Key 2 Care Limited

Derbyshire care Services Central and West

Inspection report

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Date of inspection visit:
20 June 2017
22 June 2017

Date of publication:
09 August 2017

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 20 and 22 June 2017 and was announced. The provider was given 48 hours' notice. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection since the provider's registration on 10 October 2016.

Derbyshire care Services Central and West is a domiciliary care agency providing personal care to older people and younger adults in their own homes across the central and west areas of Derby including Littleover, Mickleover and Allestree. This included people with physical disabilities and mental health. The agency is located close to Derby city centre. At the time of our inspection 182 people received the regulated activity of personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission. 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.

We found that the provider's quality assurance systems had not picked up the issues we identified at this inspection visit. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

The provider's arrangements for staff recruitment were unsafe and did not ensure suitable people were employed. We found that all the required pre-employment checks were not in place.

The Mental Capacity Act (MCA) 2005 helps to ensure that people are supported to make their own decisions wherever possible. Where people were identified as not having capacity there were no records of best interest decision making to show the care and support provided was in the person's best interests. Care staff's knowledge on the MCA varied and not all care staff had been trained in this area. Training records also showed that care staff had not received training in all areas as identified by the provider.

People were not consistently involved in reviewing what support they needed. People told us they appreciated regular care staff; where people did not receive regular care staff they felt their care was compromised in a variety of ways.

People received appropriate support to manage their meals and nutrition when required. This was done in a way that met with their needs and choices. People's health needs were met, care staff confirmed if they were concerned about people's health care needs they would notify the office or contact the relevant service as required.

People told us care staff treated them in a caring way and respected their privacy. Care staff supported

people to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.

Care staff told us they felt supported by the management team and told us they received regular supervision.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Requires Improvement

The service was not consistently safe.

Recruitment procedures did not ensure suitable staff were employed as not all recruitment checks were in place. The provider did not have effective systems in place to reduce the risk of abuse and preventable harm to people using the service. Risk assessments were not always in place to ensure staff could minimise risks to people and to support them safely. Sufficient staff were available to attend calls, although people were not always advised if their call was delayed. People had the support they needed to take their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Mental capacity assessments had not been completed to identify the support people needed to make decisions. Not all staff had been trained in the areas identified as relevant to people's needs. People were supported to maintain their nutrition, health and well-being where required.

Is the service caring?

Good

The service was caring.

People were cared for by staff that were caring and friendly. People and their relatives were involved in their care and staff respected people's wishes.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People received personalised care, responsive to their needs. However people were not consistently involved in reviewing what support they needed. People were not always supported by regular care staff to ensure continuity of care. The views of people and their preferences were respected. People knew how to make a complaint or suggestion.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had a registered manager in post. Systems designed to check on the quality and safety of the service people received were not effective. For example people did not always experience improvements when they have shared their views. Statutory notifications had not always been submitted as required. Care staff told us they enjoyed working for the provider and felt supported by the management team.

Derbyshire care Services Central and West

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 was 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 20 and 22 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection was carried out by two inspectors and an expert-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. The expert-by-experience did not attend the agency's office, but spoke by telephone with people who used the service and relatives. The telephone interviews took place on 20 and 21 June 2017.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public, the local authority and other relevant professionals.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We spoke with eight people who used the service and seven people's relatives. We spoke with the registered manager, the registered person, a director and three care staff who supported people in their homes.

We reviewed records which included four people's care records to see how their care and treatment was planned and delivered. We reviewed five staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People's safety was not always protected by the provider's recruitment practices. We looked at the recruitment files for five care staff that had recently commenced employment with the provider. All five care staff files did not have a full employment history in place. This meant the provider had not undertaken thorough recruitment checks to ensure staff were safe to work with the people who used the service. We discussed this with the management team who told us that they would taking action to address this and would ensure that full employment histories were obtained from any perspective staff.

We saw that the Disclosure and Barring Service (DBS) checks and references were in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Care staff we spoke with told us that the recruitment process, included completing an application form and DBS checks were completed prior to them commencing employment.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff we spoke with understood their responsibilities to keep people safe and protect them from harm. Care staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. Care staff told us if they had any concerns they would raise these with the office staff immediately. A member of care staff said, "If I noticed any change of behaviour in a person such as them appearing withdrawn or if a person had unexplained marks on them. I would ring the office straight away."

