Helping Hands Domiciliary Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 7 June 2017 and was announced. The provider was given notice because the location provides domiciliary care services and we needed to be sure that someone would be in. We contacted people who used the service and staff by telephone on 9 June 2017 to ask for their views.

Helping Hands Domiciliary Care Limited is based in Malton and provides personal care to people in their own homes within Malton and surrounding areas. The service was registered with CQC in June 2016 and this was the first inspection. At the time of inspection 40 older people used the service, some of which were living with a dementia or receiving end of life care. The two directors, one of whom was the registered manager, were present throughout the inspection.

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.

Robust recruitment procedures were not in place. We found that appropriate checks had not been completed before new staff commenced employment. Staff recruitment records did not always contain full employment histories and gaps in employment had not been explored. References had not been obtained and there was no recorded evidence of interviews taking place.

We judged this to be a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

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

Procedures were in place to guide staff on the safe administration of medicines and staff had received medicines training. The records we checked showed that people had received their medicines as prescribed. We found that the use of topical medicines was not appropriately recorded. We have made a recommendation about the management of this.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about the different types of abuse and what actions they would take if they suspected abuse was taking place. Any safeguarding concerns had been appropriately managed.

Risk assessments had been developed and were in place for people who needed them. They had been regularly reviewed and updated to ensure they contained the most up to date information. Risks regarding people's home environment had been identified and appropriate risk assessments were in place.

People told us they trusted the staff and felt very much included in decisions about their care and support.

They were supported by a regular team of staff who knew their likes, dislikes and preferences.

Staff demonstrated good knowledge and understanding of the requirements of the Mental Capacity Act 2005. Staff were aware of the procedure to follow if they suspected a person lacked capacity to make decisions.

There was a process for completing and recording staff supervisions, competency assessments and annual appraisals. Systems in place ensured staff received the induction, training and experience they required to carry out their roles.

Some people were supported by staff with meal preparation. Records and people confirmed that they were given choice and appropriate support was provided in this area.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. People were clear about how they could get access to their own GP and other professionals and staff at the service could arrange this for them.

People usually consented to their care and support from staff by verbally agreeing to it. Records included provision for people to sign, giving their agreement to the support they received. People we spoke with confirmed they had input in their care planning and access to their care records.

People said they were always treated with dignity and respect. Care plans detailed people's needs, wishes and preferences and were person centred which helped staff to deliver personalised support. Care plans were reviewed and updated regularly.

The provider had an effective system in place for responding to people's concerns and complaints and they were regularly asked for their views. People said they would talk to the manager or staff if they were unhappy or had any concerns.

Staff told us they felt supported by the management and that the manager was approachable. They were confident they would deal with any issues raised. Staff were kept informed about the operation of the service through regular staff meetings. They were given the opportunity to suggest areas for improvement and were recognised for their contributions to the service.

The manager carried out a number of quality assurance checks to monitor and improve the standards of the service. However, the quality assurance processes had not identified our findings with regards to pre-employment checks and recording of topical medicines.

The manager had a good understanding of their role and responsibilities. However, they had not appreciated the importance of safe recruitment processes. We have made a recommendation about the need for governance and quality assurance.

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.

Robust recruitment procedures were not in place. Appropriate checks had not been completed before new staff commenced employment.

Procedures were in place to guide staff on the safe administration of medicines and staff had received medicines training. Arrangements had not been fully effective in relation to topical medicines.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Risk assessments were in place and were specific to people's needs and their home environment.

Is the service effective?

Good

The service was effective.

Staff performance was monitored and recorded through a regular system of supervision and competency assessment.

All new staff completed an induction to their role. Staff had received training to support them.

Staff demonstrated good knowledge of the Mental Capacity Act 2005.

People were supported to maintain their health and access professionals, when needed.

Is the service caring?

Good

The service was caring.

People spoke highly of the staff and said they were treated with dignity and respect.

Staff were knowledgeable about the likes, dislikes and

preferences of people who used the service.

Care and support was individualised to meet people's needs. End of life care plans were in place when required.

Is the service responsive?

Good

The service was responsive.

People, and where appropriate their relatives, were actively involved in care planning and decision making.

Care plans were detailed, personalised and focused on people's individual's care needs.

The provider had an effective system in place for responding to people's concerns and complaints. People confirmed they knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance processes were in place but these were not always effective.

The manager had not appreciated the importance of safe recruitment processes.

People who used the service and the staff were enabled to provide feedback.

Regular staff meetings took place and staff told us they were supported and included in the service.

