or invite us in to the office for a meeting," and, "I once put on a supervision form that I would like to do a particular training course, the manager arranged this and about twenty of us attended the course."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had received training in MCA as part of their induction training and were

Good

Is the service effective?

aware of how this helped to keep people safe and protected their rights. Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. People told us that they had agreed to the service providing their care and support and the service had been proactive in ensuring people had been part of the decision making process. Files contained a number of consent forms regarding care, the review of care and assessments. These had been completed by the person receiving the care or their relative. People had given consent for staff to assist with their medication.

Most of the food had either been prepared by family members or was fresh or frozen ready meals. Staff were required to reheat the food and ensure that the meals were accessible to people and that they met their dietary needs. Staff had received training in food safety as part of their induction and were aware of safe food handling practices.

They told us that they ensured that people had access to their food and drink before they left the person's home. Feedback included, "I do my own meals but they always ask me if I'm ok and I have had something to eat and drink" and, "My family do my meals but they [staff] always check with me that I have eaten and taken my medication."

People had been supported to maintain good health and had access to healthcare services and received ongoing support. People told us that mostly their relatives would support them with their healthcare appointments however, they added that staff had supported them to access healthcare support if necessary. Staff had liaised with health and social care professionals and referrals had been made when needed and this showed that staff tried to maintain people's health. One person stated, "Once when I was ill at home the carers advised me on contacting my GP and later they checked how I was."

Good

Is the service caring?

Our findings

People told us the staff were kind, caring and treated them well. Comments included, “They [staff] are very friendly and absolutely marvellous,” “They do over and above for me, the care is excellent” and, “When they come in they give you a hug and a kiss, what more could you ask for?”

Staff had an awareness of the day to day care needs of the people they worked with and this included any care needs due to people’s mobility, health or diverse needs. They understood the support each person required to meet their needs and to help keep them safe.

People had been involved in the planning of their care through the assessment and care planning process. Many people had signed to say they agreed with the care they were to receive as part of the initial assessment process. Feedback included, “They did an assessment when the service first commenced and went through what we needed doing,” “We have a care plan in the house, this is kept up to date by the carers who come in. When the office staff visit they check to make sure the carers are recording things properly” and, “At first they came here to discuss what I wanted them to do for me, I have a care plan and the carers now write down what they have done before they leave.”

People told the expert by experience that staff were, “Caring and respectful.” They added that staff listened to them and took instructions from them. They confirmed that they were involved in their care and one person added, “They respect my choices.” People said that staff were cheerful, friendly and asked them for their agreement before they did anything for them. They added that staff checked before they left the visit if there was anything more they could do for them. One added, “The carers talk with me and I look forward to their visits, they are always polite and ask me if I’m happy with what they have done for me.”

For people who needed extra support to make decisions about their care and support, the service had information about advocacy services or had involved relatives. Advocacy services help support and enable people to express their views and concerns and provide independent advice and assistance where needed.

People were happy with the care and support they received and were treated with dignity. They were complimentary about the staff and the care they received and their comments included, “The staff are absolute angels and give excellent care,” “The care is excellent” and, “I cannot fault them at all.” One person added that the staff had helped them to be independent and stated, “I have improved since they have been coming in. They do all I need to have done and when I needed the care it was there.” The service had sent out an anonymous questionnaire to people who received a service and responses received included, 90% stating that their dignity was respected ‘At all times’ and, 9.4% stated it was ‘Most of the time.’

Good

Is the service responsive?

Our findings

People told us that the service met their needs and they had been involved in the assessment and planning of their care. Staff we spoke with were knowledgeable about the people they supported and some had cared for and supported people for a number of years. They were aware of people's likes and dislikes as well as their health and support needs. Feedback from people included, "The staff are all very good, the carers are cheerful and cannot do enough for me." and, "The carers are very good actually, they are pleasant and are like family to us, they are great girls and do all we need."

People's care needs had been assessed before receiving a service, which helped to ensure the service was able to meet their needs. A care plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. Any care needs due to the person's diversity had also been recorded and staff were aware of people's dietary, cultural and mobility needs. People confirmed that before the service commenced they had received a visit from someone from the service, to assess their needs and ask their preferences about the support they would be offered.

One person added, "We had an assessment carried out before SESNHA carers started coming in to us, and we have been asked since if we are happy with them."

Care plans seen had been reviewed and updated where changes were needed. One health care professional reported, "They have always endeavoured to attend any reviews that I have invited them to, being focused on working with myself, the service user and any primary carers, to ensure that they are able to provide suitable/ preferred care to the service user's needs." Most staff felt that there was enough information in people's homes for them to provide the correct care, but a few felt this needed to be updated. Comments included, "Service user plans need updating, some of the information is out of date. The medication sheets are also out of date" and, "The care plan is a waste of time, no one ever uses it, they need updating." Staff went on to say that they would read the care notes to ensure they were providing the care the person required, as these had the most up to date information. This was discussed with the manager who advised that they are in the process of reviewing everyone's care plan to ensure staff had up to date information. They were also to send out a questionnaire to staff to gain their feedback on what information they felt they need to enable them in their role as a carer.

Information seen in people's homes varied in content, but some included information about people's personal histories. These were informative and provided the reader with facts and background histories of the people they cared for. The manager explained that they felt gaining information about people's history was an important part of providing care, especially those people who may be living with dementia. They added that this information provided staff with an essential overview of the person they are caring for, their life and also who they are. Feedback from people regarding the staff included, "They are lovely I can't fault them, they do whatever I ask." and, "I could not manage without the help I get from the carers, they are kind and they seem to know what they are doing."

