

Boldglen Limited

Boldglen Limited Medway Swale

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 12 and 13 June and 3 July 2018. The inspection was announced.

This service is a domiciliary care agency. It provides personal care to any adults who require care and support in their own houses and flats in the community. Not everyone using Boldglen Limited Medway Swale receives 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, although the service supported approximately 250 people in total, approximately 120 people were receiving personal care in their own homes.

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

At our last inspection on 11 March 2016, the service was rated as 'Good'. At this inspection, we found that there were now areas that required improvement. This is the first time the service has been rated Requires Improvement.

Individual risks were not always identified to ensure measures were put in place to help keep people safe and prevent harm. Environmental risks inside and outside people's homes were documented to keep people and staff safe from identified hazards.

Some areas of the management of people's prescribed medicines needed improvement to ensure safe administration by staff at all times. Gaps were evident in medicines administration records (MAR). Guidelines and information about the medicines people took were not available.

A safeguarding procedure for staff to follow should they have concerns about people was available to staff. People told us they felt safe and knew who they would talk to if they did not.

Staff followed safe practice to control the risk of infection and always had enough equipment such as disposable gloves and aprons available to wear.

The provider and registered manager followed safe recruitment practices to make sure only suitable staff were employed. Enough staff were available to be able to run an effective service and be responsive to people's needs. People told us they always had the same staff supporting them; staff were on time when visiting; always stayed for the full time they were allocated.

Staff had suitable training at induction when they were new as well as continuing regular updates. Staff were

supervised by a manager regularly to check their competency and offer support.

People told us they made their own decisions and choices. The registered manager understood the basic principles of the Mental Capacity Act 2005 and made sure their processes upheld people's rights.

Although many people did not require the assistance of staff with their nutrition and hydration needs, some people did require this support. People and their relatives told us they were happy with the support given by staff and it worked well.

Many people did not require the assistance of staff to look after their health care needs as they either managed this themselves or had a relative or friend to help. Where support was required, people told us staff were observant and offered advice or to make appointments with healthcare professionals.

The positive and caring approach of staff was clear from the responses of people and their relatives, telling us how happy they were with all the staff who supported them. People told us they had regular staff providing their care and support so had got to know them well, creating confidence and trust. People were given a service user guide at the commencement of their care and support with the information they would need about the service they should expect.

An initial assessment was undertaken of people's personal care needs so the registered manager could be sure they had the staff resources with the appropriate skills available to support people. People had a care plan to detail the individual support they required as guidance for staff. The information in the care plan was basic and did not always provide the level of information needed to ensure care and support was consistent. Assessments and care plans did not record the personal information necessary to provide a holistic guide to people's support.

The provider had an up to date complaints procedure. No complaints had been made and people told us they had no need to complain but knew what to do if they did.

Although the provider had some systems in place to monitor the quality and safety of the service, these were not always used effectively to identify where improvements were needed and take action.

The provider sought people's views of the service on an annual basis and regularly during their care plan reviews. Feedback was primarily positive. The registered manager had taken action when people had raised an issue that required improvement.

We received good feedback from people and their relatives about the running of the service, particularly about their regular care staff.

Staff were positive about the support they received from the provider, the registered manager and the office team.

During this inspection, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of this 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 always safe.

Individual risks were not always identified to help protect people's safety. Risks to the environment were checked to keep people and staff safe.

The administration of people's prescribed medicines within their home was not always safe, some areas needed improvement.

Staff knew their responsibilities to keep people safe by following the safeguarding procedure and reporting any concerns they had.

Robust recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People had an initial assessment to determine the care and support they required from staff, the information needed was not always documented. Individual care plans that were in place did not record the detail needed.

Staff were supported through a supervision and observation process. Suitable training was provided to develop staffs' skills appropriately.

People had control over the choices and decisions they wished to make.

Staff provided the support people required with their health needs and the preparation of meals and fluids.

Is the service caring?

Good ●

The service was caring.

People made only positive comments about the staff who

supported them, finding them kind and caring.

People and their relatives were involved in their assessment.
Staff knew people and their relatives well.

People were given a guide about the support they received and the standards they could expect from the staff.

People experienced care from staff who respected their privacy, dignity and independence.

Is the service responsive?

The service was not always responsive.

Care plans were not always person centred, providing the information necessary to understand the individual and their circumstances.

