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Passion 4 Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

The inspection took place on 9 and 13 June 2016 and was announced. We conducted this inspection in response to information of concern we had received about the service. When we last inspected this service in July 2015 we found it compliant with all the regulations we looked at. However we did identify that some aspects of the service required improving including how people were protected against the risks associated with their conditions, how the registered manager monitored the quality of the service and the recording of people's medicines. At our latest inspection we noted these areas still required improving.

We were advised that the service provided personal care to about 270 people in their own homes. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

Recruitment processes were not robust and failed to provide assurance that people were supported by staff who were suitable and adequately skilled to meet their needs. We saw evidence that some staff had started providing care to people before suitable checks had been completed. Staff we spoke with were knowledgeable about how to meet the care needs of the people they supported although records did not identify all the staff competencies, the training staff had undertaken or when further training would be required. You can see what action we have asked the provider to take at the back of the report.

The registered manager had failed to keep up to date with changes in legislation and they were not aware of the requirements to display and promote the ratings awarded at their last inspection or when to submit statutory notifications to the Commission. They had delegated much of the daily management to senior members of staff but had not established adequate reporting processes so they could monitor if the service was meeting people's needs. The systems in place that they used to monitor the service were ineffective and they were unable to confidently or accurately identify how many people used the service, if people ever received late or missed calls, if the care they received was meeting their needs and what action was taken when there were concerns. They were unable to confirm how many staff were employed. You can see what action we have asked the provider to take at the back of the report.

Staff knew how to recognise the signs of abuse however the registered manager had not always notified the appropriate authorities as required and in line with good practice. You can see what action we have asked the provider to take at the back of the report.

Care plans identified people's specific conditions and how staff were to support them to keep them well but they did not provide details about how staff were to manage the specific risks associated with people's conditions. There were processes and information in place to help staff safely manage peoples medication in line with how it had been prescribed.

There were systems to obtain people's views of the service and we saw that the comments were acted on. Senior staff conducted spot checks and observations of how staff supported people.

We saw that complaints were investigated and responded to however there was no consistent approach. The provider had failed to respond appropriately to concerns that had been raised by the authority who commissions some care on behalf of people using the service. The registered manager did not have a robust system to monitor information collected for trends to identify how the service people received could be improved. You can see what action we have asked the provider to take at the back of the report.

People were generally supported by the same staff which had helped them to develop positive relationships. Staff knew how people liked to be supported and told us how important it was for them to meet people's needs. People told us they were supported when necessary by staff to eat and drink enough to keep them well. People were supported by staff who were aware of their legal rights, although this understanding was not consistently shared by all staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.
The registered manager did not always follow agreed protocols to protect people from harm when they received information of concern.

Appropriate checks had not been undertaken to ensure people were supported by staff who were suitable.

Staff were not provided with detailed information about the specific risks associated with people's conditions and the actions they should take if people were at risk of harm.

Is the service effective?

Requires Improvement

The service was not always effective. Although staff received regular training the provider's system did not ensure that new staff had the skills and experience required to meet people's specific needs.

Staff providing care were clear about how to support people in line with their rights, however the knowledge amongst all staff was not clear about supporting people in line with the Mental Capacity Act 2005.

Staff knew how to support people in line with their wishes and preferences.

Is the service caring?

Requires Improvement

The service was not always caring.

Whilst people were supported by staff who they said were kind and considerate when providing care, their views and consent was not always obtained when more than the planned number of staff visited them.

People were supported by staff who they described as kind and considerate when providing care. All of the people said that staff knew their needs when they provided care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Although care staff knew how to support people in line with their expressed preferences, people told us the provider did not always respond promptly to concerns or complaints as expected or in accordance with recognised best practice.

People received support that met their needs when they changed or when wanted different support.

Is the service well-led?

Inadequate

The service was not well-led. People were at risk of being supported by a provider who had not kept up to date with their legal responsibilities to provide safe and effective care that was compliant with the regulations.

The provider did not have robust processes for monitoring the quality of the care people received and identification of improvements as needed. They did not have clear oversight of how some aspects of the service was being operated.

