

AA Nursing Care Limited

Business Services Bromley

Inspection report

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Tel: 02070787383

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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? | Good ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

This inspection took place on 4 October 2018 and was announced. We gave the registered manager two working days' notice of the inspection because the service is small and we wanted to be sure they would be available to meet with us. Business Services Bromley is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Eight people were using the service at the time of our inspection.

At our last inspection in August 2017 we asked the provider to take action to make improvements in order to keep people safe because risks to people had not always been adequately assessed. This action had not been completed. Identified risks to people had not always been assessed and people's care plans did not always contain sufficient information for staff on how to manage identified risks safely. This amounted to a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in August 2017 we asked the provider to take action to make improvements in order to keep people safe because the provider's systems for monitoring the quality and safety of the service were not effective in identifying issues or driving improvements, and records at the service contained inaccurate information. This action had not been completed. Whilst improvements had been made to address the recording issues we had previously identified, the provider's systems for monitoring the quality and safety of the service remained ineffective. This amounted to a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in August 2017 we asked the provider to take action to make improvements to ensure they followed safe practice when recruiting new staff. This action has been completed. The provider followed safe recruitment practices.

At this inspection we found the provider's induction and training programme was not robust and the registered manager was not always able to demonstrate that staff had received training in the areas considered mandatory by the provider. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in August 2017 we found improvement was required to ensure people's medicines were consistently managed safely. At this inspection we found the administration of people's medicines had not always been accurately recorded and there was no guidance in place for staff on the support they should give to people who had been prescribed medicines to be taken 'as required'. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

At this inspection we found improvement was required to ensure that the registered manager was aware of the responsibilities of their role and had a better understanding of the legal requirements associated with the provision of domiciliary care. We also found further areas requiring improvement because people's needs had not always been holistically assessed when they started using the service, and to ensure that people received effective, joined up care when supported by different services. We have made a recommendation about carrying out assessments.

People were protected from the risk of abuse because staff were aware of the provider's procedures for reporting abuse allegations. The service deployed sufficient staff to safely meet people's needs. Staff worked in ways which reduced the risk of the spread of infection. Staff also knew to report any accidents and incidents, and the registered manager reviewed accident and incident records to ensure appropriate action had been taken to maintain people's safety.

People received support from staff to maintain a balanced diet, where needed. They had access to a range of healthcare services in order to maintain good health. Staff were supported in their roles through regular supervision and an annual appraisal of their performance. Staff sought people's consent when offering them support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with care and compassion. People were involved in decisions about their support. Staff treated people with dignity and respected their privacy. People received care which reflected their individual needs and preferences. They had been involved in the planning of their care. The provider gave people a copy of their complaints procedure when they started using the service. People knew how to complain and had confidence that any issues they raised would be addressed. No one was being supported at the end of their lives.

The provider had systems in place for seeking people's views and they acted to make service improvements based on the feedback they received. People, their relatives and staff spoke positively about the registered manager and the management of the service. The provider displayed their rating in the registered office location. The provider held regular staff meetings to discuss service developments and to ensure staff were aware of the responsibilities of their roles. Staff told us the service had a positive working culture and they worked well as a team. The provider worked openly with other agencies including with social work professionals from the local authority.

This is the second consecutive time the service has been rated Requires Improvement.

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.

Risks to people had not always been adequately assessed.
People's care plans did not always contain sufficient guidance for staff on how to manage identified risks safely.

Medicines were not always managed safely.

There were sufficient staff deployed by the service to safely meet people's needs.

The provider followed safe recruitment practices.

Staff were aware of the action to take to protect people from the risk of infection.

Staff knew to report any incidents and accidents which occurred.
The registered manager reviewed incident and accident records to ensure appropriate action had been taken to keep people safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not always supported in their roles through an effective induction and training programme.

Improvement was required to ensure people's needs were holistically assessed when they started using the service.

People had access to a range of healthcare services when needed, in order to maintain good health. However, improvement was required to ensure people received effective, joined up care when they were supported by different services.