We were shown training material, used to train staff in safeguarding. This was dated 2013. The Care Act 2014 introduced new categories of abuse; these were not contained within the training guidance we were given, although they were included in the provider's safeguarding policy. The registered manager could not provide assurance's that staff were trained to be knowledgeable in all categories of abuse as these were not included in the training material we were told were used. We saw that not all care staff had undertaken training in safeguarding adults. The training matrix showed that these care staff had been booked to attend this training during July 2017.

Records showed where an allegation of abuse had been made by a relative although the registered manager had investigated the concerns no safeguarding referral had been made to the local authority. Local authorities are the lead agency coordinating any response to allegations of abuse. There was a risk allegations of abuse would not be appropriately dealt with when they were not reported to the local authority.

The provider had not taken all steps to reduce the risks of abuse and preventable harm to people using the service. We also saw a number of body maps which showed significant unexplained injuries to a person over a period of time. However there was no clear audit trail to provide assurance that timely safeguarding referrals had been made ensuring the person's safety.

We looked at how the provider managed risks associated with the care and support people received. We saw risk assessments in relation to environmental risks and equipment needed to support people to move safely. However we saw risk assessments were not in place for all areas of risk. This was because one person demonstrated some behaviour that could present challenges to care staff. However we saw no risk assessment for staff to follow to reduce risks to them. We also saw on another person's risk assessment that care staff needed to use equipment to move them. However there was no instruction or guidance for staff on how to move the person whilst using this equipment. The moving and handling assessment for this person was also not fully completed. This showed the provider had not always taken steps to reduce the risk to people and staff to keep them safe.

Care staff were able to describe how they supported people to keep them safe. They felt that the risk assessment provided them with sufficient information to support people safely. A member of care staff said, "If a person has been assessed as requiring equipment such as a hoist to transfer them, we always use this."

Most people told us they felt safe when being supported by staff from Derbyshire Care Services Central and West. Relatives told us they felt their family members were safe when receiving care and support from the service. One person said, "Yes, I feel safe with the care staff I get. They make sure they lock the door properly when they leave." Another person told us, "Oh, yes, absolutely I feel safe I wouldn't let them in otherwise. They always show me the badges." A relative stated, "Our belongings are always safe - oh no, nothing goes wrong we are very lucky." However one person told us that a member of care staff was removed from their calls as they didn't like their behaviour towards them.

Most people told us that the staff stayed for the whole call duration. People told us that they had not received any missed calls and said that care staff mostly arrived on time. Some people told us they did not always receive a call to advise them care staff were running late. A person said, "Occasionally they [care staff] phone if they're late, but normally I just wait for them." Another person stated, "Sometimes I have a little bit of difficulty with the time care staff arrive. They can be late up to half an hour, this could be the traffic or organisation of calls. However the care staff always turn up." A relative said, "On occasion they've (care staff) have been late, which could be anything between about half an hour to an hour late." This meant that some people were adversely affected by receiving delayed care.

Requires Improvement

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The service had policies in place that covered the MCA and making decisions in a person's best interests. However, these stated that the two stage test of capacity would be completed by the person's GP, Mental Health Team or Local Authority. This policy was not in line with the Mental Capacity Act Code of Practice. This was because in the Code of Practice, it is the decision maker's responsibility to work out what would be in the best interests of the person who capacity.

Records showed people's capacity to consent to their care had been considered in their care plans. However one person's assessment history provided by another agency showed that the person lacked capacity in finances and needed support with decision making. There was no capacity assessment or best interest assessment specific to this aspect of their support. We discussed this with the registered manager they told us that they would be reviewing this person's care plan.

Care staff told us they had undertaken training on the MCA. However training records we saw showed that not all staff had received training in this area. One member of care staff said, "If a person does not have capacity, you still give them choices and obtain their consent to support them." However a couple of care staff did not understand their responsibilities for supporting people to make their own decisions and obtaining consent before they supported people. Care staff could tell us what they would do if a person did not want care or didn't want to eat. They told us that they would escalate their concerns to the office and where there was family involvement they would notify them as well. We saw people had signed their care plans to demonstrate their consent to the care and support they received. One person's relative who had the legal authority to make decisions in the person's best interests had signed their care plan.

People told us care staff who supported them were generally trained and had the skills required to do the job. A person said, "Some care staff are more adept at doing their job. Some needed more training." Another person said, "They are great care staff that they send to us. It's important to get the right person and they do meet our needs." A relative told us, "I saw them (care staff) carefully practicing with [person's name] to see if they could get her in and out of the car. My other relative seems to think the care staff are quite attentive." However another relative felt not all of the care staff had the required knowledge to support their family member. They said, "On occasions they [office] send in care staff who don't know about [person's name] health condition and it's a bit awkward." We discussed this with the registered manager. They told us they will look at training in this particular area and in the meantime they will ensure regular care staff visit this person.

