

Taher Limited

Ocean Healthcare

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

About the service

Ocean Health Care ("Ocean") is a care at home service providing personal care and nursing care to one adult and 14 children in their own homes. All those who are cared for by the service have complex, sometimes life limiting, conditions.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People had their medicines administered safely, however there needed to be some improvements to ensure the systems and recording were safe.

People received care that was personalised to their needs and preferences. This was assessed and planned with full involvement of the parent or carers. The parent or carers felt people were safe being cared for by the staff and that the staff were kind, caring and compassionate.

The systems of leadership and governance had been developing over the past 11 months since the service opened. People received good care and achieved personalised outcomes. The registered manager and provider were reflective in their approach and open to feedback in their drive to continually improve the quality of the service. They told us that improvements were still needed to embed this.

People's care, and managing any risks, was planned with their parent/carer and where required with their key professional. Regular reviews took place and communication to staff, relatives and professionals had improved to ensure the details were up to date.

Staff worked closely with the parent/carer and key professionals to ensure health, food and fluid needs were met.

The one adult was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff worked alongside the parents of the children to ensure parental responsibility was respected.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service's registration date.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

Enforcement

We have identified a breach in relation to the records and systems in respect of medicines during this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ocean Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was one inspector, one assistant inspector and an Expert by Experience. The Expert by Experience was a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced on 28 February 2020. The inspection activity started on 3 March 2020 and ended on 11 March 2020. This was to allow relatives, staff and professionals to submit written feedback. We visited the office location on 3 March 2020 and spoke with relatives between the 4 and 6 March 2020.

What we did before the inspection

Due to CQC's technical problems, the provider was not able to complete a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at information we held, information about the provider's registration, statement of purpose and website. We used this information to plan our inspection.

During the inspection

We spoke with four relatives about their experience of the care provided. We spoke with the registered manager and provider. We also spoke with the service manager and the lead nurse, whose role included organising and supporting care staff.

We reviewed a range of records. This included three people's care records and their medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also looked at training data and quality assurance records.

After the inspection

Due to the issues in respect of the PIR, more time was given for the provider and registered manager to submit further supporting information.

We received further clarification from the provider to validate evidence found in respect of the management of medicines. We received written feedback from 10 staff, two relatives and five professionals involved in those cared for by the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Systems to ensure good medicines management were in place, however they were not always effective. . There was a medicines policy in place.
- There was no care plan for medicines in people's records. This meant there was no list of current medicines and detail of the staff responsibility.
- The management of people's medicines were handled by both the parents/carers as well as staff from the service. The records however did not detail the staff and parent responsibility to ensure everyone was clear who was responsible, and mistakes did not take place as a result.
- The MARs were prepared by the parent/carer. This was supported by the lead nurse. There was no system in place to ensure the list of medicines on the MAR was current.
- The medicine administration records (MARs) had gaps in them. Some of those had been administered by parent/carers; a coding was not being used to show who had been responsible for administering the medicines at that time.
- An audit of medicines had been completed in December 2019 and we found concerns remained." A project had been put in place, but this had not yet ensured the issues found in the audit in December had been resolved.
- MARs were not being brought back to the office often enough to ensure errors could be picked up quickly. MARS had been signed into the office, but the auditor's signature showed on that a MAR had been prepared and completed. The absence of a detailed, personalised medicines care plan was not available to ensure the record accurate reflected what was required by staff and the service.

Not having the systems in place to accurately record and audit people's medicines is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff ensured ad hoc or last-minute changes to people's medicines were formally notified by the prescriber to ensure the new medicine or dose was accurate.
- Parent/carer and staff feedback demonstrated that medicines were administered safely by staff. One parent/carer told us, "They are pretty good where medication is concerned, I've no complaints in that area. It gets a bit complicated when the hospital tweaks her medication and the letter doesn't go out to the team fast enough, I understand they can't change medication if there is no letter."
- Lots of people's medicines were given by percutaneous endoscopic gastrostomy (PEG), which is a procedure to place a feeding tube through into the stomach. There was good risk assessment, staff training

and care planning in place to achieve this aspect of medicines administration safely.