Although no complaints had been made, the complaints procedure gave people the information they needed to know should they wish to raise a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Some monitoring processes were in place to check the safety and quality of the service. These had not been effective in identifying areas that required improvement.

Feedback was sought according to the providers processes.

Staff were supported by regular staff meetings where the provider often attended as well as the registered manager.

Requires Improvement ●

Boldglen Limited Medway Swale

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 June and 3 July 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is a care agency and there may not always be someone available to support the inspection. The registered manager was on annual leave on the day of inspection so the provider was available to help with the inspection. We returned on 3 July 2018 to speak with the registered manager.

The inspection was carried out by one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience made telephone calls to people and their relatives on 13 June 2018 to gain their views of the service provided.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. We also looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with 16 people who used the service and six relatives, to gain their views and experience of the service provided. We also spoke to the provider, the registered manager, the deputy manager and three staff.

We spent time looking at five people's care files, medicine administration records, four staff recruitment records as well as staff training records, the staff rota and staff team meeting minutes. We also looked at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems, as well as surveys carried out.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the staff who supported them and the service provided. People also told us if they had any concerns they knew who to contact in the organisation. The comments we received included, "Yes, I feel safe. It's her manner she (staff member) is confident and this makes me feel safe. She (staff member) knows what she is doing, I never once felt that she was going to let me fall"; "Yes I do feel safe, they (staff) are consistent with the quality of care and it puts me at ease. I would speak to the manager if I was concerned"; "I feel very safe, fantastic carers, ever so good. If I have been clumsy and spilt a drink they will go and get the mop out and wipe up the floor"; "Oh yes, absolutely safe. They (staff) look after me like family".

People's relatives told us they did not have any concerns about the care their loved ones received from Boldglen Limited Medway and Swale, "[Family member] is absolutely safe with the carer (staff). They are very friendly, really caring, accommodating. They are a godsend"; "We both feel comfortable having the carer here."

People were not always protected from the risks associated with the management of their prescribed medicines. Many people did not require assistance with taking their prescribed medicines as some people could administer themselves or a family member or friend assisted them. Those who did require the assistance of staff had a care plan, however, these did not include the detailed information needed to enable staff to administer people's medicines in the way they wanted and needed. Gaps were found on some people's medicines administration record (MAR). One person had three care visits a day by staff. Their care plan stated, 'To assist with medicines' for the morning care visit and 'To prompt with medicines' for both their lunchtime visit and their evening visit. No further information was provided to ensure staff knew what was expected of them and to ensure a consistent and safe approach. We looked at the person's MAR which showed they were prescribed Levetiracetam twice a day. This is a medicine used to prevent seizures and treat epilepsy. This means it is very important that people take the medicine regularly as prescribed. The MAR for January 2018 showed gaps where staff had not signed to say they had administered or assisted with the medicine each morning on 29, 30 and 31. The evening medicines had been signed for only on 13, 14, 27 and 28. The MAR for May 2018 showed gaps where staff had not signed to say they had administered or assisted with the medicine each morning on 6, 7 and all the days after 15 May. The evening medicines had not been signed for at all that month. The person's daily records showed that staff had documented that they had administered medicines on some of those days where there were gaps including the evening medicines where there were very few signatures on the MAR. The person's care plan was vague about the specific assistance they required with their prescribed medicines. This meant staff were not being consistent in the care provided, placing the person at risk of not receiving their medicines as prescribed.

The medicines people were prescribed were not listed anywhere in the care plan. The only record of medicines prescribed was on the MAR. No information was available for staff about the medicines people were taking, why they were taking them and the side effects people may encounter while taking the medicines. This meant staff may not be aware that a person was suffering side effects that may need to be reported to their GP or the prescriber. Where people were prescribed medicines 'As and when necessary'

(PRN), no guidance was available for staff so they knew for instance, in what circumstances people needed to take their PRN medicines and how much of the medicine it was safe to take in a 24 hour period.

The failure to manage medicines in a safe way is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. Safe care and treatment.