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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 9 and 13 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that care records were available for review had we required them. The inspection team consisted of two inspectors on the first day and one inspector on the second. The inspection team also included an expert by experience who spoke to people who used the service on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed any additional information we held or had received about the service. We spoke with a person who commissions care packages from the service and a representative from another organisation who was investigating a concern they had received about the service. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke to the nominated individual for the service who was also the registered manager. We spoke with the deputy manager, three care co-ordinators, one team leader, three members of care staff and the human resources manager. We looked at records including the care plans of seven people and medication records of six people who used the service. We looked at eight staff files and staff training and recruitment records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised. We also discussed how the service was intending to respond to concerns raised by a local authority which had resulted in them suspending the commissioning of new care packages from the service.

After our inspection we spoke to eight people who used the service and five people's relatives. We also

spoke to five members of care staff and a social worker who supported people who used the service. We also reviewed additional information requested from the provider.

Requires Improvement

Is the service safe?

Our findings

The provider had not always followed recognised safeguarding practices. We saw that whilst the registered manager had responded and initiated action when they received a serious allegation they had not followed the recognised and agreed methods for alerting the local authority as the lead agency for safeguarding. The action they had initiated failed to comply with local multi-agency guidance and contributed to a delay in other agencies being notified, including a delay of three months before the Care Quality Commission was notified.

Although the registered manager was aware of the correct local authority safeguarding reporting procedures these were not consistently followed. The failure to take action in line with the procedures agreed by the local authority safeguarding board was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us it was their policy that new staff employed by them could not provide care to people until they had completed checks included obtaining references and a Disclosing and Baring Service check (DBS). The DBS check identifies if people have a criminal conviction. We found that the systems in place to ensure that checks for all staff had been received prior to them working with people were incomplete and disorganised. The registered manager and human resources manager could not confirm and provide evidence that all staff who were working with people at the time of the inspection had all necessary checks in place. Records held by the provider were not always clear and evidence was not available. Not all documentation and risk assessments had been completed to demonstrate action that the provider had taken when they had identified risks with relevant or prospective staff.

Records relating to recruitment were poorly organised and during the visit the human resources manager was unable to provide us with a list of all the staff who had undergone a DBS check when they started working at the service but sent it to us after our inspection. The information sent through was incomplete and failed to list all staff who we had been advised worked at the service.

In addition to the character reference checks the provider's human resources manager told us that they assessed a candidate's communication abilities at interview and attempted to ensure that people were supported by staff who shared a common language. A number of people who used the service did not speak English as a first language and valued being supported by staff who they could easily communicate with in a community language. However, the matching of staff communication skills to the preferred language of people using the service was not consistent. One person who used the service told us, "I didn't feel safe with him [Care staff]. I couldn't understand him and he couldn't understand me. It was very frustrating." The risk presented by the lack of appropriate communication skills presented a risk to people using the service in that staff would not understand if a person was telling them they were unwell or required different or additional support.

In response to concerns from people who used the service the registered manager had enhanced the recruitment selection processes and had introduced literacy and numeracy tests for all new staff joining the

service. However, there was no formal assessment criteria in place to identify an acceptable level of skill had been demonstrated and it was left to the individual judgement of the staff member reviewing the test results. There were no assessments of the potential risks to people who used the service when candidates failed to answer a question correctly and no account had been taken of the risk posed by staff who could not follow written care instructions or communicate clearly in the event of an emergency. There was a failure to ensure that robust recruitment procedures' were used consistently. There was no assurance sought and provided that people were supported by staff of good character, with the requisite skills and competence to meet the needs of people using the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with were aware of the risks presented by people's conditions and were confident in explaining what they did to keep people safe. One member of staff explained how they would help a person to mobilise safely and another member of staff told us how they would tell if a person was becoming unwell and the actions they would take. Care records contained details of people's specific conditions. They did not however contain detailed assessments of the risks associated with each person's condition and how staff were to protect them from harm. Care co-ordinators we spoke with thought it would be useful if this information was included in people's care plans. Records of a person who needed support with their mobility did not include how they were to be supported to reduce the risk of falling. Records of a person whose condition meant that they were at risk of passing out did not explain how staff were to help prevent this from occurring or describe the symptoms the person would show if they were becoming unwell.

All the people we spoke with said they felt the service kept them safe. One person told us, "I like that I know who is coming. They are really good and my carer always makes sure that the door is locked and all the windows are closed before she goes at night." Staff we spoke with were aware of how to protect people from the risk of harm. All the care staff we spoke with told us they received safeguarding training as part of their induction and records showed they received regular updates and refresher training to keep up with good practice. All the staff we spoke with said they felt confident to tell senior managers if they had concerns about a person's safety and would be taken seriously. Although the registered manager showed us several examples of when they had raised concerns about the people they supported with social workers they had not done this consistently.