Helping Hands Domiciliary Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 7 June 2017 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service providing support to people in their own homes. We needed to be sure that someone would be available at the office.

The registered provider had been asked to complete a provider information return (PIR) and this had been returned within required timescales. A PIR 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 used this information to help plan this inspection.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We sought feedback from the Local Authority.

During the inspection we reviewed a range of records. This included four people's care records containing care planning documentation and daily records. We looked at five staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with six members of staff including the registered manager and the company directors. Following the inspection we contacted 15 people who used the service by telephone and three relatives to seek their views about the service.

Requires Improvement

Is the service safe?

Our findings

The provider employed 14 members of staff and we selected five staff recruitment files at random. We could see from the records that safe recruitment procedures had not been followed. Applications did not contain full employment history, any gaps in employment had not been explored and interviews had not always taken place. Where interviews had been conducted these had not been recorded. Of the five staff files we looked at, four did not contain any references.

We looked at the provider's recruitment policy and procedure which stated that references would be requested as soon as possible and would be completed prior to employment commencing. This policy and procedure had not been followed. A Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service and these were all clear for the staff we reviewed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults.

We discussed our findings with the manager and one of the directors who confirmed that of the 14 staff employed only one had any references and that interviews had not always taken place. The manager told us, "I have worked with all the staff in my previous employment so I know them all really well. In most circumstances I was their previous employer and did not recognise the importance of references. I certainly won't make that mistake again. We have focused so hard on providing extremely good care and having the correct care planning documents in place. I am really disappointed that we did not identify this error."

While we established that shortfalls in staff recruitment had had no adverse impact on people using the service this matter would have gone unchecked without it being identified at inspection.

Failure to establish and effectively operate recruitment procedures is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

After the inspection the provider took swift action to address their approach to recruitment procedures and provided information to assure us they had completed retrospective checks on all of their staff.

People told us they felt safe. One person told us, "I do feel safe. They are all very pleasant people." A relative told us, "I think [person] is very safe with the staff. I am reassured and get a little break when they come."

Staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns. Staff told us the manager would respond appropriately to any concerns. One staff member told us, "I have no concerns reporting anything to [manager] and I know she would deal with it straight away." We looked at training records in relation to safeguarding and could see that staff had received training. Referrals had been made to the local authority when needed and these were recorded appropriately.

We looked at the arrangements in place to manage risk so people were protected from harm. Risk assessments had been completed and contained sufficient detail which enabled staff to support people safely. For example, a moving and handling risk assessment had been developed for a person who used a hoist for transfers. This provided staff with details such as which sling to use and any safety checks that needed to be completed prior to moving the person. We saw risk assessments had been updated when changes occurred so they contained the most up to date information.

During the inspection we looked at a sample of medicine administration records (MARs.) We could see that these records contained the required information to enable staff to administer medicines safely. All MARs had been completed accurately to state when medicines had been administered. Training records showed that staff had received appropriate training with regards to medicines and competency assessments had been completed by the manager.

We identified that the administration of topical medicines, such as creams was not recorded appropriately. For example, one person was prescribed 'zero based cream' to be applied to their legs every morning and night. There was no documentation for staff to record when this topical medicine had been administered. We discussed this with the manager who told us they currently did not record when topical medicines were administered but they had identified this as an area for improvement. A topical administration record sheet (TMAR) was in the process of being developed.

We recommend that the provider consider current NICE guidance for home care and take action to improve their practice accordingly.

We looked at the staffing rotas for a three week period. We could see that people using the service were allocated their calls at regular times and these were allocated to a regular team of staff. People told us they were happy with staff who were provided to support them. One person told us, "I have only had help from Helping Hands for a few months, the girls are on time, sometimes they are early but they have never been late or missed a call. I am getting to know them all now. It is familiar faces that come." Another person told us, "I know all the staff. It is never a stranger and they are pretty much on time." A relative we spoke with told us, "They are more or less on time; they are only late if something has happened elsewhere and they ring me. They have never missed a call."

The provider used an electronic monitoring system. This meant that staff had to electronically record when they arrived at a person's home. This information then linked to the provider's computer system and helped to ensure that staff arrived at people's homes on time. The system would also alert the provider if a member of staff had not arrived for a planned visit. This reduced the risk of missed calls occurring.

Good

Is the service effective?

Our findings

People we spoke with were happy and content with the effectiveness of the care being provided. One relative told us, "It is the same faces that we see. Sometimes there are changes but we feel we know all the staff now." One person told us, "We see a number of different carers but they do try and keep it to the same ones."

