Carewatch Care Services Limited

Carewatch (Windsor)

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

This inspection took place on 11 and 12 April 2017. It was an announced visit to the service.

We previously inspected the service in August 2016. The service was not meeting all the requirements of the regulations at that time. Following that inspection, we asked the provider to make improvements to how complaints were handled, monitoring of the service, staff support including training and supervision and informing us about notifiable occurrences. The provider sent us an action plan which outlined the improvements they would make. We also recommended improvements be made to medicines practice, accident and incident reporting, best interest decision making and use of mobile phones whilst staff were supporting people.

Carewatch Windsor provides support to mainly older people in their own homes. Two hundred and forty eight people were receiving a service at the time of the inspection.

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

We received positive feedback about the service. Comments from people included "I'm extremely happy with the help that I get from Carewatch." A relative said "They've made a lot of difference to mum especially with her confidence." Other people said "Nothing is too much trouble for them at all," "It's nice to know that they're here for me" and "I'm pleased to open the door for them, they're all very nice staff."

People we spoke with told us they felt safe. Comments included "Mum feels very safe with them and if she's happy, I'm happy," "I feel very safe with them. It's good to know that they're here for me," "I definitely feel safe when they're here" and "I always feel safe with them."

We found improvement had been made to recording of when medicines had been given to people. Improvement had also been made to best interest decision making processes where people lacked mental capacity. The service had obtained copies of power of attorney documentation, where appropriate, so it was clear to see who had authority to make decisions on behalf of service users. No one raised concerns with us on this occasion about staff using their mobile phones whilst they supported people.

There were sufficient staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. People spoke positively of their regular care workers. For example, "The carers are very nice, very kind to me," "All that come seem quite pleasant," "The carers are lovely" and "The girls are very good, very kind to me." People told us they did not always know who would coming to support them. We have made a recommendation for the service to follow good practice by providing people with staffing rotas.

Some people told us they received a different standard of care at weekends. Comments included "The weekend staff don't wash me properly, bit slap dash and they rush through things. They just do the minimum required. One girl kept her coat on whilst she was washing me which is not the best when you're naked."

There were systems for inducting, training and supervising staff. However, some care workers did not feel they received the support they needed whilst out in the community.

Accidents had not always been properly recorded at the service. For example, injuries were not always noted and information had not consistently been provided about actions to prevent recurrence.

People told us they had mixed responses to how their complaints were handled. Some people were satisfied with the responses they received. For example "Carewatch have a new complaints officer. She is wonderful. She is so prompt, dealt with my concern within two hours. This has never happened before. We are so happy that now we have someone in Carewatch Windsor that listens." Another person told us "I've had a moan and they've dealt with it." Other people were less pleased and said "I ring the office but nothing happens, I spoke with a lady who deals with complaints and it got better for a while then it deteriorated again" and "My daughter has tried to complain but never got anywhere."

The service had been managed by a different registered manager since our last inspection. A social care professional said they had made "Huge improvements" at the service in that time. Staff we spoke with felt positive changes had been made to the culture of the service. Improvement had been made to notifying us about reportable occurrences. However, we were not promptly provided with additional information we asked for, to tell us what had happened and actions taken by the service.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to good governance of the service, handling of complaints and safe care and treatment.

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 consistently safe.

People who use the service and staff may have been placed at risk of harm as the service had not monitored and mitigated risks following accidents.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People may not have received safe and effective care because staff did not always feel they had appropriate support.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

Staff communicated effectively about people's needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were supported to be independent.

People provided mixed responses about whether they were asked for their views about the care they received. There were plans in place to improve this.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There were procedures for making compliments and complaints about the service. People did not always feel their complaints and concerns had been properly addressed.

People's preferences and wishes were supported by staff and through care planning.

Staff responded to people's changing needs and contacted other agencies where appropriate.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvement had been made to reporting serious occurrences or incidents to the Care Quality Commission. However, we were not provided with additional information when we requested it.

People told us they would like to receive staff rotas so they knew which care workers would be visiting them.

People's care was monitored by the provider to make sure it met their needs safely and effectively. Action plans were put in place to address any shortfalls in service delivery.

Carewatch (Windsor)

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 11 and 12 April 2017 and was announced. The service was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to assist us.

The inspection visit was carried out by one inspector. Two experts by experience made telephone calls to a sample of people who used the service, to ask for their views about care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. We did not ask 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. Instead, we gave the registered manager opportunity tell us about what the service does well and any improvements they intended to make.

We contacted four social care professionals and 28 members of staff, to seek their views about the service. Six relatives and 22 service users provided feedback about Carewatch Windsor.