Care staff told us the induction and training they had received had been effective in giving them the right skills and knowledge to enable them to support people who used the service appropriately. A member of care staff told us, "The induction period including observing experienced care staff, training and reading policies and procedures." Care staff felt that they had the necessary skills and training to meet the needs of the people, promoting their wellbeing and independence. Care staff told us they had undertaken training in a range of areas. A member of care staff said, "The training I have received has helped to give me insight into people's needs." Another member of care staff said, "The training has been good. We also receive regular updates in training. I went to the local hospital for peg feed training." This is where a person has a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a feeding tube which passes through the abdominal wall into the stomach so that feed, water and medication can be given without swallowing. However training records we looked at confirmed that not all care staff were up to date with training as identified by the provider. For example we saw that not all care staff had undertaken infection control training, health and safety training and fire safety. This meant that the provider could not provide assurance that all care staff were well trained and had the skills required to do the job.

Care staff were supported through individual supervisions and staff meetings. Supervision is a meeting with a manager to discuss any issues and receive feedback on a staff member's performance. Care staff told us they were able to give their views about the service provided and ways to explore how the service could be improved or developed. A member of care staff said, "I have had regular supervisions. I can discuss anything from training needs or any other issues. The support here is good." Records showed care staff practice was observed to ensure care staff competency and feedback was given to them on where they had done well and any areas that required improvement. This demonstrated that the provider supported care staff to enable them to meet the needs of the people who used the service.

Majority of the people we spoke with were supported by their relatives with meal preparation. One person told us they were happy with the support they received from care staff with the preparation of meals and drinks. They said, "The care staff prepare my food exactly as I like them. The care plan tells the care staff what support I need with meals." Another person told us, The care staff don't prepare my meals for me. But they always make me a drink before they go." Care staff told us that they usually reheated meals for people and prepare drinks of their choice. Care staff we spoke with were aware of people's individual dietary needs. A member of care staff said, "With the warm weather I make sure I leave drinks so that the person has something to drink in between calls. Where there have been concerns about a person's weight loss, we have used a fluid and food chart to monitor what the person had eaten and drank." They told us if they had concerns about people's dietary intake they would contact the office and inform them of this. This showed that people were supported to manage their individual dietary needs.

People's health needs were identified in their care records. People's health needs were monitored and any changes in their health or well-being were reported to their GP or other health care professionals as required. A person said, "If I was unwell and needed a doctor I'd tell them [care staff]. But so far I haven't had to." A relative said, "A carer noticed something that they didn't like the look of on [person's name] skin. Each morning they [care staff] check [person's name] condition." Staff we spoke with told us that they would seek medical support if they were concerned about a person's health care needs. A member of care staff said, "Due to the warm weather a person was not eating too well. I rang 111 who gave me advice. I reported this to the office and monitored the person who the next day had their appetite back." This demonstrated that staff monitored people's health needs to ensure that appropriate medical intervention could be sought as needed.

Good

Is the service caring?

Our findings

People and relatives we spoke with expressed how most staff were caring and friendly. A person said, "Yes, they're [care staff] caring and kind. The care staff are different in their own way but very good. We talk and chat while they're here. I can't get out on my own, so I've got to use them. Every time they come they're polite." Another person stated, "They [care staff] are caring on the whole." However a relative said, "On the whole they're pretty good, but there are two care staff who tend to talk loud and don't always speak in English. [Person's name] cannot interpret whether or not they're [care staff] are talking to [person's name]." We fed this back to the registered manager who told us that would investigate this.

People we spoke with told us they were treated with respect and dignity by the care staff. A person said, "My regular ones [care staff] have got to know me like family, and the ones [care staff] that are temporary are alright. They call me by my first name. Privacy and dignity is all fine, they [care staff] speak respectfully to me." Another person said, "You get dignity and respect as you can build up a slight relationship with the regular ones [care staff], and they understand you better." A relative said, "They [care staff] keep his dignity and respect [person's name]. The care staff are very nice and we respect them too." Another relative said, "There is dignity and respect, the care staff treat [person's name] with respect and if I saw otherwise I'd say."