- Following the inspection, the registered manager and provider have been working to address the gaps in their systems.

Staffing and recruitment

- The staffing of this service is specialised and as such, needs a pool of dedicated, highly trained staff for each person.
- During the inspection, we found the staffing levels were appropriate and staff were allocated to specific people. These staff were trained to meet the needs of the people or children they supported.
- All staff had been recruited safely and only started to work once all checks were in place.
- We received mixed feedback from parent/carers and staff as to whether there had always been enough staff to enable a full package of care to be met. Parent/carers were on the whole understanding of this, understanding the need to recruit the right staff that then needed to be trained. For example, a relative said, "My son is cared for by a small team of people. Due to the complex needs of my son, it has been tricky in developing the right team and finding the right staff who have good levels of experience and knowledge. Some shifts are still left uncovered due to staff shortage and this can be frustrating, but it is improving. I also feel that it is better to be left uncovered than not allocating the right person or somebody that I couldn't trust to meet all my son's needs."
- The provider told us, "Our recruitment has been going well as has our training. We are confident we are on a strong trajectory regarding staffing. We also feel that our staffing numbers are now strong and have been for a number of months. By this we mean that we have adequate numbers of appropriately trained people to fulfil our commitments which has been the case for some while."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse by staff who understood their responsibilities and were trained to identify and raise concerns.
- Parent/carers told us they were confident in the skills of staff to keep people safe.
- A parent/carer said, "I've no concern over the safety; staff are very aware that if they have any concern, they are able to wake me up and then we work as a team and are there to support each other. I can go to bed knowing that my son is well cared for, and I'm confident if they are concerned, they will wake me, this is important and allows me to have a better night sleep."

Assessing risk, safety monitoring and management

- Clear personalised, risk assessments were in place to keep people and staff safe.
- People's individual needs were reviewed, and the associated risks assessed and planned for.
- Parent/carers were fully involved in this process.
- Environmental risks were assessed and the service, maintained oversight of any risk factors to minimise the risk of disruption to people's care. This meant there were contingencies in place to deal with weather and mass staff illness.

Preventing and controlling infection

- Those using the service were highly vulnerable to infection. Systems and processes were in place to keep people safe from cross infection.
- This included ensuring the staff had the right training, people's equipment was managed well, and staff had clear guidance to keep people safe.
- An infection control audit was just being brought in to review infection control practices and ensure the provider's policy and staff training was being adhered to.

Learning lessons when things go wrong

- The work over the last 11 months has been about building the service, incidents have been reviewed and communicated to staff and parent/carers.
- Staff were conscientious in ensuring any incidents were reported that could then be reviewed and learnt from.
- A professional from the local authority told us, "They are open and transparent regarding incidents."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service took over people's care from another provider in a short space of time. They had to quickly have care and staff in place to support the packages of care and communicate with parents. This was a difficult time for all involved. However, this was negotiated, and care continued.
- For new care packages these are only accepted with an assurance they had the staff with the right skills and training in place. A parent/carer said, "It's taken some time to get staff trained and working in a way that we feel, and they feel confident. This was reassuring to us, as they didn't come in saying they could do everything or have the expertise in every area. They have taken the time to pick and train the right staff."
- Time was taken to get to the know the person and their parents and carer. Care and the care plans were developed as a partnership, building care that was both personalise and meant care staff were working as the parent/carer would. A parent/carer said, "The staff came and there was a good handover time allocated, we passed on any of the tips that we found worked really well, and this was a big advantage to them learning from us. They shadowed the lead nurse, she only passed over the support to staff when she, they and we felt that they were ready. As we have added to the team, this has been a similar process, more experienced staff have supported new staff until they are confident."

