

Universal Care Services (UK) Limited

Universal Care Services

Nuneaton

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 March 2017.

Universal Care Services Nuneaton provides domiciliary care to people in their own homes. At the time of our inspection, 177 people were supported with care.

The service had a registered manager. 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.

The home was last inspected on 19 May 2015, when we found the provider was compliant with the fundamental standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated 'good' overall.

People and their relatives told us they felt safe with the staff who supported them. Staff received training to safeguard people from abuse. They were supported by the provider, who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified and staff were aware of current risks, and how they should be managed.

People told us they were administered medicines by staff safely and as prescribed. However, there were some gaps in medicine records.

There were enough staff to meet people's needs effectively. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in their homes.

People told us staff asked their consent before undertaking any care tasks. Where people were able to make their own decisions, staff respected their right to do so. People's care records did not always include information on the support they needed with decision making. However, staff and the registered manager had a good understanding of the Mental Capacity Act (2005).

People and relatives told us staff were respectful and treated people with dignity, kindness and respect. People's privacy was maintained. People were supported to make choices about their day to day lives.

People saw health professionals when needed and the care and support provided was in line with what they had recommended.

People's care records were not always up to date and did not always give staff key information they needed to respond to people's needs consistently. People were not always supported by regular staff, and were not

always informed if staff were going to be late.

People and relatives told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the registered manager and senior staff were approachable and responsive to their ideas and suggestions.

Systems in place to check the quality of the service provided and to help it improve were not effective. The provider did not ensure staff had the opportunity to meet to share good practice, and did not ensure staff performance was assessed regularly to check they remained competent in their roles.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's needs had been assessed and risks to their safety were identified and managed effectively by staff. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. Where people's ability to make their own decisions fluctuated, there was not always detailed information about this. However, staff knew how to manage this and supported people with decision-making appropriately. People were supported by staff who were trained to meet their needs effectively. People received timely support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Good ●

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care records were not personalised and had not always been updated to include information staff needed to respond to

people's needs consistently. People were not always supported by a consistent and regular group of care staff. People knew how to raise complaints and these were dealt with appropriately.

Is the service well-led?

The service was not consistently well led.

There were quality monitoring systems in place to identify any areas needing improvement, but these were not effective. Staff practice was not consistently monitored to ensure they met the standards set by the provider, and staff did not always have the opportunity to meet individually or as a group. People felt able to approach the registered manager and were listened to when they did.

Requires Improvement ●

Universal Care Services Nuneaton

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.

The inspection took place on 15 March 2017 and was announced. We told the provider 48 hours in advance so they had time to arrange for us to speak with staff. The inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We did not ask for a provider's information return (PIR). This is a form we ask providers to send to us before we visit. However, during our inspection visit, we gave the provider the opportunity to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit, we spoke by telephone to fourteen people who received care and support in their own homes. We also spoke to two relatives of people who used the service. During our inspection visit, we spoke with the registered manager, the regional manager, the branch manager, one senior carer, the training officer and six care staff.

We reviewed six people's care plans, 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 to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff who supported them. When asked what made them feel safe, one person told us, "If something should happen to me, I wouldn't be left on my own for days ... even weeks." Another person said, "Yes, they help me a lot so I don't fall." People knew who to speak to if they did not feel safe, and told us they felt confident to do so. One person said they would speak with, "One of the supervisors, I think. If not, then someone higher."

The provider protected people from the risk of harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any witnessed abuse or allegations of abuse to a member of the management team. We gave staff different scenarios where people might be placed at harm and asked them what they would do. For each of the safeguarding scenarios staff responded that they would contact the office to inform them of their concerns. One staff member said, "I am really, really confident the manager would do something about it." Staff knew who to contact if they felt their concerns were not taken seriously and people might still be at risk. One care worker explained the provider had a whistleblowing policy which staff could use if they thought their concern was not being addressed. Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. One staff member told us, "I wouldn't hesitate to go higher. I would inform the local authority or CQC. Keeping people safe is my responsibility."

The provider operated an 'on call' system to support care workers outside of 'normal' office hours and to help keep people safe. One care worker told us, "The 'on call' works really well. It's reassuring knowing someone [Management] is always there if we need them." Another care worker described how they had contacted the 'on call' because they could not gain access to a person's home. They said, "They rang the person's home phone, straight away. It turned out they [Person] had taken their hearing aid out and couldn't hear the front door. We [person and staff member] had a giggle about it when I got in."

