Brunelcare

ABC Centre

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

This inspection took place on 4 April 2016 and was announced. We gave the service 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

This was the first inspection of the service since it was registered with us.

ABC Centre provides personal care for tenants living at ABC Centre. At the time of our inspection there were 39 people were being supported with personal care at the service.

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

The system for administering medicines was not effective at keeping people safe from potential risks. The administration records did not ensure that people received their medicines safely and as prescribed. We also identified errors with the proper administration specialist medicines. The risks associated with medicine administration identified during our inspection meant that there was not effective and safe management of medicines.

This was in breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe. Staff had a good understanding of safeguarding procedures and how to protect people from harm. There were plans in place to identify risks due to people's health or mobility and to make sure these were minimised without intruding on people's privacy and independence. Staff told us they liked working at the service and that there was good team work. Staff were supported through training, regular supervisions and team meetings.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards put in place to protect people where their freedom of movement is restricted. There were no restrictions at the time of our inspection and we were assured that appropriate action would be considered if any concerns about this were identified.

People were supported to maintain their health and had access to services such as a GP or dentist when needed. Where people needed support with eating and drinking appropriate professionals were involved.

There was a caring and friendly atmosphere in the service. People told us that staff were kind and that their privacy and dignity were respected. Care plans were person centred and showed that individual preferences

were taken into account.
Care plans gave clear directions for staff about the support people needed to have their needs met.

People's needs were regularly reviewed and appropriate changes were made to the support people received.

People had opportunities to make comments about the service and how it could be improved.

The manager was new in post and had a clear vision about how they wanted the service to develop. Staff told us that there was a culture of respect and their priority was to deliver person centred care.

The provider had systems in place to monitor the quality of care and to review if improvements had been made.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not consistently safe.
People were not protected against the risks associated with medicines management.
Staff were aware of safeguarding and whistleblowing procedures in order to protect people from harm.

The risk assessments in care plans showed how to reduce risks whilst supporting people to remain independent.

There were a sufficient number of staff to meet people's needs.

Is the service effective?

Good

The service was effective.
People were cared for by staff who had the knowledge and skills to carry out
their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 legislation and was followed.

People were supported to maintain good health and had access to relevant
services such as a GP or other professionals.

Is the service caring?

Good

The service was caring

People were well looked after by caring and kind staff.

People and their relatives were involved in making decisions about their care and treatment. They told us that there was good communication with the staff and manager.

People were treated with dignity at all times and were able to keep their privacy when they wanted.

Is the service responsive?

Good

The service was responsive.
People received personalised care. Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service. They told us that any concerns were acted on straight away.

Is the service well-led?

Requires Improvement

The service was not consistently well -led.

There was clear direction for the service which was supported by the manager and staff team.

There were systems in place to monitor and review the quality of care provided. However some aspects of the medicines audit had not been effective.

ABC Centre

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.

We undertook an unannounced inspection of ABC Centre on 4 April 2016 The inspection team consisted of two inspectors.

Before the inspection, the provider completed 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. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern.

We visited four flats so as to gain people's views of the service. During our visit we spoke with the registered manager, care team leader, seven people who used the service, one relative and three care workers.

We reviewed seven people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. These included the staff work sheets which showed the support people were to receive and at what times, medication records, records of complaints, staff recruitment records and the service's quality records which included audits and notes of meetings with people who used the service and staff

Following the visit we sought further feedback. We spoke with two social care professionals and one healthcare professional who were involved in the packages funded by the local authority over the phone.

Requires Improvement

Is the service safe?

Our findings

The systems for administering medicines did not make sure that people received them safely. Each person who needed their medicine to be administered by staff had a Medication Administration Record (MAR). Some people had their medicines prepared in blister packs by a pharmacist in addition to other boxed medicines and creams.