People confirmed that they were generally supported by the number of staff identified as necessary in their care plans and would stay their allotted time. One person told us, "There are two different [carers] but it's always the same people." Another person said, "'I feel very safe with the carer. It is so nice if she has time when she's done everything to have a little chat with me." The relative of one person said, "There were two occasions when only one person attended so my [family member] had to help out." Staff we spoke with told us they would usually support the same people. The registered manager told us that they had employed specific care staff to support each new care package and some staff would, "Float," meaning they were available to support people at short notice if there was a risk a carer would not be able to attend a call on time. We noted that some people were supported by the same member of staff every day for over a month without any break. Although the registered manager told us this was down to the individual choice of the care staff one member of staff told us, "I would like some more breaks and have been asking for someone to train up so I can have a day off." Staff rotas and daily records were not completed consistently so it was not always possible to identify or monitor if staff attended calls on time or people had been supported by the required number of staff identified as necessary in their care plans to keep them safe.

Those people who required support to take their medication said they were happy with how care staff assisted them. One person said, "My carer is really fussy about my tablets. He double checks them every single time even though he gives them to me every morning. Everything gets written down including the

time and that." Another person told us, "I think they give me my tablets at the right time and they write everything down but I don't really know because I trust them." Staff were spoke with were knowledgeable about how to support people to take their medication safely and confirmed they had received medication administration training and observations of their practices by senior staff.

There was guidance and information for staff in people's care plans about their medication however this was not always clear. Information did not always state when people should take their medication and when creams should be applied. One care plan stated that a person was to take tablets, "Twice a day," but did not specify the times and another person's care records stated that staff were to, "Apply cream," but it did not specify what cream, where it was to be applied and when. Records had not always been completed by staff to indicate that people had taken their medication as prescribed. Although the registered manager audited the medication records several of these errors had not been identified.

Requires Improvement

Is the service effective?

Our findings

All the people we spoke with said they were happy with the care they received. Comments included; "My relative couldn't have better care. They are brilliant. They always check the care plan;" "My carer is superb. I just couldn't manage without him. As soon as he comes I feel ten times better. It would kill me if I didn't have him," and "They are very gentle. I've never had any sores thanks to them.'

Staff we spoke with were knowledgeable and felt confident to meet the specific needs of the people who they supported. One member of staff explained how they supported a person to receive personal care. They told us, "He can't be rushed. You have to let him take his time." Staff knew people's personal preferences and how they wanted to be supported. People were supported by consistent staff who had learnt peoples' specific care needs. One member of staff told us, "I speak to two of my clients in English but I speak Urdu to my other client because this is what she likes." Staff told us they received regular training and records showed that staff were being supported to attain nationally recognised social care qualifications. The human resources manager told us that staff had received training in specific conditions such as Parkinson's disease and diabetes as part of their courses but it was not explicit in staff records which specific subjects staff had completed or passed.

Only one member of staff had the ability to access staff electronic training records and they were away on the first day of our visit. Therefore on this day the registered manager and human resources manager were unable to identify if people were being supported by staff who had the necessary skills to meet their specific needs or which staff would have the appropriate knowledge to support a person if needed at short notice.

All the staff we spoke with said they had received an induction when they started working at the service. They told us they had received training in moving and handling, safeguarding and health and safety. Staff received regular supervisions which enabled them to identify any additional skills and knowledge they might require and discuss any changes in how people might require supporting. Staff told us that all members of the senior management team were approachable and could be approached for advice and guidance when necessary.

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. 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 were being met.

People we spoke with told us they were supported in line with their wishes and staff would regularly seek their views and consent while providing personal care. This enabled people to say if they wanted to be

supported in a specific way. All the care co-ordinators we spoke to understood the principles of the mental capacity act. One of them told us, "I like to involve the family but they don't always have the authority to decide."

Staff told us and records showed that they supported several people who lacked mental capacity to make decisions about some aspects of their care. Care co-ordinators told us how they had attended best interest meetings in order to support people who lacked mental capacity to receive appropriate care. We saw evidence that when a person was deemed to lack mental capacity the registered manager had approached others who had the legal authority to make decisions on their behalf and had involved family members to help the person express their preferences. Records contained guidance for staff about people's preferences and how they wanted their care to be delivered. Although the registered manager conducted assessments of people's mental capacity the records did not clearly state what decisions people might need to be supported with. Staff demonstrated a general awareness of MCA principles and how these impacted on people who used the service that was provided.