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to care workers starting work at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The provider reviewed all information received about staff's suitability for their role. Where issues were raised, the provider assessed the information to identify whether there could be risks related to people's safety. They implemented effective, safe working measures with new and existing staff, until they were confident of staff's suitability, to ensure people were always supported safely.

Care workers confirmed they were not able to start working at the service until all pre-employment checks had been received by the manager. One care worker told us, "I was allowed to start my induction training but I couldn't do any calls on my own until my DBS and references from my last job came through."

There were enough care workers to allocate all the planned calls people required. One care worker told us,

"If someone goes off sick then we do our best to cover. It's important, especially for people with dementia, because they need to know the carer who is visiting." The branch manager told us, "We are always recruiting. You can never have enough care workers."

We asked staff how they knew about the possible risks associated with people's care and support needs and the actions they needed to take to minimise potential risks. One care worker said, "All the information should be in the care records." Another care worker told us, "If there is anything new [risk] the office will ring and let us know." Staff knew about risks posed to individuals as a result of their care needs, and told us how they managed them to keep people safe.

Risks relating to people's care needs had not always been identified and assessed according to people's individual needs and abilities. In some of the care records we looked at, they had been updated with the most recent information, had action plans in place about how to manage identified risk, and linked clearly to people's day to day care plans and the outcomes they wanted to achieve. However, risk assessments were not always up to date. For example, we looked at risk assessments for one person who needed assistance to move safely. We found the person's needs had changed but the person's risk assessment had not been updated. However, staff were aware of the risks and took steps to reduce them.

People told us they received their medicines as prescribed where staff supported them with this. One person said, "I have a tray. [Care staff member] gives them to me. They take them out of the tray. I haven't got to worry about anything." Staff had received training to enable them to administer medicines safely. One care worker explained medicine training was delivered as part of the services induction for all staff. When we asked staff if their competency to administer medicines was checked by management they told us it was not. Records showed 'medication competency checks' had been completed with some, but not all staff. The branch manager told us they planned to ensure this had happened for all staff.

People's care records included information about the medicines they were taking, what they were for and possible side effects. They also included information about how people preferred to take them. Staff completed Medicine Administration Records (MAR) sheets to document that people had been given their medicines. Staff knew how to complete these, and understood how to administer medicines safely. However, we found some MAR sheets had gaps in them and we could not be sure they were being completed consistently by staff.

Is the service effective?

Our findings

People and relatives told us their regular care staff were well trained and knew how best to meet people's needs. One person told us, "Yes, I have found that they are [well trained]."

Staff told us they had an induction when they first started working at the service. This included being assessed for the Care Certificate, and working alongside more experienced members of staff before attending to people on their own. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Records also showed new staff were signed off as being competent by a senior member of staff after a 12 week period.

Staff told us working alongside more experienced staff helped them become more confident in their role. One staff member commented, "I did four day training and then went out with an experienced carer." They added, "It was really good because I have not worked in care before and I learnt so much." Another staff member told us, "I did my induction and I've also started the new Care Certificate."

The service had a dedicated training officer who delivered all induction and ongoing training. They were also responsible for maintaining a 'training matrix' to show the training each staff member had completed and when refresher training was due. The training matrix showed training was up to date. Staff had individual training files which contained certificates that showed new and established care workers had completed the training the provider considered essential to meet the needs of people who used the service. This included safeguarding, health and safety infection control and medication.

Staff told us training was good quality and helped them support people effectively. One staff member told us, "I learnt all about using hoists. Now I feel confident to use them." Another said, "I enjoy all the training. It helps me learn about the right way to do things."

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.

People told us staff asked their consent before supporting them. One person said, "They do [ask for consent] they always ask if they can begin something first." Staff understood the need to seek consent. One staff member commented, "I always ask what they [people] want me to do before I start." Another staff member told us, "If the person refused my help I would ring the office to tell them, but I would respect the person. It's their choice."

Staff understood and worked within the principles of the Mental Capacity Act, although most did not know this was linked to legislation. The training officer confirmed staff had received information about the MCA

and DoLS as part of their dementia training. One staff member commented, "If there was some doubt about a person's capacity to understand their care needs for example, I would always still ask the person themselves. If I thought they understood I would carry on, but perhaps with the family there if that was okay with the person."