We spoke with the registered manager and six staff members. We checked some of the required records. These included five people's care plans, four staff recruitment files, a sample of policies and procedures, medicines records, monitoring and auditing documents.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from the risk of harm. We looked at how accidents and incidents were recorded at the service. We made a recommendation following the last inspection for the service to ensure all staff were made aware of what they needed to report to the office and that this be closely monitored. Three accidents and incidents were recorded in the log book. Only one record explained fully what had happened and the action taken to prevent future recurrence. One record ended mid sentence; "(Name of person) let go of frame, he…" There was no detail about any injury or action taken. Another record showed a person grabbed a member of staff whilst being supported. There was no information about any injury or follow up to this. We were advised the member of staff had hurt their back as a result of this but it was not recorded. When we outlined our findings to the registered manager, they were not aware that each accident record had been placed in a file without being signed off by a manager first. This showed effective monitoring of accidents was not taking place, to reduce the risk of recurrence.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service had not monitored and mitigated the risks relating to the health, safety and welfare of service users and others who may be at risk.

People we spoke with told us they felt safe. Comments included "Mum feels very safe with them and if she's happy, I'm happy," "I feel very safe with them. It's good to know that they're here for me," "I definitely feel safe when they're here" and "I always feel safe with them."

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. The service had referred concerns about people's welfare to the local authority, as required.

Risks to people's health and safety had been assessed. We saw written risk assessments had been written and were contained within care plans. Examples included people's risk from falling, their likelihood of developing pressure wounds and risks associated with moving and handling. Support plans had been written where people were assessed as being at risk, to help reduce injuries.

There were enough staff to support people safely. Where people were assessed as requiring two staff to support them, the service allocated two care workers. This was consistently reflected in people's care notes, where appropriate, to show two staff had attended the person's home.

We asked people whether care workers arrived when they expected them to. Comments from people we spoke with included "They're always on time and never leave early," "They're always on time in the main and they always let me know if they're going to be late" and "Normally they arrive on time. They're occasionally a bit late but the carers ring to inform her or if they know in advance they tell her at the previous appointment that they may be a bit later than usual."

Other people told us "They come to see me three times per day every day. They've never missed an appointment," and "In the early days, they missed the early visit or they were too late as time is important because she's diabetic but this hasn't happened lately." Two people told us about some issues they encountered: "We initially had some problems with time but it's fine now. She never arrives late and it's normally always the same time" and "We've had spells where nobody came, about two months ago and I rang the office but there was nobody to cover. My other half dealt with things, thank God he's here." One person commented "I feel that the staff are not given enough time to do what they need to do, they're constantly under pressure."

We saw the service monitored staff arrival and departure times via an electronic logging in system. It also alerted office staff if a care worker was significantly late or had not arrived at a person's home. We were able to compare overall compliance times from October 2016 to the day before our visit. This showed significant improvement to the service received by people who lived in the Royal Borough of Windsor and Maidenhead, from 34% compliance to 94%. Statistics for the Woking area were more or less stable at around 97%.

The service had procedures to make sure people were protected from the risk of being supported by unsuitable workers. Recruitment files contained required information, such as a check for criminal convictions, written references and proof of identification. We mentioned to the registered manager two files we checked did not contain information about prospective employees' health. This is needed to make sure workers are capable of carrying out the tasks required of them. They said they would look into this. We were advised there were plans to outsource this element of recruitment to an occupational health company in the near future. Photographs were also needed in some staff files.

People's medicines were managed safely. We made a recommendation following the last inspection for staff to complete medicines administration records to show when they had supported people with their medicines, in line with the provider's procedures. On this occasion, we found improvements had been made and staff now consistently used the correct record sheets. This provided an audit trail of when medicines had been given.

People were supported to manage their own medicines where possible, subject to risk assessment. There were medicines procedures to provide guidance for staff. Staff handling medicines had received training on safe practice. People told us they received their medicines when they needed them. For example "They make sure she takes her medication in a morning and occasionally antibiotics at night," "I'm a bit forgetful so they come to give me my medication," "(Name of care worker) reminds me to take my medication. It's good to have a prompt. I know I take it at the right time every day" and "The visit is mainly to give me my medication and there's never been a problem with this."

Requires Improvement

Is the service effective?

Our findings

When we inspected the service in August 2016 we had concerns about staff support. This included supervision and training to help workers carry out their roles effectively. We asked the provider to make improvements. They sent us an action plan which outlined the measures they would take to improve standards of care.

On this occasion we found some improvements had been made although staff did not always feel supported.