Care staff we spoke with consistently showed they understood the importance of ensuring people's privacy and dignity was always maintained. They were able to give examples of how they did this which included covering people appropriately when they received personal care. One member of care staff told us, "I always draw the curtain and close the door when assisting a person. I do encourage people to be independent, such as supporting the person to walk to the bathroom at their own pace. I will encourage the person to do some tasks themselves such as putting their shirt on. I always respect people's religious needs as well." Another member of care staff stated, "For example I will cover the person's bottom half whilst I am washing other parts of their body. I don't take over if a person is able to wash their face I will encourage them." This demonstrated that care staff understood the importance of upholding and respecting people's dignity. Care staff provided people's care in a dignified and respectful manner, whilst promoting peoples independence.

People were listened to and were comfortable with staff. One person told us, "The care staff call me [person's preferred name] as I prefer and they all listen to me." A relative said, "They [care staff] act on what I say, which is good." People confirmed they were asked for their preference in staff gender when supported with washing and dressing. A relative said, [Person's name] never wanted a male carer, and they've respected that wish." Another relative stated, "[Person's name] just gets females, and that's what she prefers." People therefore received care and support from care staff who met their individual needs and preferences.

Care plans we looked at contained information about the person and how best to support them. One person's care plan showed that the family had been involved in planning their care. Staff told us care plan copies were available at people's home and that they were up to date.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us they knew how to make a complaint and generally felt they would be listened to. A relative said, "There was one incident involving one care staff. [Person's name] and I rang the office and complained. They [care staff] was not sent back to us." However another relative told us, "As I wouldn't get a great response from the office, you just don't feel like complaining to them."

A system was in place to record complaints, this ensured the action taken and outcome was recorded. The provider had received 31 complaints during the last 12 months. The themes of the complaints raised by people included care staff attending calls later than scheduled and people not having regular care staff. Whilst people's concerns were responded to individually, we saw no evidence that the provider had reviewed the complaints to reduce the likelihood of similar complaint's occurring. During this inspection visit people had raised concerns with us such as the lack of consistency in being supported by regular care staff. This did not provide assurance that the provider had effective systems in place to carry out reflection and learning from complaints received.

We received mixed feedback about people's involvement in reviewing their care plan. One relative told us "They [office staff] have reviewed the care plan." Some people were unable to recall whether or not the care plan had been reviewed. This did not provide assurance that the provider consistently involved people or their representative when reviewing their care. However records we saw showed that two people's care plans had been reviewed in the last twelve months. The other two people had recently commenced receiving care so there care plans had not been reviewed.

Some people had regular care staff and told us they were happy with them. A relative said, "We've been lucky enough to have a couple of regular care staff, and we have the odd one to take over but there's always a regular member of care staff there who knows what they're doing." However other people told us that they were not always supported by regular care staff. One person said, "If my regular member of care staff is off and then anyone comes. I need regular care staff who know what they're doing." Another person told us, "It's better to get regular care staff, but I get different care staff as they (office) sometimes have to make a change and redraft the rota. The same one (care staff) comes at bedtime and at breakfast. However, lunch (calls) can be more hit and miss."

A relative said, "On a couple of occasions different care staff to the one on the rota have turned up." This did not provide assurance that people received continuity in their care. Another relative said, "One of my criticisms is that the office staff seem disorganised and put care staff onto a call at the last minute. So in the mornings we get one care staff instead of two care staff." We fed this back to the registered manager who told us that they would monitor this and take any action as required.

People were supported with a variety of tasks such as support with washing and dressing, preparing meals and taking medicine. Most people told us that their care staff understood their needs and were capable of delivering the service that they required in their preferred way.

The registered manager told us they carried out initial assessments to ensure that people's identified needs could be met by the service and people could be confident that the service was right for them. The records we looked at contained assessments which identified individual needs, such as individual aspects of care people required support with.

Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. They were able to describe to us how they met people's care needs and how they supported people to express choices and maintain their independence.

The registered manager told us they were able to meet people's cultural needs and preferences. They told us that some staff were fluent in languages other than English. A relative said, "[Care staff] speak in Punjabi with [person's name]. Care staff told us if people preferred care from care staff who spoke Punjabi this was arranged by the service. This demonstrated that people's diverse needs were met by care staff that had a good understanding of their cultural needs and methods of communication.

Requires Improvement

Is the service well-led?