Risks to individual people had not always been identified to ensure staff had the guidance necessary to follow a specific plan to prevent harm. One person required a hoist to help them to move from their bed to a chair and vice versa. Two staff were required to assist the person to move using their hoist. Although instructions were given in the care plan to show which straps to loop onto which part of the body, the risks associated with the use of the hoist for the individual person were not identified. Measures to keep the person safe taking into account their individual risk factors were therefore not in place. This meant the person was not always safe if new staff visited to carry out their care. Another person's assessment described them as having 'swollen ankles, risk of falling'. The 'identified risk action' stated, 'carers check on well being'. A risk assessment had not been produced to document why the person's swollen ankles made them at risk of falling and what action staff should take to help prevent the person from falling in their home. Another person had a catheter in place and their care plan recorded staff were to empty the catheter bag. However no further instructions were given regarding the risks associated with this task such as the equipment to use, where to clean it after use and the safe disposal of the urine. The individual risks associated with having a catheter in place had not been identified to highlight what staff needed to be observant for, such as infection.

One person's assessment recorded that they, 'Can be verbal at times due to frustration'. The identified risk action to take recorded, 'Carers to be aware'. No further information was provided for staff to describe what form the verbal aggression took or how staff should respond to support the person most appropriately. No recording documentation was in place for staff to record incidents to enable the registered manager to monitor and check for increased risk and changes in behaviour that may need the advice of a health or social care professional.

People were not always protected from specific risks to their health, safety and well being. One person was taking prescribed medicines to prevent seizures. A risk assessment had not been carried out to identify the risks associated and to produce guidelines for staff in the event of a seizure or a deterioration in health.

The failure to ensure records are in place so people receive care that is safe is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Staff understood their responsibilities in raising any concerns they may have about how people were being treated. Staff could describe the types of abuse they may come across and the signs to look out for. One staff member gave an example of when they had raised a concern and how it had been dealt with. There was an up to date safeguarding policy in place which included information on how to report safeguarding concerns and the local authority safeguarding process. An up to date whistle blowing policy gave staff the information they would need if they wished to raise concerns external to the organisation about staff conduct within the service. This meant people were supported by staff who had the training and information they needed to help safeguard people from abuse.

The risks of cross infection were highlighted in each person's care plan, documenting what staff needed to do to keep people safe from the risk of infection. Staff were advised to wear personal protective equipment (PPE) such as disposable gloves and aprons when attending to people's personal care needs. Staff told us they could access PPE whenever they needed to replenish their stock and there was always a plentiful

supply. People confirmed that staff wore the appropriate equipment and followed good hygiene standards. One person said, "Yes they (staff) always wear gloves and wash their hands in between" and another person told us, "Yes they (staff) are very hygienic, they always wear gloves and wash their hands."

Staff followed the provider's policy for recording and reporting accidents and incidents. As well as completing the appropriate records, staff contacted the office to make sure they reported any incidents and request advice where necessary. The registered manager monitored incident reporting and carried out an investigation if necessary. Incidents were used by the registered manager as a learning tool for staff, highlighting what worked well and the areas that required improvement. This meant where things did not go according to plan, all staff could learn from this to prevent a reoccurrence.

The registered manager was following safe recruitment policies and guidance when employing new staff to the service. The service had safe practices to ensure that the staff employed were suitable. Checks had been made against the Disclosure and Barring Service (DBS). A DBS check highlights any issues there may be about staff having criminal convictions or if they are barred from working with people who need safeguarding. Potential new staff provided their full employment history and photographic identification had been checked. The provider had checked two references before new staff commenced employment.

People told us they had regular staff who always turned up when they were expected and stayed for the amount of time they were intended to visit for. People confirmed that when their regular staff were absent they knew which staff would be visiting in their place. The comments we received from people included, "I usually, have one or other of my two main carers (staff) during the week, at the weekends other staff attend. I have never been let down"; "Mainly have the same lady (staff), I couldn't manage without her. I feel good when she is here"; "Their (staff) timing is very good. They never rush in and out and not missed any visits"; "Yes they (staff) do, their time keeping is very good. They never miss me completely and always stay and do everything I need." There were sufficient staff to provide people's assessed care and support needs as people told us they had regular staff who were on time and they did not have problems with staff not turning up or cancelling visits. Staff had sufficient travel time between their care visits to be able to travel from one person's home to the next. Staff confirmed this was the case and they told us they received their planned shifts well in advance.

The office was staffed during office hours, Monday to Friday. Outside of office hours there was an on-call system. This meant staff could be contacted when necessary. There was a business continuity plan in place. The plan identified risks and mitigations and listed the contact details for senior staff within the organisation.