We received feedback from four staff. Three told us they did not feel adequately supported. One told us "We try to deliver a quality service up to the best of our ability although Carewatch has not provided us with adequate training." Another said "Since I started working for this company, I have had no supervision or appraisal." They had worked for the service for over a year. Another member of staff told us "I feel we do an amazing job out here in the field, we have no supervision, appraisals are behind, again no support."

We looked at records of staff supervision. The registered manager advised supervision should be undertaken every three months and consist of a mix of observation sessions whilst working in people's homes and one to one meetings with their line manager. Of the four files we checked, three care workers had received the expected level of supervision. For two newer care workers, this included two observations of them shadowing more experienced members of staff. A fourth care worker had been supervised three times in the past 12 months.

The records we looked at showed that sample of staff received supervision. However, we fed back to the registered manager our findings from the staff comments we received, to help them consider how they could support all staff.

Only one staff file contained evidence of a probationary assessment, to show some evaluation took place of new workers' performance and development needs. The files we checked related to workers who had started at the service over the course of the past two years.

The registered manager told us after the inspection that all new workers who had started since they had been in post (November 2016) had received probationary assessments as part of their development programme. These workers' files were not included in our sample therefore we were unable to verify this.

All the files we read showed staff had completed an induction. The service's trainer explained staff completed an induction which lasted five days. Staff induction included face to face training, then led on to shadowing experienced staff, observation of the new worker's care practice and meetings with line managers and the registered manager. The whole induction process had been aligned with the Care Certificate, so that new staff achieved a nationally recognised standard expected of health and social care workers.

People told us they felt staff were suitably trained to meet their needs. Comments included "They all seem well enough trained," "They all seem well trained," "They know what they are doing" and "The girls are very well trained."

People commented on the effectiveness of staff. For example, "They've made a lot of difference to mum especially with her confidence. Her operation really shook her and (name of care worker) has helped us all to come to terms with it," "Nothing is too much trouble for them at all" and "They're willing to do anything for me. If I asked for a shower they would instantly do it."

Some people told us they received a different standard of care at weekends. Comments included "The weekend staff don't wash me properly, bit slap dash and they rush through things. They just do the minimum required. One girl kept her coat on whilst she was washing me which is not the best when you're naked" and "The weekend staff are not so good. I don't understand why they change my main carer because she works weekends but they send her to a different area at weekends." Another person said "Monday to Friday I have regular girls but weekends can be a bit hit and miss."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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.

We made a recommendation after the last inspection for the service to follow best practice by obtaining copies of power of attorney documentation where people lacked mental capacity.

On this occasion we found improvements had been made. Copies of relevant documents had been obtained and were placed in care plan files. This helped to ensure the service consulted the right people who had authority to make decisions on behalf of service users who lacked mental capacity.

Staff communicated effectively about people's needs. Relevant information was documented in daily diaries which were maintained in people's homes. Care workers recorded any significant events or issues so that other staff would be aware of these.

People told us they were supported with their meals where this was part of their agreed care package. Comments included "They cook my meals, they make what I want," "They pop meals in the microwave for me," "The carer yesterday made enough lunch for two days so I am alright now" and "They help me with my meals, just what I like."

People were supported with their healthcare needs. For example, we read notes which showed a district nurse was contacted to visit someone whose skin had become sore. We read action was also taken where a person had run out of their medicines. Staff contacted the pharmacy to request an emergency supply until a prescription could be obtained. In another example, staff had contacted a person's doctor because they were worried about their chest. A chest infection was later diagnosed.

Good

Is the service caring?

Our findings

We received positive feedback from people about the caring nature of care workers. Comments included "The carers are very nice, very kind to me," "All that come seem quite pleasant," "The carers are lovely" and "The girls are very good, very kind to me." One person told us "I couldn't wish for a better carer during the week, she's an absolute treasure." Another person said "I'm pleased to open the door for them, they're all very nice staff." Other people's comments included "No problems at all with current carer, her integrity and behaviour is excellent," "All the carers are very polite and respectful," "I think they're marvellous" and "The carers are normally very nice and polite. I prefer some more than others." One person who provided feedback told us "I always see different people but my more regular one is absolutely 200%. I can't talk about her highly enough. You couldn't get a better carer. I can speak to her in absolute confidence."

People told us staff were respectful towards them and treated them with dignity. For example, "I have a shower every morning. They're all very respectful, it's fine in that area," "All the staff are always very respectful" and "I have a bed wash in the morning. They're all very respectful but I get embarrassed with it being different people."

We made a recommendation after the last inspection for staff to be reminded not to use personal phones during the provision of people's care. This was after we received feedback from people that they found this disrespectful. On this occasion we did not receive any feedback from people who used the service or relatives that staff used their phones whilst they were in people's homes.