Medicine administration charts and medication prompt records were not always signed by staff. Some people needed staff to administer their medicines and some needed staff to prompt them and check they had self-administered them. One person who required prompting had records in place which were not signed for the morning of the inspection and were only signed once (instead of twice) on three different days for example 2 April 2016. MAR charts for another person who had their medicines administered by staff had not been signed on 1 April 2016. Although staff had documented in the daily record that medicines had not been administered, they had not used the appropriate code on the MAR chart and had left it blank. Charts for topical administration of creams were not always signed by staff. We looked at two charts and whilst one was signed and up to date, one had not been signed on 1 April 2016. On 2 April there was no signature for 08.30 and on 4 April 2016 there was also no signature for 08.30. Other MAR charts we looked at were well completed with no gaps. We saw that gaps within the MAR charts were discussed with staff during a staff meeting on 4 September 2015, but the issue had yet to be resolved. We saw that the concerns in relation to medicines management had also been raised at the last providers visit on 19 October 2015 and action plan was in place.

One person was prescribed specialised painkillers to be taken at regular times and when needed. We noted that the instruction for administration of the medicine on the bottle was different from what was written on the MARS. Staff had been administering the medicine; however, there was no record of the balance of medicine left to ensure that there was no risk of mismanagement and the person being given unnecessary medication. This meant there was a risk that medicine could be given incorrectly and not in line with prescription instructions. The registered manager told us they had noted the concern and would be discussing medicines management with staff in their next meeting as a matter of urgency.

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There were risk assessments in place for the use of medicines these considered the safety of storage, particularly for people who were living with dementia. The risks associated with medicine administration identified during our inspection meant that there was not proper and safe management of medicines.

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

The people we spoke with told us that they felt safe and could approach the manager if they had any concerns. People had pendant alarm as well as emergency pulls which they could use if there was an emergency. This alerted staff to a problem so that they could respond promptly. People said that when they used them staff responded quickly. One person said "If I need to call for help in the night, the staff speak to me, and then say they will be with me as quickly as possible". Another person said "I've never had to use my

alarm, but its' good to know it's there".

Other comments from people who used the service included "Oh yes, I feel very safe here" and "When I fell they brought the apparatus to lift me up off the floor". Although we didn't observe staff using any moving and handling equipment, the staff said they had received moving and handling training.

There were systems in place to protect people from abuse. There were up to date safeguarding policies and procedures which detailed the action to be taken where abuse or harm was suspected. Staff said they had completed safeguarding training and demonstrated a good knowledge of signs of potential abuse. Staff knew how to report any concerns and felt confident that any concerns would be taken seriously. One staff member told us "I will go straight to the manager. I know she will do something about it." Training records confirmed that staff received safeguarding training during their induction. We saw that safeguarding concerns were referred to the local authority safeguarding team and the Care Quality Commission was notified.

Staff members were also aware of whistleblowing procedures and who they could go to outside the service if they had any concerns which they felt unable to raise with the manager. Care plans contained risk assessments for areas such as infection control, mobility and challenging behaviour, falls and skin breakdown. These showed the possible risks and how to reduce them, such as the use of mobility aids and personal protective equipment. Where risks had been identified plans directed staff on how to support people and minimise the risk of harm. For example, one person had slipped from their bed previously when getting in and out and so staff had arranged for grab rails to be installed so that the person had something to hold onto but could still maintain their independence. One person using the service said they had also slipped from the bed previously and that as a result, a new bed was being provided for them which would be "safer".

When people did fall, this was reported using the provider's incident reporting procedure. The completed forms we saw were detailed and all had been reviewed by registered manager. Falls were audited; for example, the time of falls was being monitored to see if any trend could be identified.

Environmental risk assessments were also in place which looked at the risks associated with people's apartments. The risk assessments were dated and gave future date for review which meant that changes in risk could be recorded in a timely manner. Staff had received fire safety training and the service had an annual fire service visit. Emergency lights throughout the building were regularly checked, the fire alarm maintenance log was up to date and there was a fire safety manual in place. Records showed that relevant checks were in place for the fire control panel, fire extinguishers, smoke detectors in people's flats and that emergency pull cords were also checked to ensure all was in good working order. There were regular checks of the building and communal areas to make sure that there were no risks such as blocked fire doors. One visitor told us they felt that their family member was safe. "They told us "there is always someone around and they have their own flats which they can lock. There is also good security here. You can't get in unless someone lets you in".