Staff were supported in their roles through a programme of supervision and an annual appraisal of their performance.

People were supported to maintain a balanced diet.

Requires Improvement ●

Staff sought consent from people when offering them support. People had capacity to make decisions about their care and treatment.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respected their privacy.

People were involved in decisions about the support they received.

Staff were kind and caring.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which reflected their individual needs and preferences.

People were involved in the planning of their care.

The provider has a complaints procedure in place. People knew how to make a complaint.

There was no one using the service who was at the end of their life.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider's systems for monitoring the quality and safety of the service continued to be ineffective in identifying issues or driving service improvements.

The service had a registered manager in post. Improvement was required to ensure that they were aware of all the responsibilities of the role and the legal requirements associated with adult social care.

The registered manager worked closely with other agencies to help ensure people were receiving good quality care.

The provider had systems in place for seeking people's views and acted on feedback to make service improvements.

Staff spoke positively about the support they received from the registered manager and the working culture of the service.

Business Services Bromley

Detailed findings

Background to this inspection

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

This announced inspection site visit took place on 4 October 2018. We visited the registered location to meet with the registered manager and office staff and to review records relating to the management of the service. Following the site visit we contacted people, their relatives where appropriate, and staff by telephone to gain their views of the service.

We spoke with two people, one relative, and four staff, including the registered manager and an office staff member responsible for co-ordinating people's care. We looked at five people's care records, three staff recruitment records, and records relating to the management of the service, including staff training and supervision records, medicine administration records, audits and the provider's policies and procedures.

The inspection was carried out by one inspector. Prior to the inspection we reviewed the information we held about the service. This included details of notifications submitted by the provider. A notification is information about important events that the provider is required to send us by law. We also reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helped inform our inspection planning.

Is the service safe?

Our findings

At our last inspection we found a breach of regulations because the provider had not consistently carried out risk assessments relevant to people's support needs. At this inspection we found that, whilst the specific issues we had previously identified had been addressed, there continued to be shortfalls in the way in which risks to people had been assessed.

One person's environmental risk assessment did not identify any risks associated with them being a smoker, despite the assessment document highlighting cigarettes as a potential risk example. Another person's daily records showed that staff had been providing them with support which included cleaning a 'wound' or 'wounds', but their care plan did not include any form of wound management plan or skin integrity risk assessment to help ensure the support staff were providing was appropriate and safe. A third person had fluctuating mobility and required staff to use a hoist to support them mobilise on occasion, but their moving and handling risk assessment did not contain any guidance for staff detailing the steps staff should follow to safely hoist them. Staff worked independently without supervision, so the lack of detailed guidance on how to safely support people in these areas placed them at risk of inconsistent or unsafe care.

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

At our last inspection we found improvement was required because people's care plans did not include sufficient information about the support they required to take their prescribed medicines safely. At this inspection we found further concerns regarding the management of people's medicines.

Staff had not always signed people's Medicine Administration Records (MARs) to confirm that people had taken their medicines in line with the prescriber's instructions. We found six gaps on one person's MAR from August 2018 and five gaps on another, which meant we were unable to establish whether the two people had received their medicines as prescribed. We also noted that there was insufficient information on one person's MAR about the times, or visits, at which individual medicines should be administered. This meant that, whilst staff had signed the MAR to confirm the administration of medicines at different visits during each day, it was not possible to identify the individual medicines which had been administered at each visit.

There was also no guidance in place for staff on how or when they should support people to take medicines which had been prescribed to be taken 'as required'. One person's MAR contained inaccurate information regarding the maximum safe dose of an 'as required' pain relieving medicine. Whilst records showed that staff had not administered this medicine, there was a risk of the person overdosing if staff had administered a maximum dose in line with the information on their MAR.

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

At our last inspection we found a breach of regulations because the provider had not always followed safe

recruitment practices. At this inspection we found improvements had been made. The provider carried out pre-employment checks on staff which included checks on their identification, previous employment histories, their right to work in the UK where applicable, criminal record checks and references to help ensure they were of good character.