Staff told us they were supported in their role and records of supervision were evidenced from documentation seen during the inspection. This process was also confirmed from discussion with staff. One member of staff told us, "I have supervision often. They are usually done by the manager. They come and observe me in people's homes. They watch what I am doing and check I am going things correctly. We then have a discussion about it at the end and I am usually told about any good practice that I have followed or if I need to improve in some way. I find them useful."

As the service had only been registered for 12 months staff had not yet received an annual appraisal. Plans were in place for these to be completed.

All care workers completed an induction to their role and the service when first employed. The provider told us staff new to care would undertake the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected and is completed over a 12 week period. We looked at staff files and saw that staff had completed or were in the process of completing this training. This demonstrated how staff were supported to understand the fundamentals of care.

We were told new staff also 'shadowed' a more experienced member of staff before working alone in the community. This meant that people were introduced to new staff before they were expected to provide care and support. One member of staff told us, "I went out with an experienced staff member for three days. This gave me chance to meet people and get used to the paperwork and everything. I found it really useful."

We asked the manager about staff probationary periods and how this was monitored. The manager told us that new staff received supervisions which took place in people's homes so their practice could be observed. An office based supervision then took place after six months where the member of staff's performance would be discussed. Records we looked at confirmed this.

There were systems in place that ensured staff received the training and experience they required to carry out their roles. We were provided with records for the training completed. All training was up to date and the manager had a training matrix which enabled them to track when training was due for renewal. Staff we spoke with confirmed they had sufficient training to be able to provide effective care to people. One told us, "I have done lots of training when I first started here and I have almost completed the Care Certificate." Another told us, "We do on-line training and some practical. If we are unsure of anything we only have to ask. The manager is really good with stuff like that."

People using the service told us they thought staff had the appropriate skills to provide effective care. One

person told us, "They are all very well trained and know what they are doing." A relative told us, "The manager is very keen for all staff to be trained to an NVQ level 3 and I think that is really good."

Staff had received training and understood the requirements of The Mental Capacity Act 2005 (MCA). The 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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection.

The service was not currently supporting anyone who lacked capacity to make decisions. The manager was clear about the processes they needed to follow and the principles of the MCA.

People consented to care and support from staff by verbally agreeing to it. Staff confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. We found people had been involved in planning their care and had signed their care plans. People had access to their care records. One person told us, "They have a file that they record in what they have done. They always show me what they have written and I sign to say I agree with what they have recorded."

Some people who used the service required support from staff with meal preparation. We found that care plans contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic or had any allergies. One relative told us, "They do [person's] breakfast and make them a sandwich for later. They put a ready meal in the microwave on a timer so all [person] has to do is push the button when they are ready for it." One person told us, "They do my meals for me. I was eating frozen meals when the staff started coming but [member of staff] said let's try fresh meals and we can help you, so that's what I did. I have a nice bit of salmon in the oven at the moment that the morning carer popped in the oven. The timer is set so I just take it out when it is ready. The lunch time carer will cook some veg and serve it up. It's so much better for me eating fresh food."

All staff had received appropriate training in food hygiene. Training records we looked at confirmed this. This meant people could be supported with food and nutrition, where necessary.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included GP's, district nurses and social workers. People were clear about how they could get access to their own GP and other professionals and that staff at the service could arrange this for them.

Good

Is the service caring?

Our findings

People we spoke with told us, without exception, that they were well cared for and treated with dignity and respect by all the staff. Comments included; "Staff are amazing, they are all angels, wonderful people" and "they are all very, very good. So kind and patient and always ask before doing anything."

We asked people if they felt staff treated them with dignity and respect. One person told us, "Most definitely. I have no doubt about that what so ever." Other people told us, "They always ask" and "They encourage me to be as independent as I can be but help when I need it. They are very respectful. They close curtains and doors. I have no concerns in that department."

Staff told us they worked in a way that protected people's privacy and dignity. For example, by keeping curtains and doors closed when assisting people with personal care and by respecting people's choice and decisions they made. One member of staff told us, "We are always given details of entry arrangements and we respect that. Some people like you to knock and enter and others like you to knock and wait. It is their home and we respect their wishes." Another member of staff told us, "It's the little things like closing doors and curtains, knocking before entering and covering people over with a towel when helping with personal care. Those are the things that matter to people."

People we spoke with spoke positively about the staff and management team. One person described the staff as "Brilliant" and other comments included, "No complaints at all about the staff" and "A pleasure to have them coming to visit me."