Staff support: induction, training, skills and experience

- The staff were recruited for and trained to meet the individual, complex needs of each person. This was reinforced by excellent care planning and interacting with the parent/carers and relevant professionals. Staff only worked on their own if they had the training and been signed off as competent.
- Parent/carers said time was taken to build the right staff team with the right skills. They said this was sometimes frustrating as it meant carers were not always available as quickly as they would have liked. However, as one parent/carer stated, "All the staff has the relevant training for my son needs, this is provided by outside practitioners or other professionals that take care of my son, they all work as a team" and another said, "The staff that we have, are all well trained in areas that they need to be trained in. The night staff don't need to have tracheostomy training, if my son is awake, mum wants to be awake with him, so staff come and wake us up."
- Parent/carers also felt the service was proactive at seeking out the right training and/or advice to ensure their staff had the most current picture or ability to meet changing needs.
- Staff were supported to maintain their training and given supervision, appraisals and competency checks. Also, a health professional told us, "In the interests of supporting the provision and successful transfer we have provided one off supervision to some staff, specialist training, support with individual family discussions and documentation."

- Staff portrayed a confidence in their skills when communicating with us. One staff member said, "I am very confident with my level of training and I feel I offer a good service to the children and families I work with and I feel confident they would tell you the same."
- In order to offer nursing care safely, staff were supported in their role in line with the Nursing and Midwifery Council (NMC) Scheme of Delegation. The scheme ensures there is a nurse taking responsibility and those carrying out tasks on their behalf are competent to do so. The registered manager was a registered nurse and a lead nurse was employed. These were the accountable nurses at the point of the inspection. Following the inspection, a second nurse has been recruited to further support this process. This will also speed up the specialist training and sign off of new staff.

Supporting people to eat and drink enough to maintain a balanced diet

- All the people we reviewed received their nutrition through a PEG. There was excellent care planning in place to support staff to do this safely.
- Clear records were kept by staff and communication with parent/carers and essential staff.
- Staff worked closely with the parent/carer. As one parent carer stated, "They follow my guidelines for fluid intake at night."
- Staff were very careful to follow the care plan. For example, one staff member said, "We follow the care plan for the child as to the feed and fluids given, how much, when and what route. If anything changes without an update, then the parents have to do it until our paperwork is updated."

Staff working with other agencies to provide consistent, effective, timely care

- The staff, parent/carers and essential staff worked closely together to meet the needs of the people using the service.
- All the professionals were positive about the service, recognising they have had a tough start.
- A professional for the local authority we heard from told us the service was "Extremely responsive to any requests".
- A health professional told us, "Ocean have responded to issues or concerns we have raised. Ocean have also asked for clinical advice and support for specific patient issues on occasion."

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met in communication and cooperation with parent/carers.
- Staff told us, and the records confirmed, that they would ensure any concerns are acted on and recorded.
- Detailed care plans and information were available to staff so they could understand people's health needs and how to identify changes.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The one adult required constant staff supervision to keep them safe. Their deprivation of liberty application was pending a CoP hearing. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff worked alongside the parents of the children to ensure parental responsibility was respected.
- The registered manager and provider were working on their policies and systems to ensure the transition from children to adulthood was as smooth as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the parent/carers were extremely positive about the staff and described them in terms that demonstrated they were caring, compassionate and flexible in meeting people's changing needs.
- One parent /carers we spoke with said their team were, "All absolutely lovely; and we have no complaints with any of the team that we are involved with. Particularly one member of staff that stands out is going over and above is [carer's name]. They are absolutely amazing with our son, they really 'get' him and goes over and above, they give him foot massages and really interacts with him, I feel it's important that we acknowledge them."
- Other comments from parent carers were, "Staff have a nice rapport and relationship with him and us as a family"; "They are very caring" and, "The team are amazing. I get on with all of them, they care for him as I would, and I don't think you can ask for much more than that. We all work well together, we work as a team."
- Professionals linked with the service were positive about the caring nature of the staff.
- Staff told us they were focused on the person they were caring for and the parent/carers was also an important part of this relationship. For example, one staff member said, "I always try to get information from the parents about the child's likes and dislikes so I can cater my care to support these issues and hopefully ensure the child feels comfortable and safe in my care."
- Staff described how they would consider the individual characteristics of each person they were caring for in order that they were respecting equality and diversity. One staff member said, "Each child is encouraged to develop identity, individuality, sexuality and diversity; this is respected. Equality is to give the children the same rights and opportunities as other children."