People told us there were sufficient staff deployed by the service to safely meet their needs. One person said, "I have a small group of carers who visit me across the week; they arrive on time more or less, and stay for as long as I expect. I've never had a visit missed." Another person said, "They [staff] are normally on time and will ring me if they're running late; I've not had any problems." Staff told us, and records confirmed that travel time had been included when planning their rotas. One staff member said, "I have gaps between my visits so I can get to each client on time."

People were protected from the risk of abuse. Staff knew how to recognise different types of abuse and what to do if they suspected abuse had occurred. One staff member told us, "If I suspected anything, I'd report it to the manager. If I was concerned that nothing was being done about it, I'd call you [CQC]." The registered manager was the safeguarding lead for the service. They were aware of the procedures for reporting any allegations of abuse to the local authority and knew to also notify CQC. They confirmed that there had been no allegations of abuse involving the service or the people that used it since our last inspection.

Staff were aware of the action to take to reduce the risk of infection when supporting people. One staff member said, "I always wear a fresh pair of gloves and disposable apron when I'm supporting people." Another staff member told us, "If I'm preparing food for someone, I always check to make sure it's in date and make sure everything I use from the kitchen is clean, including the work surfaces." People confirmed that staff wore personal protective equipment (PPE) when supporting them.

Staff were aware of the need to report any incidents and accidents which occurred during their work. One staff member told us, "I've not been involved in any accidents but I know we need to complete an accident report if there had been." The registered manager explained, and records confirmed, that there had only been two minor accidents involving people using the service, which were unrelated, in the time since our last inspection. They had reviewed the accident and incident reports completed by staff to ensure appropriate action had been taken to keep people safe. They also told us they would carry out regular reviews of accidents and incidents as the service developed, to look for any trends so they could take steps to reduce the risk of repeat occurrence.

Is the service effective?

Our findings

People told us staff were well trained and delivered care and support that met their needs. One person told us, "They [staff] know what they're doing; we've not had any problems." Another person said, "The staff are quite competent; they know what I need help with and are able to do everything I need." However, despite the positive feedback we received, we found concerns with the training staff received in support of their roles.

The registered manager told us that staff received an induction when they started work for the service which included a day's training which was called 'What is care?' and time spent shadowing more experienced colleagues. However, they were unable to provide us with any further information about the content of the induction and told us they did not maintain any records to demonstrate that staff had successfully completed an induction programme. The registered manager also told us that they would be implementing the Care Certificate as part of the service's induction programme for new staff, although this was still being planned at the time of our inspection. The Care Certificate is a nationally recognised set of standards that sets out the knowledge, skills and behaviours expected of staff working in social care.

The registered manager also told us that staff were required to complete a programme of training in areas considered mandatory by the provider when they started work which was refreshed annually. However, this training programme was not robust, and training records did not demonstrate that staff had completed the training described.

One staff member's file contained a 'Support Worker Training (NVQ Level 1)' certificate from a one-day training course dated 12 May 2018. The regulatory framework governing the delivery of National Vocational Qualifications (NVQs) was replaced in 2015 and is therefore not applicable to staff training in 2018. The training certificate covered 17 different areas including Basic First Aid, Moving and Handling, Infection Control, Personal Care and Hygiene, Food Hygiene and Safety, Fire Safety, Adult Protection, Medication and Health and Safety. The registered manager was unable to explain how staff were able to effectively complete training in such a wide number of areas on a single day. Records also showed that the same staff member was working on 12 May 2018 so they could not have attended training on that date. The registered manager told us they believed the staff member had attended the training course at some point and would look into the reasons for the discrepancy.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Senior staff assessed people's needs before they started using the service to help determine the level of support they required and ensure their needs could be met. However, we found improvement was required to the provider's assessment process as it did not cover key aspects of people's physical health and well-being. For example, the assessment did not consider nutrition or hydration, or people's skin integrity to help demonstrate that assessments had been conducted holistically. We spoke with the registered manager about this issue and they told us they would review their assessment process following our inspection to

ensure it covered all aspects of people's physical and mental health.