People were familiar with staff who visited them. They knew their names and what shift patterns they worked and when they expected them to visit. People told us that staff knew their needs and preferences. They were informed if staff were running late to planned visits or if changes to the scheduled staff member needed to be made at short notice. People were able to specify times they would prefer for staff to visit and they told us that they were confident that their comments and views were listened to. One person told us, "I have no problems telling the staff if I want something doing a specific way. They are all approachable and would do whatever I asked without hesitation." The manager told us that they tried to accommodate everyone's preferences with regards to the time of visits.

It was evident from discussions with staff that they knew people well, including their personal history, preferences and likes and dislikes. Staff we spoke with spoke passionately about the people they supported and discussed how much they enjoyed building relationships with people and helping them remain in their own homes. Comments included, "I love to help people and put a smile on their faces. I come to work with a smile every day because I thoroughly enjoy providing care to these people."

People were able to choose a time for staff to visit and the manager told us they tried to accommodate everyone's preferences. We could see when people had requested a change in the time of a visit, this had been accommodated. People we spoke with told us, "The service works with me and that is what I like. If I want the staff to call at a different time it is catered for, no questions asked."

Some people were being support with end of life care. Where required, people had an end of life care plan which gave clear guidance for staff about how best to support them. The information included what was important to the person and their preferences around the end of life support they wished to receive.

At the time of inspection no-one using the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The manager told us that they could be arranged for people who wished to have one, and was able to explain how this would be done.

Good

Is the service responsive?

Our findings

During the inspection we looked at four care plans. We saw these included background information centred on the individual. Life stories had been developed and contained information such as personal history, current and past interests, keeping in touch with people and information on things the person enjoyed doing, past and present. People and relatives had been involved in the development of life stories documents. Staff told us how they could use this information to engage in conversation and they found it very useful. We also noted that records included information on the person's next of kin, other contacts such as GP's and information on any allergies.

Care plans identified people's daily care needs and were person-centred. For example, one person's personal care plan detailed the assistance they required with washing and dressing. It directed staff on what areas the person needed support with, what the person could manage independently and what aids were to be used. We saw care plans also contained personal information that was not associated with a person's care needs. For example, one care plan advised staff to be aware of the dog as it was protective of the person. Although this information was not required for staff to provide personalised support it was clearly an important aspect of the person's life which had been considered when the care plans had been developed.

We spoke with staff who were extremely knowledgeable about the people they provided support to. They told us that they had regular shift patterns and visited the same people on a daily basis which was generally at the same times. Staffing rotas we looked at confirmed this. Staff told us they informed the office if they were going to be running late to a visit and office staff would then inform people receiving the service.

We spoke to the manager about how they ensured they were able to can meet a person's needs before a new care package commenced. The manager told us, "Usually a discussion will take place with a social worker or the person themselves. We enquire about what kind of support they will need, where they live and any preferences they have such as time of visits. If it is something that we can manage then we arrange a home visit to discuss further. If we don't feel we can deliver the service they are asking for we would not accept it." This demonstrated that the manager had assessed and carefully ensured they could meet people's specific needs.

We asked people if they had been involved in the development of care plans and if discussions had taken place around what was important to them. One person told us, "They came and asked me what I wanted. They wrote it all down and it is in my book." Another person told us, "They came and saw me at the start and discussed what I needed help with. I have a care plan in the kitchen that has all the information in and staff write in it when they visit. I wanted to reduce the number of visits I was getting because I felt well in myself. They came back out to visit me and it was sorted no problem. They still check to make sure I am managing okay."

Another person told us how they and staff identified that they were struggling with certain aspects of living at home. The person told us, "I was struggling and the staff spoke with me about it. I thought I could manage but I couldn't. The manager came out and I agreed to extra help. It started a couple of days ago and it's been

a godsend. They really do respond when they need to."

Staff were able to give details of how they delivered personalised care. One member of staff told us, "I am familiar with all the people I care for now. I have built relationships with them. We are almost like a little family here. I know how people like things done." Another member of staff told us, "I like that I get chance to get to know people. I see them regularly and we have lovely chats."

The provider had a complaints procedure in place and we saw this was contained within their statement of purpose which was provided to people when began to receive a service. The document included guidance on how to complain and what to expect as a result. There had been no complaints made.

Everyone told us they knew how to make a complaint. One person told us, "We have never really had to complain. There have been very minor issues and they have been dealt with very quickly. I know to contact the office if I am not happy." Another person told us, "I have no complaints at all. There is nothing to complain about. They go above and beyond if you ask me. I would be straight onto the manager if I had any issues."