Supporting people to express their views and be involved in making decisions about their care

- Staff demonstrated in their communications that those they cared for and their parent/carers were supported to express their views and make choices about their care.
- The people being supported were non-verbal, so staff told us they looked for other ways to communicate and understand what people wanted. For example, "I talk to the individual about what I am about to do and look out for any signs of how they feel about it. For example, if they appeared distressed I would stop and reassess the situation, or if I had smiles, I would carry on."
- Staff were keen to describe to us how they took a whole family approach to caring. For example, a member of staff said of the whole family, "We stand back and learn what is important to them it could be in the small things we do such as ensuring the user's socks are pulled up, we use an extra cushion under their knees just

as mum does – not because its clinically needed but because its extra comfort, its respecting their little ways and building trust and ultimately superb care."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and looked for ways to improve their independence and life experiences when they could. For example, one staff member said, "One person wanted to see the fireworks but it was on later than our shift so we changed the shift so they could go to the event they longed to go to. Other examples include once treatment is complete, we would have a game on the PlayStation which often ends with the user expressing they feel great after having to change their tracheostomy because we can chill after."
- Staff were mindful of working in other people's homes and tried to minimize their intrusion. The privacy and dignity of the others living in the home were protected, as well as the person they were caring for.
- Another staff member said, "As part of my practice and duty of care I always ensure that I focus on my client's positives; always commenting to them of their talents, abilities, achievements and any targets met. I realise that being made to feel special enables them to feel emotionally stronger especially when physically they are not feeling strong."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Every package of care was specialised and personalised to the individual service user. The service's Statement of Purpose (SoP) described the care planning and risk assessment process as being, "Personalised and focused on a strengths-based approach. We firmly believe that by asking the right type of questions we can develop a greater understanding of what a person wants to do for themselves and where they need a bit more support." The inspection findings found the SoP was an accurate picture of how people's care was planned and delivered.
- Parent/carers told us they had worked closely with the service to devise the care plan and the process remained interactive with changes and flexibility built in. This meant changing health and needs could be accommodated and responded to quickly. A staff member said, "The care plans are from the parents, we have access to the care plans at every shift so we can read up and check for changes."
- A parent/carer said, "We asked for female staff; I felt that this was a better choice for my son. This they have done. They turn up on time; staff are effectively part of our family now, and we are confident and comfortable to step back and let them do their job."
- The care plan contained the necessary clinical information staff along with personalised details about people that could be used to give care as the person wanted. The care plan for people's tracheotomy and PEG care was excellent and would ensure staff, along with their training, had the level of skill to complete these tasks safely.
- Staff ensured they read the care plan often, kept a good standard of records and were updated from shift to shift and or from the parent/carer as required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Every person's communication needs were planned for. Staff were trained in people's personalised communication method such as Makaton.
- A staff member said, "We use the Total Communication training from speech and language therapists to enable us to use the most appropriate supported communication for the child or young person and we are kept up to date with any changes that may occur." Another said, "We use a range of communication forms and aids from Makaton to iPad."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Those receiving care were supported to attend school and take part in their community as much as possible.