Recruitment records showed that all the necessary background checks were carried out before new staff were able to start work. These included a criminal records check, references and proof of identification. Application forms and interview notes showed how new staff had been assessed to have suitable character and experience to work in the care sector. We noted that all staff wore ID cards, which included a photo, whilst they were at work.

People said the staff always attended for their support needs and said staff visits were "usually on time". One person said "The carers come at 6.30 am, but I'm an early riser so this is what I prefer".
There were sufficient numbers of staff on duty to meet people's needs and keep them safe. All the staff we spoke with felt that there were enough staff to provide a safe service. We looked at the electronic rostering system which detailed all of the scheduled calls to people. If calls were cancelled, for example because the person was in hospital, the details of the reason for cancellation were recorded.
One member of staff said "generally we have enough staff. I feel we have adequate time to spend with people to support them". The manager said they were in the process of recruiting new staff and had been using agency staff to fill vacancies.

People who used the service were aware of the use of agency staff. One said "During the week, it tends to be the same staff who know me and I know them. Sometimes at weekends its agency and then they have to ask me what help I need". Another said "The staff do seem to chop and change quite a bit". We noted that staff did not appear rushed and were able to respond to people's needs as they arose. A shift planner was drawn up for each day so that staff knew what they were required to do. At night time there was one waking member of staff on duty to respond to any situations and keep people safe. An emergency on call system was in place and night staff had an alarm and would call out an ambulance if required.

Good

Is the service effective?

Our findings

People who used the service said they thought staff were well trained. One person said "They all seem to know what they're doing".
All the staff we spoke with told us that they received the support they needed to carry out their roles effectively. The training matrix showed that staff training had taken place and that updates had been booked for staff to attend. For example, staff had received training in manual handling, first aid, food safety, equality and diversity, infection control, mental capacity and deprivation of liberty safeguards. Where medication administration was part of staff member's role, medication training and competency assessments had taken place. There were also opportunities to attend specialist training. Staff said they had received mental health training and minutes of staff meetings showed that staff training needs had been discussed regularly. For example, when one person who used the service needed assistance with a stoma, stoma training was provided for staff to enable them to provide and care and support as required. Dementia awareness training had been provided to ensure staff were aware of ways of improving the service for people living with dementia. This meant that staff received the training they needed to develop their skills and knowledge base. We saw from the training matrix that staff training needs were tracked and refresher training was booked.

Staff comments in relation to training included "We can ask for training if we want it". I like it here. We work as a team here", The staff we spoke with were all enthusiastic and demonstrated a commitment to providing an effective service. Staff members told us they received a suitable induction when they started. This included training in care certificate (a new identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life) and shadowing an experienced staff member. During induction staff were trained in core skills such as moving and handling, medication, infection control and safeguarding. Staff had also completed National Vocational Qualification (NVQ) in care at levels 2 and 3 and above.

Staff told us they received regular supervisions where they could discuss any issues in a confidential meeting with the manager. One staff member told us "It is an opportunity to help me improve in my job and also for learning and support. I find it very beneficial" and another commented "Supervisions helps me to know how I have been working for the past six months. It also helps to assess my training". Supervision records showed that they took place approximately every two months and included actions to be followed up at subsequent meetings. Records showed that all staff have received supervision and appraisals which included an observation of their practice and one to one sessions. The registered manager told us that after each observation the staff member and their supervisor sat down in private to reflect on the practice and discuss lessons learnt.

There were also regular team meetings where the team could share information and discuss issues together. The last meeting included a discussion about the care plans and medicines management.

The staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and the importance of gaining consent from people for them to provide care and support. Staff told us that the MCA was discussed

as part of their induction. For some of the people living with dementia there were issues around their capacity to make some decisions. Best interest meetings had been held where important decisions had to be made about care and welfare. This was a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person. For example, a risk of leaving the building unaccompanied which could compromise the person's safety and wellbeing.