Some people needed support with preparing food and drink. Where this support was provided, people told us they were happy with how care staff helped them. One person said, "I can have anything I want, they always ask me what I want." She added, "They give me a drink at night too."

People told us staff supported them to see medical professionals if they needed help with this. One person commented, "Sometimes they [care staff] support me. This morning I had to go for a blood test. I've lost confidence to go out on my own so one of the carers said 'I'll take you.'" Care staff told us they informed the office staff if there were changes to people's health or social care needs. One care worker told us they had telephoned the office because a person was unwell. They said, "I realised something was wrong. I explained what I had found to the supervisor and they rang the person GP straightaway." The care worker told us this had resulted in the person being admitted to hospital.

Is the service caring?

Our findings

People told us staff were kind and caring. One person commented, "Yes definitely [they are caring]. It just comes across from them, they always ask how are you when they come in." Another person spoke about a time recently where they felt they had been supported with kindness. They said, "I had an illness a week ago, I didn't dare move. [Care staff member] came in and I couldn't get out of my chair, they said 'what's the matter' and helped me into the bathroom and ran the bath for me. [Care staff member] was absolutely lovely, and while I was in the bath, they cleared up the sofa." The person added, "They always talk to me as if I'm a human." Another person told us, "Oh yes [staff are caring]. It's just the way they go about it, we have such a laugh. I sometimes get really down, but they make me laugh and I them."

Staff told us they were encouraged by the provider and the registered manager to support people in a compassionate and caring way. They also told us the registered manager matched staff with people to ensure, as much as possible, that people got on well with staff who supported them. One care staff member said, "We have enough time to do everything. If you need to stay because there is a problem you ring the office and let them know." Another care staff member told us, "What I love about my job is talking to them [people], getting to know them and learning about their lives."

We spoke with staff about what made a caring service for them. They told us continuity, trust, listening and emotional support made up a caring service. One staff member told us, "Making sure you listen, building relationships, a smile and a friendly face." Another care staff member said, "It is about respect for people, their religion, their preferences. It's treating people how you would want to be treated." They added, "You need to make time to chat as some people are lonely. It's not just about personal care."

People told us staff supported them to live independent lives. One person told us, "Every morning I do a little walk with the frame. If I don't remember, they say 'are you going for your walk this morning?'" Another person commented, "They know I like to do as much as I can. If I can, I do bits of the washing up, but they are on hand if I need it." Staff told us they were trained to understand how important it was for people that they remained as independent as possible. One staff member said, "Helping people to be independent gives people a sense of 'wellbeing'." Another staff member said, "We learn in our training about the importance of helping people to stay as independent as possible. I find if you can do this by encouraging people, by speaking nicely."

Records showed people or their relatives had signed to say they agreed with their care plans. Some people we spoke with were not sure they had been involved in planning and making decisions about their care. However, they explained either that relatives did this on their behalf, or that they were happy care was provided in ways they chose. One person told us, "Oh yes, if I want them [care staff] to do something, I tell them."

People told us they were supported in ways that promoted their dignity and privacy. Comments included; "We always go in the bathroom, the door is always shut. They [care staff] always put the towels on the radiator and put them over me."; "They always close the door, make sure the blinds are shut.", and, "[Care

staff member] is always very careful about locking and unlocking my home. When I'm being washed, they close the door and pull the blinds."

People's care records reminded staff they must respect the fact that they were going into people's own homes. For example, staff were reminded to knock and introduce themselves on arrival. Records showed this was one of a number of key questions people were asked by the service when it sought feedback about how satisfied people were with the care and support they were provided. Staff understood the importance of maintaining people's privacy when personal care was provided. One staff member told us, "Privacy, dignity and respect is covered in our training. It's very important for people of all ages."

Is the service responsive?

Our findings

People told us they made choices about what they wanted and how they wanted to be supported. They explained staff knew this and knew what was important to them. One person said, "When you talk, they know I like the garden so they talk about flowers to me, how the flowers are growing. One carer brought a plant here and said it was dying and could I get it alive again." Another person commented, "If I say I'm down and I don't want to eat, the carer says you've got to have such and such or what about such and such, always things they know I like."