Is the service effective?

Our findings

People were confident the staff who visited them to assist with their personal care knew how to support them and asked for their agreement before carrying out tasks. People told us, "Carers (staff) actually do what they are paid to do. They have a good humour"; "Yes, my carer (staff member) knows what she is doing and does it very well"; "Definitely well trained, but more importantly have the right attitude"; "They are very good, reliable and know how to look after me."

People had an initial assessment so the registered manager was able to make a judgement if they had staff with the knowledge and skills available to meet the needs of the person before care and support was agreed. Although people told us they were involved in their assessment, many of the people we spoke with were unsure if they had a written care plan. However, people did tell us they discussed their care with the staff who visited them regularly. The assessment did not provide the detailed information required to be able to develop a care plan with all the important factors in the person's life staff needed to take into account. Although staff carrying out the assessment may have verbally gathered the relevant information, this was not transferred into the written records. The medical or health related conditions people had been diagnosed with and the health and social care professional staff who supported them was not recorded. A section to record people's medical conditions, the medicines they were prescribed and how their condition affected them was not included in the assessment document. For example, one person had rheumatoid arthritis, this was only referred to once in their assessment with no further detail and care plans did not refer to this important information. Another person was prescribed a medicine to treat epilepsy, however, there was no reference to epilepsy or seizures in either their assessment or in their care planning documentation. We did not see any medical conditions included in any of the assessments or care plans we looked at. This meant staff may not fully understand the needs of people receiving care in their own homes and this could impact on the quality and safety of the care they received.

The failure to ensure people's care documents are accurately recorded in order to provide consistent care that meets their needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

The registered manager told us how they strived to meet people's needs and to make sure the service was equally accessible to people from diverse backgrounds. However, this was not reflected in their assessment and care planning records. The registered manager said they planned to change their documentation and assessment process to ensure the evidence was available to support the work they did.

Although people's care planning documentation did not include all the information relevant to people's care and support, people and their relatives told us they were fully involved in their assessment. People said, "One of the managers came and completed an assessment and together we agreed what type of service I needed"; "A lady (staff member) from the company came and together we decided what I needed and how the carer (staff) would help me." A relative told us, "The assessment people (staff) came and chatted to us about the help [My relative] needed. We decided he needed help with washing, I can still manage everything else."

Some people used the services of more than one provider, or from other agencies such as health and social care services or day resources for example. The provider and registered manager had provided services in the area for many years and kept abreast of changing resources. Communication was good with other agencies to make sure people received the care they needed.

The Mental Capacity Act 2005 (MCA 2005) 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People gave their consent to the care agreed with the service and to the care plan and risk assessments undertaken. Some people needed the support of their loved ones to help them to make decisions about their care. This was recorded in the care plan.

Many people did not need the assistance of staff to support them with their healthcare, such as making and attending appointments, as they managed this themselves or a family member or friend assisted them. However, where people did need some assistance, staff were responsive and made sure advice was sought promptly. People confirmed this when we spoke with them. One person said, "One day the carer (staff) came and found me sleepy and I didn't want to do anything. She was so concerned she came back with her manager and they got the doctor to call" and another person told us, "Yes, they understand my condition. They know exactly what I am capable of and what I can't do."

Many people could either make their own meals and drinks or had a family member or friend who helped them. Some people required the support of staff to assist with their nutrition and hydration. Where this was the case people told us they chose what they wanted to eat and staff prepared it for them. One person told us, "I tell the carer (staff) what I want cooked. I mostly have a microwave meal. It is always hot and nicely presented. They (staff) always leave me with a cup of tea." Another person said, "Yes they get my lunch ready and I choose what I fancy."

Records showed that new staff had induction training and a period of shadowing more experienced staff before they carried out tasks on their own. The staff we spoke with confirmed their induction had been thorough and had given them the knowledge and confidence to carry out their role. The people we spoke with confirmed new staff always visited with staff who knew the person well.

The provider had a training room at their office base where staff completed all their training. Staff told us they had regular updates of training following their initial induction. The provider told us they always provided staff training as a group in a training room setting as they believed it was more beneficial to staff's learning and development.