The service promoted people's independence. Risk assessments were contained in people's care plan files to support them wherever possible to do as much for themselves as they could. For example, one care plan outlined the assistance care workers needed to provide so that the person could then position themselves into bed. Another care plan contained an outcome for the person to gain more independence with their own personal care through the support of staff. One person told us "I do my medicines and my meals but they would help me if I was ill," another person said "I try to do what I can myself but they would do it all if I asked them to."

Staff respected people's equality, diversity and human rights. Staff undertook training on equality and diversity to help them recognise and understand people's different needs. People we spoke with, who had a range of care needs, told us care workers provided appropriate care to them.

There were mixed responses to whether people felt they were encouraged to express their views about the care they received. Comments from people included "The new area lady has been to see me a couple of weeks ago and she said that my care plan would be renewed but I've not heard anything about it since." Another person said "I've not seen anyone for a long while from the office. (Name of staff) has been out once or twice but not for a while. She usually asks for informal feedback when she comes." One person told us "I've had a couple of questionnaires but I've just ignored them because they're too black and white, they're just not personal enough." A relative told us "Someone does come out from the office from time to time to check and we have had a survey." A person who used the service said "They came out from the office about

a week ago and we had a good chat." Other comments from people included "A lady called (name of staff) came out and we reviewed my care needs and wrote a new plan" and "We've had a review, that's all been done recently."

We saw the provider had already identified improvements were needed to making sure people were happy with the service and it met their needs. This was following the results of a customer survey. Telephone monitoring reviews were to take place to address this.

Requires Improvement

Is the service responsive?

Our findings

When we inspected the service in August 2016 we had concerns about how complaints were handled. We asked the provider to make improvements. They sent us an action plan which outlined the measures they would take to improve standards of care.

On this occasion we found there were mixed responses to how people felt their concerns were handled. A relative told us "Carewatch have a new complaints officer. She is wonderful. She is so prompt, dealt with my concern within two hours. This has never happened before. We are so happy that now we have someone in Carewatch Windsor that listens." Another relative said they complained about a care worker who was not trained to meet some specific needs and was not willing to be trained. The relative said "The office logged it and we haven't seen her since." One person told us "I've had a moan and they've dealt with it. Specifically, about some people and times and I've requested not to send some (care workers) and they don't normally send them again." Other comments included "I've never made a formal complaint because I don't think it's warranted. I'm just really not happy with the two I get at weekends. I've mentioned it to the office staff but nothing's been done about them, nothing's changed at all and they still send them. I just grin and bear it." Someone else told us "One carer in particular speaks about other clients in complete detail. I've mentioned it to the office but nothing's changed. I've been told it's her or nobody because they're very short staffed."

Another person told us "Sometimes at weekends they don't come at all. You ring up and they say they will sort it out and sometimes they do and sometimes they don't." A further person told us "The carers either turn up late or not at all, especially at weekends. You try and ring up but no one answers or someone does and they say they will ring back but they never do."

One person told us "I ring the office but nothing happens, I spoke with a lady who deals with complaints and it got better for a while then it deteriorated again. They rang me yesterday to do a survey and said did I want to speak to the manager but I said to them 'You offered me that last time and nothing came of it.'" Another person said "My daughter has tried to complain but never got anywhere." These responses showed people did not always feel their concerns and complaints were listened to by the service or that they were given satisfactory explanations.

We looked at how some complaints had been handled. In two examples, records showed disciplinary action had been taken where care workers had missed scheduled visits and did not follow the service's policy if there was no reply at people's homes. In a third example, we found there had not been a response to a relative's letter about an on going complaint, where they said they remained dissatisfied. This had been sent to the service six months previously. We mentioned to the registered manager that no response appeared to have been sent to acknowledge their continued concerns. They contacted the relative to apologise for this and to ask if they would like to meet to discuss the concerns. This example and the mixed responses we received from people about complaints handling showed the service had not made sufficient improvements in this area of practice.

This was a continued breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 because complaints had not always been investigated and action taken to address failures identified within the complaint or investigation.

The service was responsive to people's changing needs. We read staff took action where people's needs changed. The service liaised with other agencies such as Social Services as appropriate. For example, when someone's telephone was not working.

People's needs had been recorded in care plans. These were detailed and provided comprehensive information about how to support people. This included physical and mental health, mobility, pressure area care, diet and nutrition. Essential information had been provided, such as who to contact in an emergency, any known allergies and GP details. People's likes and dislikes were also noted. For example, one person's care plan included information about their favourite football team. The care plans we read had been kept up to date. This helped ensure staff provided appropriate support to people. Care plans contained information about other agencies or services who also supported people. For example, memory clinics, district nurses, day services and live in carers.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the service in August 2016 we had concerns about the culture of the service. This was after we received feedback from some staff who did not feel able to express concerns about practice. We asked the provider to make improvements. They sent us an action plan which outlined the measures they would take to improve standards of care.