People who use the service told us that they were happy with how staff helped them when necessary with their meals and drinks. Some people told us that staff would purchase shopping for them when requested which helped ensure people had a choice of meals and enough to eat. One member of staff told us how they helped to prepare meals for a person that met their cultural and religious preferences. Records identified what people liked to eat and drink. Records however did not always contain enough guidance about how staff were to support people to manage certain foods and drinks which could make then unwell. Care records for one person whose condition could worsen if they consumed too much or too little sugar did not contain guidance for staff about the foods and drinks the person was to avoid or enjoy in moderation. Whilst most people were supported by consistent staff the lack of detailed information for staff would present a risk if the person was supported by staff who did not know them well. In another example we saw that when staff were required to monitor a person's nutritional intake they had recorded what the person had eaten but not how much. It was not possible to identify if the person had eaten enough to stay well.

Staff told us and records confirmed that they supported people to access other health providers when necessary. We saw evidence that the registered manager had contacted people's social workers when they were concerned about a person's welfare and therapists in order to help people obtain mobility aides. Care co-ordinators told us they regular contacted GP and district nurses when they were concerned about a person's health. Records we saw confirmed this.

Requires Improvement

Is the service caring?

Our findings

People we spoke with said staff respected their privacy. Staff we spoke with were knowledgeable of the actions they needed to take in order to maintain people's dignity when providing personal care. We noted however that people were sometimes visited by more staff than required in their care plan. We saw that on one occasion a person who only required a visit from one care staff had been visited by three. A care coordinator told us that when driving care staff to a call, the driver would sometimes wait inside the person's property instead of in the car. Records sampled did not indicate if people had agreed to additional staff entering their homes. There was a risk that people's right to privacy and their dignity could be compromised when attended to by more staff than they had agreed was necessary.

All the people we spoke with said that staff were caring and were happy to be supported by the service. People told us that staff were considerate and respectful of their wishes and feelings. One person told us, "[My carer] is just lovely. Sometimes she rings me even though she's not coming that day to see if I am alright." Another person said, "[Care staff] are cheerful as well which makes a difference when you're on your own.'

People told us they were supported by regular staff which had enabled them to develop positive relationships with them. One person said, "It's like having mates round to visit." Staff we spoke with could explain people's specific needs and how they liked to be supported however this information was not always recorded in care plans to help staff who were unfamiliar with the person to provide support in a way they liked. We noted that where possible the provider had arranged for people to be supported by care staff who understood their specific religious and cultural needs. We did however find several examples of people informing the service that they did not always understand the accents of the care staff who were supporting them at were at risk of not being supported in a way they liked. Although the registered manager had taken some action to address this we found it was a recurring comment.

People were supported to express their views about the service they received. People could feed back their views because the provider regularly conducted telephone interviews, spot checks and surveys to obtain people's opinions. Although records of these actions were not always robust, we saw evidence that the provider took action when people expressed concerns about the service. This helped people feel listened to. The registered manager and care co-ordinators gave us several examples of how they had helped people to be supported by those who were important to them and other agencies in order to make decisions about how they wanted their care to be provided. Two people however had notified us before the inspection that they did not always get a prompt or effective response to their concerns.

Requires Improvement

Is the service responsive?

Our findings

Although most people told us that staff responded promptly to their concerns and requests for support, several people had contacted us before the inspection with concerns that the provider did not act promptly. One person said they were, "Fed up," with the lack of response from the registered manager. The registered manager told us that the authority who commissioned care from the service on behalf of people had informed them that they had currently suspended any further commissions because of how they had failed to respond appropriately to their concerns. At out last inspection we noted that several aspects of the service needed to be improved including how they managed complaints. At this inspection we found they had not taken appropriate action to respond or address these issues.

We reviewed how the registered manager responded to three recent complaints. Although they had conducted detailed investigations and taken action we found there was no consistent approach or process to refer to other agencies when necessary. There was no effective system in place to ensure complaints were responded to within a specific time scale and we noted that people had not been told of what they could do if they were dissatisfied with how their complaint was handled. A process to review complaints and identify how they could be prevented from happening to other people had not been maintained. The deputy manager said they wanted to restart this process. When asked a senior member of staff was unable to confirm if the service had a formal complaints policy which people who used the service and staff could refer to for guidance. The provider did not operate an effective complaint system. Complaints were not handled in a consistent manner or in line with good practice. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed. A person who used the service said, "I have insisted on having the same people as far as possible. The only time it's somebody different is when somebody is off sick or is on holiday." Another person who had raised concerns about a member of staff who had supported them told us, "He's not been since I told them."