Our findings

At this inspection visit we identified a number of shortfalls which had not been identified by the management at Derbyshire Care Services Central and West. We found that not all care staff had received training in all the area's required by the provider. This did not provide assurance that all the care staff had the necessary skills and knowledge to meet people's needs effectively. We also identified that not all care staff had been recruited safely as, they did not have all the required pre-employment checks in place. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

The provider did not have effective auditing systems in place to monitor the quality of the service and drive improvement. We discussed records with the registered manager. They told us people's care plan records were not currently audited. Therefore there was no system or process in place to effectively check on the quality and safety of care plans and risk assessments. For example we saw that there had been six incidents between May and June 2017 where a person displayed difficult to manage behaviours. The safety of both the person and care staff could be compromised. However following the incidents one of the actions for care staff to follow was to read the challenging behaviour policy. This did not provide assurance that the provider was taking appropriate action to minimise risk's to the person and care staff. The registered manager told us they would introduce audits of people's care plans and risk assessment documentation.

Staff were aware of the actions they should take when an incident affecting people's safety occurred. However there was no information that the provider undertook any analysis of incidents and accidents which had occurred. Therefore systems in learning from incidents to ensure that improvements to the quality and safety of the service provided were not effective

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider were not always clear about their responsibility in notifying the CQC of the incidents that the provider was required by law to tell us about, such as any allegations and incidents. Whilst we had received some statutory notifications, we had not received statutory notifications for all events and incidents as required. For example we saw that a person raised a significant allegation. We saw that a safeguarding referral had been made to the local safeguarding team, however we were not sent the relevant notification regarding this. In addition, some statutory notification had been completed incorrectly. We discussed this with the registered manager who agreed to ensure statutory notifications would be completed correctly and submitted when required.

We received mixed feedback from people as to whether they have been asked about their views on the service they received. A relative said, "We get questionnaires. On the phone they [office staff] listen and do the best they can. They [office staff] say if you don't ring us, we won't know what you want. However one person said, "There have been no surveys that I can remember." A relative stated, "I don't think anyone calls to ask how this service is going, as usually I ring up to tell them anything."

We saw the customer survey from January 2017 had been analysed. This showed some area's for improvement. For example the results identified that people wanted continuity in the care staff who supported them. Comment included, "It would be good to have consistency and continuity with a carer" and "More stability required on call rota. Each time an unfamiliar carer calls my routine has to be explained again. Too many different carers causes stress. Continuity is king." Although the provider had stated an action plan would address areas for improvement, people we spoke with had not yet experienced an improvement in the continuity of their care staff. Neither had they received any information on what actions the provider planned to take to improve their care. This demonstrated that people's views were gathered. But not all people had seen improvements with regards to the issues they raised.

People told us if they had any issues they felt able to contact the office staff. One person said, "I get on very well with them at the office and I know if they can't get me the right person they will negotiate somebody. They're very good. A relative told us, "I would recommend the service from what I've seen. They change the call times to suit our needs." Another relative said, "It's no better and no worse than any other service as it is hard for any service to be perfect, but we've been lucky with the people we have."

The service had a registered manager in post since October 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was supported by the registered person, a director, care manager and other office based staff. Care staff we spoke with told us they felt able to speak with the director as well as the registered manager to give feedback or raise any concerns. They also told us that the enjoyed working for the provider.

Records viewed and discussions with staff demonstrated that regular staff meetings were held to ensure staff were kept up to date and involved in the development of the service. Staff we spoke with confirmed these were useful and were able to reflect on any issues, including rota's and communication with the office. A member of care staff said, "We are asked how the service can be improved and can make suggestions. For example care staff had suggested working in geographical areas and this is happening now." Another member of care staff told us, "If there have been any changes or updates in policy we have the opportunity to discuss these in staff meetings."

Systems were in place to check on the quality of care provided by staff. Care staff told us that they had received spot checks and were not aware that the manager was coming to observe them. This is where a manager will for example check that care staff are using the correct moving and handling techniques, wearing their uniform and supporting people with their medicines safely. A relative confirmed spot checks were carried out. They said, "The office staff have been coming and checking things are okay. Sometimes they [office staff] watch the care staff and don't tell them they are coming." Records we looked at confirmed these checks were in place and feedback was provided where any improvements were identified as needed.

An on call system was provided by the management team to support staff. Staff we spoke with told us they were able to access the on call system, which provided out of hours support to deal with any emergencies or problems. A member of care staff stated, "The on call system is helpful. If you have any concerns about a service user you can ring the person on call and they give you advice straight away."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the services provided. Regulation 17

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider had not undertaken thorough recruitment checks to ensure staff were safe to work with the people who used the service. Regulation 19