Staff had their competency checked when carrying out their role in people's homes by one of the management team or a supervisor. The observation of staff work was carried out regularly as set out in the providers policy and included checking staff were competent to administer people's prescribed medicines. In addition, staff had the opportunity to meet with their manager regularly for a one to one meeting to discuss their performance, any concerns they had and their own personal development. This meant people could be assured they were receiving assistance with their personal care by staff who were trained and deemed competent to undertake their duties.

Is the service caring?

Our findings

The feedback we had from people and their relatives about the caring attitude of staff was overwhelmingly positive. The comments we received from people included, "She (staff) gets an A1 for chatting, she always asks me how is it going today. She knows me well"; "Very kind, nothing is too much trouble"; "Every single carer (staff) is bright and cheery and confident. They are obliging and listen to me"; "Very caring, some days I cannot do much and they never rush me. None of the carers (staff) are miserable, always friendly, all of them get on well with my family." A relative told us, "They are always having a laugh and chat together. The carer (staff) is nice and friendly to both of us" and another said, "[Family member] enjoys having the carers (staff) visit, they are always talking."

Staff supported people to remain as independent as possible in their own homes by helping them to continue to do as much as they could for themselves. One person told us, "My carer (staff) seems to know when I am down in the dumps, encourages me, she is enthusiastic not bossy, a very nice lady" and another person said, "Yes, they do let me do as much as possible for myself, which is important to me." A relative commented, "The carer (staff member) is very good at encouraging him to do things himself and then help him when he cannot manage." Another relative told us, "They do encourage her to do bits and bobs for herself, yes."

People told us that staff respected their privacy and respected their home when they visited. One person told us, "They (staff) always press the bell and use the key to come in. The carer (staff) always says hello and ask what kind of day I have had. They always listen to what I have to say before they get on with their tasks." Another person said, "They (staff) are brilliant when they are helping me wash or shower. I feel very comfortable with them."

The provider had developed a service user guide which was given to people when they began to receive support from Boldglen Limited Medway Swale, to provide them with the information they would need about the service and their rights. Information included what they could expect from staff, contact numbers and how to make a complaint.

People and their relatives told us they were involved in their initial assessment, having the opportunity to say what they liked and what they did not like. One person told us, "When I was assessed I had a choice of what I needed and wanted. We have now got a good routine going."

The staff we spoke with thought the staff team were all committed and enjoyed their work. One member of staff said, "They are a great group of staff, all very caring." Another staff member told us, "This is a very satisfying job. I can go home at night and think, 'I helped with that today'."

As staff consistently provided care and support to the same people, this meant they got to know people very well and understood what was important to them. Staff told us that the people they supported became like a second family to them. One staff member told us about a person they had supported for some time who had recently sadly passed away. The staff member said the management team were very supportive of

them, recognising the staff member would be upset. The staff member said they hoped to attend the person's funeral and had spoken with the person's loved ones about this. Staff told us how they got to know people's families well and this was another rewarding and important element to their role.

Is the service responsive?

Our findings

People told us staff provided their care and support in the way they wanted. One person said, "My carer and I have got a good routine going, helping me to get washed and dressed in the morning" and another person told us, "She (staff) always asks me if I want a shower or wash. She never decides for me."

However, people's care plans did not take a person centred approach, documenting their preferences and wishes. Although people had a care plan to show the care and support they required and at what times of the day, care plans did not provide personal and individual information relating to people's needs. One person had rheumatoid arthritis. This fact was only referred to briefly within the mobility section of their initial assessment, stating they used crutches to get around their home. No further information was provided about the person's condition and how it affected them as an individual. Another person required the support of staff to spend time with them each day while their main carer attended to personal business. Their care plan describing this care visit advised staff they were to, 'Interact with [Name] and assist with tasks if [Name] wishes'. No further information was provided for staff to inform them what the person usually liked to do during the three hours staff were visiting with them or what their interests were. The person's regular staff would have knowledge of this, having picked it up over the time they had been visiting. However, staff new to the person would not have this knowledge. This meant people may not always receive care and support that was tailored to their individual needs and interests.

Life histories were not included in people's care plans and no information recorded to show what and who was important to them to give a holistic view of the person. Basic information to record personal care tasks was all that was available to staff with limited reference to people's preferences. This meant that people may not always receive their care in the way they wished.

The failure to ensure people's care documents provide all the information needed to provide consistent care that meets their needs and preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

Peoples care plans were reviewed regularly, every six months, unless a change in their circumstances or personal care needs had been identified. One person was seen to have a change in their needs in between planned care plan reviews, in June 2018. The person required an extra visit by staff to support them in the evening. This was implemented and their care plan updated to reflect the change.