On this occasion we found improvements had been made. Staff we spoke with said the culture had changed for the better and was more open. One member of staff said "I haven't got a bad thing to say about the place. It's completely different to how it was. We all work together. (Name of registered manager) is the only manager who has got us all doing a bit of everything so if someone's off we know what to do." Another member of staff said "They used to be all over the shop here before. (Name of registered manager) and (name of deputy manager) have turned it around 100%. I love my job, I wouldn't change it for the world." In other responses, one care worker told us they did not feel listened to and two others said communication needed to be improved between the office and care workers. We saw staff had been asked for their views about the service. Minutes of a staff meeting in November 2016 reflected it was compulsory for staff to attend one of four sessions to discuss any concerns or good practice and to look at ways of improving the service.

At the last inspection we also had concerns the provider had not kept us informed about all notifiable occurrences that took place. Since the last inspection we had been informed of notifiable occurrences. However, when notifications about safeguarding concerns were sent to us, we needed to contact the registered manager to ask for details of what had happened and actions taken. These details had not been provided on the forms. This additional information was not provided promptly. We therefore gave a date by which information should be returned; 27 March 2017. This related to 13 open safeguarding enquiries. The information had still not been provided by the time we inspected the service, when a further reminder was given. Details about most occurrences were sent to us on 27 April 2017. In some cases this was two months after we had received the original incomplete notification forms. At the time of writing our report, there were still four enquiries we were waiting to hear about.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered person had not provided information when requested to do so.

People were mostly positive about the standard of care they received. "I'm very happy with them indeed," "I'm absolutely happy with everything. It's a very nice service, it's perfectly adequate for my needs," "They're very good" and "They're very efficient." Some people spoke positively about contacting the office. For example, "The office staff are always very polite on the phone" and "The office always answer the phone and they're very accommodating around changes to visits." However, four people were critical of the office. One person told us "The office and the organisation is just terrible." Another said they were happy with the service, "It's just the office that's no good." One person said "The office is a shambles." A relative commented "If you try and ring the office at weekends it can be a bit difficult, if you get through they say they will ring back and they don't."

People told us they did not always know which care workers would be visiting them. Comments included "We used to get a schedule but I haven't seen one of those in months and I am waiting for a text to find out who is coming tomorrow," "They come and stay for the week and then the next one comes but I don't know who it is after this week as I haven't had a schedule in a long time," "I don't know who is coming, I don't get a list now" and "We used to get a rota but not now. I rang up on Sunday to find out who was coming on Monday and was told 'We haven't allocated that yet.' Well that's no good. I don't think they realise how important knowing who is coming and when is to people."

When we visited the service, we asked if people were sent copies of staff rotas so they would know who was coming to support them. We were told rotas were sent where people had requested them. The feedback we received suggested most people would like a rota but were not being provided with this information.

We recommend the service follows good practice by ensuring people are provided with information about who is going to be supporting them.

Whilst some staff who contacted us did not feel adequately supported, we saw systems were in place to provide staff with more regular supervision. Appraisals had also started to take place. We saw staff meetings had been set up for the year ahead for both office staff and care workers.

Policies and procedures were in place to provide staff with up to date guidance about care practices. These included whistleblowing, safeguarding, management of medicines and what to do if there was no response at a service user's home. Whistleblowing is raising concerns about wrong-doing in the workplace. Staff had been provided with a handbook which outlined information such as their role as a worker, the code of conduct, professional boundaries and dealing with emergencies.

Apart from information about accidents, the records we looked at were well maintained and had been kept up to date.

Monitoring took place by the provider. We looked at records of four audits undertaken since our last inspection. These were detailed assessments of the service's performance and areas where they needed to improve. Action plans had been written where any shortfalls were found. In many cases, these areas were still on going such as improving the rate of staff supervision, appraisals and reviewing people's care plans. People who used the service had also been asked for their feedback. We looked at responses to a survey carried out on behalf of the provider in January 2017. Most people were happy with the service they received and felt they were well cared for. The regional quality improvement manager told us weekly conference calls also took place with the service. These included opportunity to check whether progress was being made to areas where improvement was required.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not monitored and mitigated the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 12 (1) (2) a, b.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints had not always been investigated and action taken to address failures identified within the complaint or investigation. Regulation 16 (1).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had not sent information to the Commission when requested to do so. Regulation 17 (3).