People told us they were not always supported with consistent staff at the times that had been agreed when they began using the service, particularly when care staff had been delayed. Comments included, "If they [care staff] have been held up, they're not very good at letting you know." and; "They don't let me know though if they're late. I just have to wait.' I am fed up with not always having the same carers, the morning ones are the same ones but I don't always get the same ones at the other times. At teatime I don't know who is coming. The last 10 days I've been having different carers at teatimes and bedtimes." Some people spoke positively about care staff and explained they had regular people. One person said, "They [care staff] are almost spot on every day. When they're going to be late yes, they let me know. I don't mind as long as someone lets me know. I have the same carers. It's very nice indeed."

We found care staff had a good understanding of people's care and support needs and the risks that had been identified. They told us this was because they had a set rota which meant they visited the same people. One care worker told us "Having a regular round really helps build relationships and its good they [people] know whose coming." They added, "It also means because we know people we can quickly pick up on any changes in behaviours of health issues." Another said, "We get our rota at least a week in advance so you know who you are visiting and if there are any changes. It's usually the same. It's important for them [people] to see the same carer it helps make them feel safe."

We looked at the call schedules for three people who used the service and three care workers. These confirmed care calls for these people were planned in advance and people were allocated regular care workers. We could not be sure this was consistent for everyone the service supported, as people told us their regular carers did not always support them as planned. We spoke with the branch manager about this, who explained recruitment and retention of staff was an ongoing issue and that this did mean people did not always have regular, consistent carers. However, they told us they tried to avoid this happening, and they had been working with office staff to ensure they informed people where their carer was going to be late, or if an alternative carer was being sent to them.

A senior staff member explained the process they went through before someone started receiving care from the service. They said, "If a package of care was starting on a Friday for example, we would try to get out on a Wednesday or a Thursday to assess the person's needs and complete risk assessments. They added, "We do not accept new packages at the weekend, to make sure we can safely meet what the person needs."

The branch manager explained that when the provider agreed to take on a package of care, a senior

member of staff would speak with people and their families to agree which time they preferred care staff to visit.

Care plans had not been written in a personalised way to include information about people's backgrounds likes and dislikes, spiritual or general support needs. Care plans were task focused and did not provide staff with the detail they needed to provide care and support in a way that met the person's individual needs and preferences. For example, one care plan informed care workers the person needed support with 'washing and breakfast', but there was no explanation about how the person preferred their care and support to be provided.

Care plans also lacked detail and did not include important information staff needed to respond to people's needs consistently. We reviewed the care plan for one person who we were told had diabetes. We did not find any confirmation of this in the care plan. This information is vital so care workers understand how, or if, the person's diabetes affects the way in which their support should be provided. Another person required staff to use specialist equipment to assist them to move safely whilst in bed. The person's care plan did not include details of the equipment or how it should be used.

Risk assessments we viewed lacked detail and did not provide staff with the information they needed to respond to people's needs consistently. Care staff also told us people's care plans provided them with only basic information. One said, "I feel they [care plans] should be more in-depth." They explained one person had dementia but this was not detailed in the person's care plan. They added, "I only learnt about it from speaking with the family." Another carer described how one person they visited preferred 'warm milk' on their cereal. They added, "[Person's name] won't eat it with cold milk." They said, "It's the little details that are important but these aren't in the care plan. So I left a note for the new carer to make sure they know."

Some care plans were not up to date. For example, one person's care plan informed staff to assist the person to get out of bed and into their armchair. However, a 'Person centred care plan – review form' dated 30 January 2017 stated, the person was now cared for in bed. This meant staff did not have the information they need to respond to people's needs consistently.

People's care records did not always include information about the level of support they needed with decision-making, or which decisions people needed support with, and in which circumstances. We raised this with the branch manager, who confirmed this would be addressed when care plans were next reviewed.

Care staff told us they had time to read care plans. One said, "When I do a visit for the first time I start by reading the care plan." They added this was important because it helped the staff member understand the person needs.

We raised concerns about care planning with the regional manager. They showed us a new care plan format which would allow for personalised information to be included and to address the issues we had found. The new format included a 'Person Centred Care Plan Assessment', which included prompts to encourage personalised and up to date information to be included in people's care plan.

People told us they felt able to complain if they were unhappy with the service, and had been given information which included contact numbers of who they could complain to and how they could be contacted. One person said, "I did [make a complaint] at first, but now I ask my [relative] to do things like that. I was very satisfied when I did say something at the beginning."

Staff knew how to support people if they wanted to complain, we were told, "Information about how to

make a complaint is given to each person when the service starts. The information is in people's homes." Care workers told us they would refer any concerns people or family members raised to the manager and they were confident concerns would be dealt with effectively. One care worker said, "[Manager] would sort things out."