There was an up to date policy in place regarding the MCA. The manager explained that people were supported to live independently in their own apartments and there were no current issues about depriving people of their liberty. Staff were working within the principles of the MCA, information about consent and capacity in support plans was in place. Records contained a clear picture of what led to a best interest meeting being held. We spoke with the manager who told us the mental capacity assessments were undertaking by the social worker and the GP as a part of the package before the care and support commenced.

The majority of people needed no support with eating or drinking and could cook independently in their flat. There was an onsite restaurant that people could purchase their meals if they wished. People also had kitchen facilities within their own flats so could also prepare their own food. Some of the people we spoke with said they ate their lunch in the dining room every day. One person said that staff brought their lunch to them from the dining room. One person said "Staff will help me make my breakfast in the morning, and then they bring me lunch from the dining room". Another person said "The staff come and walk me down to the dining room for lunch, then walk me back to my flat. They come in at tea time and give me my tea". People said the food was "Pretty good, but you can't please everybody" and "very nice". The chef held meetings with tenants to ask about menu preferences and we looked at the minutes from these. The menu board on display showed that people's comments from the meetings had been taken into consideration and that meals that people had requested were available.

People said they were encouraged to drink plenty of fluids to help with their health. One person said "I have a catheter so have to make sure I drink well. The staff are very good; they make sure I have a couple of glasses of water before they leave". Some people chose to have a meal in the restaurant at lunchtime.

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about peoples' health needs.
There was evidence of the involvement of healthcare professionals such as a GP, dentist and district nurse. They said that if they were unwell that staff called the GP to visit them. One said "Whenever I am ill, they always call for the doctor". The accident book showed that during emergency situations paramedic services were called.

Good

Is the service caring?

Our findings

People told us they liked living at ABC Centre. Comments included "I think it's lovely. Staff are good and kind", People spoke positively about the staff that supported them. Comments included "The staff are very good, I like them all" and "The staff give me a good service here and I really do appreciate them. Some of them even just pop their heads round the door throughout the day, to say hello and see if I'm ok, even when I'm not due a visit". One person said "The staff are ever so kind, they treat me really nicely".

The atmosphere in the service was relaxed and friendly including banter between staff and people who used the service. Although we did not observe any personal care tasks being carried out, we did see that staff spoke with people in a friendly manner and were attentive to people's needs. The staff we spoke with were able to demonstrate a good knowledge of each person's needs and preferences. They all felt the service provided good care. One staff member said "We have good relationships with people. It's caring here". Staff spoke passionately about treating people as individuals and making sure people were supported in the way they wanted.

We looked at a file of compliments, which contained letters and cards from people and their families. There was a thank you card from one person thanking staff for providing them with a cushion and another card from a different person thanking the staff who had provided assistance when they had fallen. One person said "(staff member's name) is all round good. She's got feelings, a lot of sensitivity".

Staff said "I know the tenants well, their likes and their needs". They said they read the care plans because "the plans tell us what support people need" and "We can then add people's preferences as we get to know them. Staff said "We are a friendly and approachable team" and "My generation was taught to respect their elders and I still believe that is true. I believe in developing good relationships with tenants".

People were treated with respect and dignity. We observed that doors to peoples' flats were kept closed and a doorbell was used by staff before waiting to be admitted. One person told us "Staff are respectful and make sure I keep my privacy and dignity. Care plans gave details of people's preferences in relation to how they wanted staff to enter their flats. For example, in one plan it was documented that staff should "knock on my door, let yourself in and call out your name as I like to know who is visiting" and in another it was documented "please ring the bell or knock the door before coming in". People said staff always knocked or rang the bell before going in to see them. All staff were aware of confidentiality. This was discussed in induction and raised in team meetings". The Customer information Guide also highlighted the expectations of people who used the service, which included, respecting privacy and dignity

Records showed that people, and where appropriate, their relatives, had been involved in discussions about care and support. This was reflected in the care plans we saw. One relative told us "I am very much involved in the care planning and they let me know if there are any problems".