We recommend that the service seek advice and guidance from a reputable source, on how to conduct domiciliary care assessments.

The registered manager told us they were open to working with other services to help ensure people received effective care and treatment. However, improvement was required because people's care plans did not identify when they received support from other healthcare services, or whether support from healthcare professionals had been considered when assessing people's needs. One person's daily records made reference to visits they received from a community nursing team, but their care plan lacked any information about this support and whether it had any impact on the support provided by staff. The registered manager told us they would seek feedback from the community nursing team following our inspection to ensure the care staff were providing reflected their recommendations.

People had access to a range of healthcare services when needed in order to maintain good health. People told us they, or their relatives were able to manage their healthcare appointments independently. One person said, "I can book my own appointments. I'm sure if I was unwell and needed help they [staff] would call my GP for me." Staff confirmed they monitored people's health when visiting them and would seek to contact relevant healthcare professionals if they had any concerns and the person was unable to do so themselves. The registered manager also told us that staff would be available to support people to attend appointments if needed.

Staff were supported in their roles through regular supervision and an annual appraisal of their performance. One staff member said, "I have supervision at least once every three months and am also able to speak with [the registered manager] whenever I need to and if I need support." Records showed that areas discussed during supervision sessions included staff well-being, updates on people's conditions, training and development, and reminders of important policies and procedures such as safeguarding and whistleblowing.

People received support to maintain a balanced diet where this was included as part of their package of care. One person told us, "They [staff] will cook what I ask them to and they always leave me with a drink to hand." Care plans contained guidance for staff on the support people required to prepare meals and drinks. This included details of their individual preferences such as how they liked their tea or coffee to be prepared, or where in their homes they liked to eat their meals.

People told us staff sought their consent before supporting them. One person said, "I agreed to my care plan and we have a routine, but they [staff] still ask me before doing anything, to make sure I'm happy." Another person told us, "They [staff] always ask; they wouldn't do anything I didn't want them to."

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.

The registered manager told us that the people using the service had capacity to make decisions about the support they received from staff. None of the people using the service were subject to a Court of Protection order. A Court of Protection order is the legal mechanism for seeking authorisation to deprive a person of their liberty when living in their own home. Staff told us they sought people's consent when offering them support. One staff member said, "I always check with people before starting a task. If they don't want me to do something, I can try and encourage them, but it's their decision."

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person said, "They [staff] are all very nice; they're caring and treat me well. I'm happy with the support I'm getting." Another person said, "They're friendly and always happy to have a chat. I feel like they care." A relative told us, "They're easy to talk to and always happy to help."

Staff knew the people they supported well. They were aware of their likes and dislikes, and their preferences in the way they liked to be supported. People told us they had got to know the staff supporting them and saw the same group of staff regularly. One person explained that this helped make them feel more comfortable in using the service because they felt staff understood their needs and knew their daily routine.

People and their relatives, where appropriate, had been consulted about the support they needed. One person told us, "We met the manager before we started using the service and went through everything to discuss what I needed help with. They regularly check in to see how I'm doing and if there's anything they could do differently." A relative said, "We take part in the reviews which are ongoing and we are able to share our views on how things are going."

Staff told us they involved people in making day to day decisions about their care. One staff member said, "When I'm working with someone, I always ask them how they would like things to be done or make suggestions about different choices. For example, if I was preparing a meal for someone I'd always let them pick what they wanted." People confirmed their views were sought. One person said, "They [staff] check with me before doing things and offer me choices, so that I can decide. For example, I like to use different creams at different times so they will always ask me which one I want to use when helping me get ready for the day."

People and their relatives told us staff treated them with dignity and respect. One person said, "The staff are friendly and polite. When they help me to wash and dress, they make sure I'm comfortable and don't rush me." A relative told us, "They [staff] are courteous; always happy and considerate."