The registered manager kept a record of any complaints and compliments they received. These records showed one complaint had been made in the past 12 months. Records showed this had been dealt with effectively, according to the provider's policy and procedure.

Is the service well-led?

Our findings

People told us the registered manager and office staff were effective in their roles and were approachable and contactable. One person told us, "If you phone the office, there is always someone to speak to." Another person said, "If you phone the office, there is always someone to speak to." Relatives agreed the registered manager and office staff were available when needed. However, they told us they did not always take effective action when matters were drawn to their attention. One relative said, "It could be a bit better with time-keeping on certain staff." Another relative commented, "'I don't know the manager but [senior staff member] is alright, approachable. I suppose it's well-managed but it's the timing that could improve."

Staff were positive about the registered manager and senior staff. One staff member said, "The manger is very approachable. If you have problem you can pick up the phone." They added, "It's nice to get advice before you take any action." Another staff member told us, "The management are helpful, approachable and if you need to know anything they ring you."

We found the provider did not always check staff remained skilled and competent, and that they were working safely and in line with the provider's policies and procedures. When we asked staff if they had individual meetings (supervision) with a member of the management team we received mixed responses, including, "I recently had supervision (individual meeting) It was really good." "I haven't had one for a long time.", and "I think one is being planned."

Records on staff files showed supervisions and observations of staff practice were not up to date. For example, one staff member had not had supervision since 2014 and some care workers had not had their practice observed since 2016. This meant the provider could not be assured care workers followed their policies and procedures and practiced the learning gained through training. One staff member told us, "I haven't had an observation." Another staff member said, "A supervisor came out with me once but I don't know if that was because they were observing or covering a call."

We asked the branch manager if staff who had been transferred across to the service from a previous provider had completed training. This was because the names of these staff were not recorded on the training matrix and their files did not contain any training certificates. They told us they had been told these staff had completed training with their last employer. They added, "We asked for copies of the certificates but we haven't heard anything. So we have assured ourselves staff are competent though spot checks and supervisions." However, when we asked to see copies of these spot checks and supervisions they were not available. The provider acknowledged they had not taken steps to assure themselves staff had completed the required training needed to support people effectively. They told us they would ensure these staff were scheduled to complete training.

Some staff we spoke with said they had not attended a team meeting. One care staff member said, "No I haven't been to a meeting but I think they will let me know when one is held." Another staff member commented, "We [care staff] don't get may opportunities to meet. I think it would be nice to have a meeting so we can meet other carers." The branch manager told us staff meetings took place

so staff had the opportunity to share their views and senior staff could communicate important messages. However, minutes of the meetings were not available for us to view so we were unable to see how effective staff meetings were.

Systems were in place to check the quality of the service being provided, but these had not always identified the issues we found during our inspection, and had not always been used effectively to improve the service.

For example, systems in place to check people received their medicines safely and as prescribed were not effective. For example, we looked at MAR sheets for three people. These MAR sheets had been audited by senior members of staff when they were returned to the provider's office. These audits recorded the MAR sheets had been completed correctly and there were no issues. However, this was not the case. There were a number of gaps in all three of the MAR sheets we looked at, where medicines had not been signed for. There were also instances where a 'code' had been used rather than a signature. The provider's medicines policy advised staff they must enter a reason for the code on the back of the MAR sheet. However, this had not been done. This meant it was not possible to establish whether or not people had received their medicines safely and as prescribed. We raised this with the branch manager who assured us they would address this with staff who audited MAR sheets and in staff supervision and training.

Some other audits were completed, for example daily care notes had been reviewed regularly and issues addressed with staff members concerned. The regional manager told us they were developing a range of audits to be completed quarterly. They explained they hoped these would provide a more detailed picture of the quality of the service provided, which they acknowledged they did not currently have.

People and their relatives had been involved in care plan reviews and had been asked for their views on the service as part of this. However, we did not see any analysis of this feedback, and no action plans had been developed as a result. We also reviewed evidence of the most recent staff audit, but again, no analysis of the results had been completed, and no action plan had been developed. This meant we could not see how the provider had used information from people, relatives and staff to improve the service. We raised this with the regional manager, who told us they had started working for the provider last year and were yet to develop action plans. They explained they would be doing so over the next few months.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.