Staff we spoke with were aware of the complaint procedure and what action to take if a person raised a concern. One member of staff told us, "If any issues are raised I ring the office straight away. [Manager's name] is great with things like that. Its gets sorted without hesitation."

The service had received a number of compliments about the support provided. Comments included, "Thank you for all your kind help and support over the past few months. I am extremely grateful and can't praise you enough", "A big thank you to all the wonderful staff. It meant so much to [person] that they could remain at home" and "It was a great comfort to me and my family that you were there when it mattered."

Requires Improvement

Is the service well-led?

Our findings

The manager had registered with CQC in June 2016. Prior to this they were employed at another location and had many years' experience working within this type of service. They had a good understanding of their role and responsibilities. However, they had not appreciated the importance of safe recruitment processes, including pre-employment checks being completed before employment commenced. They told us, "I have worked with all the staff in my previous employment so I know them all really well. In most circumstances I was their previous employer and did not recognise the importance of references. I certainly won't make that mistake again." The manager agreed that they had not complied with regulations and that their own quality assurance process had not picked this up.

We found the quality assurance processes in place to check medicines arrangements had not been fully effective in relation to topical medicines. This was because medicines, such as creams had not been appropriately recorded and staff had not been provided with information as to how to administer them safely.

We reviewed the manager's oversight and governance in relation to these issues, the fact that no-one had been harmed or put at risk and that this was the first inspection of the service.

We considered all of the very positive feedback and evidence we had received and the fact that the manager and company directors responded promptly and robustly to correct the issues identified.

We recommended that the provider and manager review their own systems of governance and quality assurance to ensure that all legal requirements and best practice are covered and adhered to.

The manager carried out a number of quality assurance checks to monitor and improve the standards of the service. Quality assurance and governance processes are systems that help the registered provider to assess the safety and quality of their services, ensuring they provide people with good services and meet the appropriate quality standards and legal obligations. Monthly audits were carried out in areas such as daily visit reports and medicine administration records. Any issues that were identified were discussed with staff during staff meetings. For example, if a member of staff had not recorded the correct time of a visit or not completed the MAR correctly. Staff who had made an error were required to attend supervision session or complete additional training. This demonstrated that action was taken when any shortfalls were identified.

People and staff told us they felt the service was well led. Comments from members of staff included, "I have never had a manager like [manager]. She is well and truly on the ball and nothing is ever too much trouble" and "[Manager] is part of the team. We all work together and that is why it works so well." People who use the service told us, "[Manager] is very approachable" and "It is all round a very good service. I cannot think of anything they could improve."

We asked staff about the management of the service and if they felt involved and valued as a member of staff. All the staff spoke with extreme praise for the manager and their approach. One member of staff told

us, "[Manager's name] is the best person I have ever worked for. Always there and willing to listen." Another member of staff told us how staff were given the opportunity to suggest areas of improvement at staff meetings. The manager told us, "Any new ideas that staff have are taken on board and we trial them for a month. We then all review after a month to see if we think it is working and of some benefit. One member of staff came up with a 'traffic light' system which we implement on the top of the daily visit reports. This was to help make sure staff got the most relevant information straight away when they went into a property. We trialled it for a month, it worked so we kept it and the member of staff got a reward and a certificate for the idea."

Regular staff meetings took place and we saw records to confirm this. Areas discussed included any issues identified by the quality assurance audits, any new ideas the staff team may have as well as recognition for any good work that had been identified by people, colleagues or management. The meetings were well attended and arranged at a time that enabled all staff to attend.

During the inspection we looked to see how feedback was sought from people who used the service and if the manager took action to make improvements when areas of improvement were identified. Satisfaction surveys had been completed in January 2017. We looked at these and found that they were all very positive and contained no negative comment. The manager told us, "Although the feedback was positive we identified that the satisfaction survey itself needed some improvements as we struggled a little to analyse the information. We have made changes to the document now so we will use the new form when the surveys are distributed in July."

People told us they were regularly visited by the manager. One person told us, "[Manager] comes here quite often. Lovely person and nothing is any bother." The manager told us they used these visits to check that people were satisfied with the service and that it gave them the opportunity to check all documentation was in order.

During our inspection we could see that the manager and provider had an active role in the day to day running of the service, often receiving telephone calls from people who used the service, professionals and staff seeking advice. The manager said, "I am very much hands on. I like nothing more than joining the care staff in the community and helping people. I like staff to see my face and know that I am available any time."

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received the required notifications from the manager.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively to ensure that new staff were of good character. Appropriate checks had not been completed.