Staff worked in ways which promoted people's dignity and respected their privacy. One staff member told us, "I always ring before going into someone's home. If they can't answer the door, I'll call out as soon as I enter and make sure they're happy for me to come in." Another staff member said, "I make sure the curtains are closed when I'm helping someone to get dressed. If they live with other people I'll also make sure the door is closed." People and their relatives confirmed their privacy was respected. One relative told us, "They always closed [their loved one's] door when working." A person said, "They respect my privacy; we've never had any problems in that regard."

People were supported to maintain their independence. One staff member told us, "I encourage people to do as much as they can for themselves. Some people's ability to do things varies, so the help they need can be different from day to day." Another staff member told us, "The people I visit are independent in lots of areas; I wouldn't want to do anything that changed that, but am there to help with the things they can't

manage on their own." People confirmed that staff promoted their independence. One person said, "They [staff] know I like to do what I can for myself, and they encourage it."

Is the service responsive?

Our findings

People were involved in the planning of their care and told us the support they received met their individual needs and preferences. One person said, "The service meets my needs and I'm very happy with it. I had an assessment when I started and we talked about what I needed help with which was put in my care plan." Another person said, "My son and I talked to [staff] and helped develop my care plan which the staff follow when they visit."

People's care plans had been developed based on assessment of their individual needs, and their preferences in the way they wished to be supported. Care plans included information about people's life histories, their likes and dislikes, and family backgrounds. This information helped build a picture of each person as an individual and helped staff to tailor the support they provided accordingly.

Care plans also contained information about the number of visits people needed each day, the times at which their visits had been agreed and descriptions of the support they required at each visit. These descriptions included information about people's preferred daily routines when receiving support and had identified areas in which they needed minimal support to maintain their independence. One person's care plan included details of their personal care routine, identifying the use of different flannels and towels for different tasks. Another person's care plan included a request for staff to put toothpaste on their toothbrush so they could brush their own teeth. We noted that one person's care plan did not make reference to all of the tasks staff were supporting them with according to their daily notes and we brought this to the attention of the registered manager who told us they would review the care plan and update it accordingly.

Staff told us they monitored people's conditions and well-being and would report any changes back to the registered manager so that their needs could be reviewed, and care plan updated, if needed. The registered manager also confirmed that people's care plans were reviewed periodically to ensure they remained reflective of people's needs and preferences. A relative told us, "We were involved in developing the care plan and it's been reviewed. I'm sure if we wanted any changes, then all we'd have to do is ask and it would be updated."

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Senior staff considered people's communication needs as part of the provider's assessment when developing their care plans. At the time of our inspection, the registered manager told us that all of the people using the service were able to communicate effectively. However, where required they would support people's individual needs by providing information in appropriate formats, such as large font or in different languages, if required.

Staff told us they aimed to provide effective support to people which reflected their diverse needs in regard to their age, disability, gender, race, religion or sexual orientation. One staff member told us, "We treat everyone equally and with respect for who they are as individuals." Another staff member said, "I want to be

able to provide people with the help they need in a way that works best for them. We would always consider people's cultural or spiritual needs and beliefs and respect them."

People received a copy of the provider's complaints procedure when they started using the service. This included guidance on how they could make a complaint, including the timescale in which they could expect to receive a response, and information on how they could take their concerns further, if they were unhappy with the outcome.

People and their relatives confirmed that they knew how to make a complaint. One person told us, "I would speak with the manager, but I've not needed to complain. I've raised some minor issues before, but they were quickly sorted out." A relative said, "I know we can speak to the staff in the office if we're unhappy with anything. There's details on how to make a complaint in the information we received when [their loved one] first started using the service." The registered manager told us that the service had not received any complaints since our last inspection.

The registered manager told us that none of the people they supported required end of life care at the time of our inspection. They explained that should this be required, they would liaise with relevant healthcare professionals, the person and their relatives, and update people's care plans so that they accurately reflected their end of life support needs and preferences.

Is the service well-led?