Improving care quality in response to complaints or concerns

- The provider had systems in place to manage complaints and concerns.
- The parent/carers described that the past year had been tough due to the changeover of provider. Overall, they were happy with response or were confident that any issues, particularly around staff, would be resolved.
- One parent/carer said, "I did have a couple of problems and talked to the senior management team about it, it's now in a better place and under control. Another said, "I've not had to formally complain, we have an open relationship with all of our staff team and the support of the management. If we are unhappy, concerned we just speak to people, and generally find this is the best way to sort things out."
- One staff member said, "I would encourage them to take their concerns to management" and a second, "A family asked for me to voice a complaint for them. I sent the complaint to our service manager who dealt with the complaint. An investigation was undertaken. The family were informed of the outcome within two weeks from the submission of the complaint."
- Staff felt learning from complaints could make for positive change. One staff member said, "I feel that complaints and concerns raised can certainly help to create positive change."
- A professional said, "I have accompanied Ocean to family's homes where there has been a complaint and found them to be professional and appropriate at all times."

End of life care and support

- All the people receiving care from Ocean Healthcare had complex health needs that may be life limiting.
- The care planning process was about what care people needed now but was flexible to meet all needs including end of life should that be required.
- Staff were trained to meet the needs of people and support people and their families.
- The service works closely with the health professionals and were guided by them as necessary.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider told us over the past 11 months their concentration and focus had been on setting up the service and taking over from the previous provider in a very short time frame. A lot of good had been achieved in this time.
- We found the registered manager and provider responded positively to the inspection and our findings.
- Despite good practice in getting the service running in challenging circumstances, we found the service was not implementing a robust system of quality assurance. Audits had been developed to check areas of the service as they developed. Issues had been responded to when they happened, and changes made. However, these had not necessarily been reviewed in a systemic way and recorded. These were being brought in at the time of the inspection.
- The professionals, who had been involved with the service since its start, commented that improvements have been made and continued to be made. They told us that there had been good communication and working together along with parent/carers. One professional said that the service was now adding real value to people and their family's lives. Another said, "I have experienced an improvement in the care planning process and governance, and a reorganisation of service provision; adopting a team approach to reduce the risk of single points of failure."
- A parent/carer said, "I think it took a few months in the beginning to get their act together, we were lucky as her staff came across with her from the other company, I think I would have struggled if they hadn't. They seem to be on track now."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's Statement of Purpose stated, "Our vision and values include involvement, compassion, dignity, independence, respect, equality and safety. These values will be shared with all our employees and used during recruitment, supervision and appraisal. The registered manager will also undertake observational supervision to ensure the attitudes, values and behaviour of carers are in line with that of the company. Where this is not observed additional support will be provided."
- We received a mixed picture from staff about how much they felt valued and listened to. Some staff were very complimentary about the registered manager and provider. The staff who were positive described a good communication system whereas other staff did not feel the same. We communicated with the provider

who acknowledged there had been issues and was committed to improving. They added, "We have implemented a number of initiatives around communication and staff welfare which have been received well by most. We have more plans for improvement in these areas as well. One of our values is Team First. We are truly committed to our workforce and building high functioning teams who pull together."

- All the parent/carers expressed that they felt they could communicate honestly and openly with management with one telling us, "I'm quite confident that it will be looked at and it will be changed if it is possible."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to ensure they adhered to the duty of candour. Parent/carer feedback told us that the management were open and honest in their communication.
- The registered persons understood what they should notify to external bodies including safeguarding, commissioners and us.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- As described above, the service had been focused on developing the service.
- Part of that development had been communicating and working closely with parent/carers, essential professionals and the commissioners of the service.
- Comments on communication and improving this was echoed in the feedback from parent/carers, professionals and staff. The provider acknowledged that improving and ensuring good communication had been important over the past 11 months.
- Parent/carers told us they had been recently sent a questionnaire to complete.

Continuous learning and improving care

- The registered manager and provider expressed they are committed to the people they work for and, told us "There remains a lot of work for us to do in order to build the care service as we'd like to see it. We are absolutely committed to building a service that everyone involved with is proud of, including all staff and relatives. We are proud of what we've achieved so far but are keeping our shoulder very firmly to the plough!"

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17(1)(2)(a)(c) The registered persons had not ensured systems around the records and management of medicines was always safe.