The registered manager had not received any complaints. A complaints procedure that gave the information people or their relatives needed to be able to make a complaint if they wished to was available in the office and people had a copy in their home. People told us they knew how to make a complaint if they needed to. One person said, "I have no complaints, but full details are in the folder if I have an issue." Another person also told us, "No, never needed to complain. Any niggles are sorted out straight away." One person told us they had made a complaint once and it was resolved quickly to their satisfaction, "I spoke with the manager, she listened and it was dealt with properly."

Is the service well-led?

Our findings

People were positive about the service they received and thought it was managed well. Many people and their relatives told us they would definitely recommend the service to other people. The comments we received included, "Very helpful office staff, able to speak to the manager straight away. Office staff ring me back if I need to change my visit time. Always very accommodating"; "From the service I get I think the company is fine"; "The care is very good, so I would say yes"; "Management just as nice as the care staff. Always prompt and helpful when I have called. No complaint about the company"; "I would definitely recommend to other people."

People's relatives were equally happy with the service their loved one received. One relative told us, "If the caring staff is anything to go by my impression is that Boldglen is a very high standard service" and another commented, "Yes I think it is well managed, we are very satisfied."

An effective system for monitoring the quality and safety of the service provided was not in use. Although some regular audits were being undertaken, these were not always recorded and had not been successful in identifying the areas for improvement that we found during our inspection. Limited monitoring checks were in place for the provider and registered manager to be assured the service provided was of the quality expected and met the regulations. The registered manager told us they did check records regularly, however they confirmed they had no evidence of this and agreed a more formal approach was needed. This meant that people may not be receiving care and support that was safe and of good quality as auditing processes were not in place to pick up areas that required improvement.

The failure to ensure that systems were in place to regularly assess and monitor the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Office staff had started to check on a monthly basis people's daily records completed by care staff. The registered manager had allocated this task to two office staff. The checks included that staff were recording the times they had arrived at each person's home, the times they left, records were being signed and that records made were consistent in approach. The monitoring of daily records was new at the time of the inspection so had not had the opportunity to become established. The registered manager told us that even though only one check had been carried out, they had found areas to improve and these would be addressed in staff one to one meetings.

The registered manager had worked in the service for many years and had been registered manager for 14 years. They knew the service well, the people they provided care and support for and the staff. They also knew the area the service covered and had developed relationships with health and social care professionals and local authority commissioners. The provider employed a range of office staff to support the running of the service, including a recently recruited deputy manager, care coordinators and supervisors.

The staff we spoke with told us the service was well run and the management team were approachable. One member of staff said, "The office staff are very approachable, they listen and sort out problems." The staff member also told us they had been supported well when they needed to accompany a family member to hospital appointments. They had been given the time off to do this when they needed. Another staff member said, "It is definitely well run, they are all very approachable. I have never had a problem" and, "They deal with things quickly. For example, If we ring to say we need something, for instance a district nurse to visit, later that day they ring back to say it's done and when they are coming out."

The provider and registered manager sent a satisfaction questionnaire to people once a year so they had the opportunity to give their feedback about the service provided. The questionnaire was intended to be anonymous so people could omit their name if they wished to raise a concern but did not want to be identified. A good response was usual with most people sending their completed questionnaire back. The most recent survey showed the vast majority of people were satisfied with their care and support. Where people had commented that they were less than satisfied with an element of the service they received, the registered manager addressed the issues raised to make improvements. People were also asked their views during regular care plan reviews, seeking their views of the care they received and the management of their service.

The registered manager held staff meetings regularly. The provider often attended staff meetings which meant staff could raise issues with them if they wished. The meetings were recorded and gave the registered manager the opportunity to update staff on changes in good practice and what was expected of them. Staff had the opportunity to share ideas for improvement and provide their own updates.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The provider had notified CQC about these important events that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their ratings in the office area.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider and registered manager failed to ensure people's care documents were accurately recorded in order to provide consistent care that was person centred and met their needs and preferences.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager had failed to assess and mitigate risks to people and had failed to manage medicines in a safe way.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager failed to ensure that systems were in place to regularly assess and monitor quality and safety effectively to improve the services provided.</p>