People confirmed that staff seemed to have the time they needed to provide their care, although a couple said they felt the staff often seemed rushed and had too much work to complete in a small amount of time. A few people had experienced late calls and missed visits, but on further discussion this was usually due to staff sickness or annual leave and not a regular occurrence. Feedback included, "I feel that my needs are being met," "I'm very satisfied with the service our relative receives, we've no concerns and our relative likes the carers who come in" and, "The staff have a laugh with me, they are all very good and don't treat me like I'm incapable." Staff comments also varied. These included, "I have a regular work programme and visit the same people. I get sufficient time to do my work," "I have lots of work, sometimes I have too many calls to do, so we are very rushed" and, "There are problems with number of calls we have to do when sickness occurs, but I mainly have regular people." This is an area that was discussed with the management. We have since received confirmation that they are reviewing staff rotas to ensure they have the resources needed when staff are on leave or sick.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. Where complaints had been received there were records that these had been

Good

Is the service responsive?

investigated and action taken. The manager advised that senior management in the organisation monitored complaints, so that lessons could be learned from these, and action taken to help prevent them from reoccurring.

People confirmed they knew who to contact if they had a concern. Most people stated they had spoken with their care workers if they had an issues and these had been resolved. Staff spoken with said they knew about the service's complaints procedure and that if anyone complained to them they would advise them what to do, or would notify the office staff or on-call manager. One staff member said, "I would tell anyone who wants to complain to ring the office". Another said; "I will deal with the issue if I can, and let the office know what I've done, or if it's not something I can deal with I'll advise the person how to contact the office manager."

Other feedback was varied with regard to response to complaints. A few people stated they did not feel that their concerns had been listened to or appropriately actioned taken. Two stated that when they had contacted the office and found the response from office staff as 'rude' and others reported, "The office staff don't always pass on messages to the carer for us," "The office staff are not impressive, messages that we leave for our carer do not always get passed on" and, "When I've spoken to their office staff they have all been very pleasant." Feedback from health care professionals included, "In the event of any complaints the agency always appear to respond quickly, investigate and record the outcomes in a fair manner" and "They respond well with regards to resolving the issues so all parties are happy with the outcome." Another stated, "On the whole the carers (agency) are very professional and responsive, however that cannot be said of the office who I have been informed by numerous service users and families that at times can respond to telephone complaints as being quite bullish and brusque." This was discussed with the management who advised they would look into their present process, to ensure people were confident that their complaint would be listened to and appropriate action taken.

Good

Is the service well-led?

Our findings

The service had a registered manager. The service also has locality managers and co-ordinators whom staff liaise with and report to within a geographical area. Most staff told us they thought they received good support from the office and management team. Comments included, "The office staff are always available and helpful to us," "We get good support from the office staff and there is always someone to ring for advice out of hours when the office is closed" and, "The manager is good and I think the whole staff team supports each other really well." Feedback from one health care professional included, "I have worked with SESNHA Care for over ten years in my role and have always found them to be quick to respond to any messages I have left and have been very helpful in putting me through to the correct person when I have contacted them."

Staff we spoke with said that they had received supervision, attended regular staff meetings and could gain support and advice when needed. Feedback included, "I think that we support each other really well, if I had a worry about a service user I know there is always someone to go to talk it through." Another said; "I don't have any concerns about the care we provide and I like it that we all support each other in making sure we meet people's needs."

Most staff told us that they felt listened to and were kept up to date with information about the service and the people; but some stated they felt this could be improved. For example they would like more information about new people they were asked to attend; especially at short notice. The manager advised that they would gain further feedback from staff on what else they felt they would require and see what could be done to provide help this.

The service had clear aims and objectives and also a 'service user's charter', which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect. These were also covered as part of the staff induction and the Care Certificate.

Management had regular meetings to identify any areas of work that would need to be completed during that week and also looked at any audits that have been completed and discuss plans of action. They also had systems in place to try and improve the quality of the service people received and act when issues are brought to their attention. Regular questionnaires and surveys were sent to people to gain their views about the service they received. This provided them with an opportunity to identify areas they were doing well and also where they needed to improve. They told us they would continue to look for ways they can ensure that people have regular staff, that they arrived on time and provided the care people required. Communication with people needed to be improved and they were looking at ways to ensure this was implemented.

The service carried out a number of surveys during the year as part of their own quality assurance and also contract monitoring. These are collated and a report written from the responses to highlight any strengths and weaknesses. Once completed an action plan is produced so that work can continue on the development and improvement of the service. They were in the process of producing a staff questionnaire to enable them to gain feedback on some of the areas highlighted by staff as part of this inspection, so that appropriate action can be taken.

People generally received good quality care and the service had a number of systems in place to help monitor the standard of care received. The manager and provider had carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. These included staff recruitment, service user files, care reviews, staff training and supervision, and issues relating to the quality of care people received. They had also taken action during the inspection process to rectify areas of concern that had been raised. Feedback from people included, "We get periodic visits from the office staff to check up on the carers and they also ask me how I think they are performing." and "The carers are kind and respectful to me. Someone from their office comes in now and again to check what they are doing and they ask me if I'm happy with the staff."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12 (2) (g) Staff responsible for the management and administration of medication must be suitably trained and competent and this should be kept under review. Staff must follow policies and procedures about managing medicines, including those related to infection control. These policies and procedures should be in line with current legislation and guidance and address: Supply and ordering, storage, dispensing and preparation, administration, disposal and recording. Safe systems were not always in place to assist people with the management of their medication or to help ensure people received their medication as prescribed.