People were involved in the care planning and review process. Plans contained review documents and people had signed these to indicate they agreed with the contents. People knew they had a care plan and

said they received support in line with their plans.

Good

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Care and support plans were detailed and focussed on individual preferences in relation to their care. For example in one person's plan it was documented that they preferred to have their medicines before they were assisted with a shower and that they didn't like to be rushed by staff. The person was described as being anxious and would often decline taking part in any activities. However, staff were informed to still encourage the person to participate. In another person's plan it was documented that they preferred an early visit for staff to assist with their medication, but that they then preferred to go back to bed and for staff to return later to assist them with their personal care.

People spoke positively about the level of care and support they received. For example one person said "They help me get washed and sort my tablets for me. They do my laundry too, which they do really well" and "One of the staff does my shopping for me weekly too". Another person said "They know me well and help me the way I like".

There was a life history profile for each person which provided a personal history and gave staff an understanding of their character and background. Support plans were written from the perspective of each individual and included their preferences for how they wanted care and support. Plans had been reviewed regularly; at least every six months. Areas covered included health, mobility, personal hygiene and social activities. There was a clear picture of peoples' needs and how they were to be met. Care plans were person centred and generally contained enough detail and information for staff to be able to support people. However, one plan for a person with a medical condition had no guidance information within the plan to inform staff how to care and support the person if they witnessed the person having a seizure which could result to injury or harm.

Records showed that the person had seizures regularly, at least twice a month and although staff had not witnessed a seizure there was a risk that they could and would not know how to support the person and keep them safe. This was discussed with the registered manager during the inspection and a support plan to guide staff in regards to what they should do if an incident of that nature occurred was put in place immediately on the day.

There was evidence that people and their relatives were involved in reviews and that the service took appropriate action where changes in needs were identified. For example, one person was referred to the social worker for behaviours that could affect their safety and wellbeing.

Where people had specific goals, these were documented. In one person's plan it was documented that their goal was to remain as independent as possible. We spoke with this person and they confirmed that this was still their goal and that staff encouraged them to do as much for their self as they could, whilst also offered support when needed.

People were encouraged to develop social relationships to avoid being isolated. The service had a

restaurant and dining area as well as an on-site hairdressing salon. The registered manager explained that the local residents were encouraged to make use of the facilities so that the service became part of the community. One person told us" I usually sit in the corridor near my flat so I can talk to as many people as I can so I don't feel lonely' I think it is because I have lived on my own for a long time but I am happy".

People also had access to activities because there was an activity co-ordinator in the service. Activities were on display in communal areas and people were also provided with a timetable of what was available and when. One person said "I've been down to the tea parties which I enjoyed" and "I often go to the coffee mornings.

We saw the minutes from the tenant's meeting in November which showed that people were asked for their feedback. People had commented that they would like the activity co-ordinator to receive some training so that they could offer exercise classes for people. The minutes also showed that people enjoyed the range of activities and trips out that were on offer. Examples included bingo, crafts, entertainers and trips to the supermarket, the seaside and the garden centre.

People were provided with information about how to make a complaint in the Customer Information Guide. We saw these were in the care files in people's flats. This gave details about who to complain to and what would happen when a complaint was made. The guide explained that people could raise concerns with the registered manager, or contact the provider at their registered office. There was also information about the CQC and the ombudsman, including relevant contact numbers.

People told us that if they had any concerns they would speak with the manager and they knew other ways of how to complain, but none had ever needed to. The complaints log showed that when formal complaints were received they were logged, investigated and resolved within the provider's policy timescales. One person said "I would speak to the manager if I had a problem". We saw that the provided audited complaints at their visits to ensure that response and action taken were appropriate.

When people first started using the service they were given the Customer information Guide which gave information about the service. This included details about what people could expect, aims and objectives, useful contacts and relevant policies such as confidentiality. The guide was available in other formats such as large print or Braille if needed.