Our findings

At our last inspection we found a breach of regulations because the provider did not have an effective system in place to monitor the quality and safety of the service and because records including people's care plans contained inaccuracies. At this inspection, we found that whilst the record inaccuracies had been addressed in people's care plans, the provider's systems for monitoring the quality and safety of the service were ineffective in consistently identifying issues or driving improvements.

Audits of people's care plans and medicines were not effective. One person's Medicines Administration Record (MAR) lacked guidance for staff on when staff should support them to take medicines which had been prescribed 'as required', and the records signed by staff to confirm medicines administration did not clearly identify which medicines had been administered at different visits. However, these issues had not been identified during the provider when auditing the person's MAR.

An audit of one person's care plan had been completed during the month prior to our inspection, confirming that they had a skin integrity risk assessment in place but this risk assessment had not been completed, despite records confirming that the person's skin integrity was a potential area of risk. In total we found areas of concern in five people's care plans which had not been identified by the provider during their auditing process.

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

The service had a registered manager in post. They demonstrated some understanding of the requirements of the role and their responsibilities under the Health and Social Care Act 2008. The rating from their last inspection was on display in the office and they were aware of the need to report significant incidents such as allegations of abuse and deaths to CQC when they occurred. However, improvement was required as they were not aware of all of the different events which they were required to notify CQC about, when we discussed this with them. They were also not familiar with other regulatory requirements which were relevant to their role in providing care. For example, they were unaware of the frequency at which a hoist should be serviced, as identified in the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). This meant they were not aware of whether hoists in people's homes were safe for use when carrying out moving and handling risk assessments. The registered manager confirmed they had addressed this issue following our inspection, and had confirmed that hoists used by staff had been serviced as required.

People and their relatives spoke positively about the management of the service. One person said, "The manager and the office staff are all lovely; they're very helpful and I know if I had any problems they would try and sort things out for me." Another person said, "I have confidence in [the registered manager]; the service is well run." A relative commented, "The service is well managed and we've been very satisfied with the service [their loved one] has been receiving."

The registered manager told us they were committed to ensuring that the working culture of the service was

positive and inclusive, and that staff felt well supported and able to express their views. Staff told us they were well supported by the management team. One staff member said, "I'm very happy working for the service. The manager and office team are in regular contact with me to make sure I'm OK and aware of any changes. I get good support." Another staff member told us "The registered manager is very helpful and always there when needed." Staff also told us they worked well as a team. One staff member said, "We support each other and want to deliver the best care we can. I think all of us are willing to go the extra mile [for people]."

The provider held regular staff meetings to keep staff up to date with any service developments and to ensure they were aware of the responsibilities of their roles. One staff member told us, "The meetings are helpful; we discuss any training needs we may have, or any changes in the support people need." Another staff member said, "We meet regularly; the team meetings are good way of keeping us all up to date."

The service had systems in place for seeking people's views about the service they received. The registered manager told us, and records confirmed, that office staff sought feedback from people through regular telephone checks. We reviewed a sample of the checks conducted during the year which showed people were experiencing positive outcomes from using the service. Any issues identified as a result of these checks had been addressed. For example, we noted that one person had raised concerns that staff were not always on time during a telephone check earlier in the year, but was happy with this aspect of the service when next called. The provider had also conducted an annual survey in the time since our last inspection. The feedback from this was positive and an accurate reflection of our discussions with people and their relatives during this inspection.

The registered manager told us they were committed to working closely with external organisations where needed, in order to ensure that people received high quality care and support. Where one person had been assessed by a local authority social care professional, records showed the registered manager had shared information about the support the service had been providing promptly, when requested to do so.

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 18 HSCA RA Regulations 2014 Staffing Staff did not always receive appropriate training to enable them to carry out their duties. |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not always been assessed and action had not always been taken to mitigate identified risks. Medicines were not always safely managed. |

The enforcement action we took:

We served a warning notice on the provider and registered manager.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems for monitoring the quality and safety of the service were not always operated effectively. |

The enforcement action we took:

We served a warning notice on the provider and registered manager.