Tenant surveys were undertaken. We looked at the results of surveys that took place in March and November 2015. Comments from the tenants included "I accept that agency staff are required sometimes but we need more Brunelcare staff on night shifts" and "I would like to have some exercise classes". Actions from the meeting had been documented including recruitment of more staff and that exercise classes were "being looked into". Other comments from the surveys included "I am very impressed with the staff at ABC; nothing is too much trouble". The registered manager had acted on this.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the provider's monitoring and audit were not effective. The provider carried out monthly monitoring visits to the service to make sure that the quality of the service was reviewed. We looked at the providers quality assurance visit dated 19 October 2015. A quality assurance tool was used to record the findings. This covered areas such as training, care and support records, safeguarding, medicines management, complaints and supervision. Records showed that actions plans was put in place and had been implemented by the registered manager within a set timescale. However, there were still shortfalls in the medicines management concern which was raised in the audit. The registered manager told us they had taken action to rectify the concerns in relation to medication errors. For example staff had been retrained in medication management, undertaken medication competencies and the importance of staff adhering to the medication management guidelines had been emphasised in staff meetings.

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

There was a registered manager in post. The registered manager spoke passionately about their ideas for the service and the improvements they wanted to make. The registered manager wanted to make sure that the service offered best practice support for people living with dementia. Their aim being for people to be able to remain living independently for as long as possible whilst receiving the care and support they needed. The registered manager told us "As well as training staff receive at their induction specialist dementia training is also offered to all staff". They explained in the Provider Information Return (PIR) that they were currently looking to identify suitable staff for skilled plus role enabling the staff member to work to their greatest strength and to further develop the performance of other members of the team. For example, moving and handling champion and pressure sores champions.

The registered manager also spoke about their commitment to further developing person centred care and improving relationships with the local community. They wanted to involve local residents more with the service so that it became a part of the community, making greater use of the restaurant and activity schedule. The registered manager believed that this would help make sure that the people that lived at ABC Centre remained an active part of the local area.

Staff told us that there was good management at the service and that they felt there was a clear direction for the future. This was supported by the provider's mission statement which said the aim of the service was "Helping people to make the most of their lives" The registered manager told us "We promote enablement, care and support and person centred care. Staff told us "our job here is to promote a person centred approach". People told us they were able to approach the manager with suggestions or comments if they wanted.

Staff said the manager was approachable and "easy to talk to". Staff meetings took place regularly; the minutes indicated these were on average every three months. The minutes showed that issues were

discussed during the meetings and that staff were invited to comment on how the service could be improved for people. For example, when there was an issue with people's laundry being mislaid, staff suggested a wipe board in the laundry room for staff to write who had put laundry in to wash and who had returned it back to people. This idea had been implemented. Staff said that if they were unable to attend the meeting that minutes were made available for them to read.

There were regular tenants meetings where people could discuss issues and ideas in a group setting. We looked at the minutes of the latest meeting on 27 November 2015. People using the service were aware the meetings took place, but not all chose to attend. One said "I get a list of when the meetings are, but I don't go to them".

Although a staff survey had been undertaken during August 2015, only seven of 30 staff had responded. Although nothing of note was raised during the surveys it was also noted that lack of anonymity may have had an impact on staff's willingness to contribute their thoughts.

We spoke with two social care professionals and one healthcare professional. They told us they had no concerns. One person said "They were brilliant with helping a person who recently started using the service. They were also very caring and professional with supporting a person who passed away recently. I have no concerns whatsoever. I think it is a brilliant service." Another comment was "I am very pleased with the service they are very creative in making sure that the person remains active and independent. They have a better communication with the family and very encouraging. The service user and their family are very happy".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services are not protected against risks associated with medicines due to the lack of proper and safe management systems. Regulation 12 (2) (f) (g).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services are not protected against risks associated with the lack of proper auditing of medicines management systems. Regulation 17 (2) (a)