People told us they were supported by consistent staff they liked and who knew their preferences. One person told us, "I'm very happy with them. I tell them what I need and they are always obliging." We saw evidence that people's call times were regularly changed in response to their expressed preferences. Records identified when people wanted to be supported by staff of a particular gender and people told us their wishes were respected. The registered manager and care staff told us they would also endeavour to ensure people were supported by staff with the same cultural and religious heritage and language when possible.

There were systems to ask people if they were getting care in line with their wishes. One person told us, "The manager has been out a few times and she will do the caring as well sometimes." This provided the registered manger with the opportunity to seek people's views. A care coordinator told us, "I am always calling people. I enjoy it." We saw evidence that they had taken action in response to people's views such as ensuring people were supported by staff they preferred. As it was not always recorded when a person had

provided feedback it was not possible to monitor if the provider had responded promptly to any concerns raised.

Inadequate

Is the service well-led?

Our findings

The provider did not have regard to the report from our previous inspection in July 2015. Our latest inspection continued to identify areas for improvement in some aspects of the service we had raised previously.

Processes in place for assessing, monitoring and improving the quality of the service were not effective. There was no effective system used to monitor that calls were on time and that people were being supported by suitable staff. At the previous inspection the registered manager had advised of their intention to establish an electronic monitoring system to check that people were receiving their calls as planned. The registered manager told us that they had tried a pilot of a system that had proved to be too expensive and they were still considering alternative options however no other interim system was in place. Although the registered manager told us staff were paid in line with the requirements of the living wage they had not yet evaluated if they were required to pay care staff traveling in line with European legislation. There was a risk that resources needed to run the service would not be available.

The assessing monitoring system had failed to identify that care plans did not contain detailed information about how staff where to protect people from the specific risks associated with their conditions. People were supported by regular care staff who had built up their own local knowledge about people's' needs. Care and support provided to people was at times intuitive rather than guided by good practice or management support.

The registered manager and the deputy manager failed to demonstrate that the principles of a good quality assurance were being consistently applied. When asked how they monitored that people received calls in line with their care plan, the registered manager told us, "We have a good team I can trust them." The deputy manager said, "I guess they [care staff] have visited or they would have told us." We made the registered manager aware of a recent entry in a person's daily notes which stated that a member of care staff had failed to attend a person's call and they told us they were not aware of this incident. There were team leaders employed who managed smaller care teams and each of them operated their own system to manage staff rotas. The registered manager was not always able to identify from the various systems in use when staff were due to attend people's calls or who they were due to visit.

Audits of care and medication records had failed to spot that they were at times completed inaccurately or were missing information. There was no effective process to record staff training and check that people were supported by staff who had the appropriate skills and knowledge. Complaints and incidents were not assessed for trends to prevent untoward incidents from happening again. The deputy manager kept records of quality audits they had conducted over the telephone with people who used the service and we noted comments were generally positive. None of the audits were dated or recorded any action taken in response to adverse comments. Therefore it was not possible to monitor if the provider had taken timely or appropriate action to improve the service people received. We noted that several issues of concerns such as poor communication and incorrect call times were regularly being reported by people who used the service. Systems to improve the quality of the service did not protect people from the risk of receiving poor care.

The failure to operate an effective system for assessing, monitoring and managing risks whilst driving up the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager had failed to make notifications to the Care Quality Commission in line with the regulations. Since new regulations had been introduced the registered manager had failed to keep up to date with changes introduced and was unaware of new duties. They had not displayed the service's ratings from their last inspection and told us they were unaware of the legal requirements to do so. The requirement to have a system in place to identify and deal with possible breaches of duty of candour had not been introduced or used. These issues are a breach of Regulation 20 and Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Leadership was inconsistent. Although the registered manager had introduced a new management structure it was not robust. On the first day of our inspection all the care co-ordinators had been allowed to take annual leave and the registered manager was unable to confirm if they had arranged for other members of staff to act up into these roles while they were away. The registered manager told us she had taken on their responsibilities, however during the inspection they were unable to confirm if care staff were attending calls as planned. The deputy manager told us we would need to wait until the care coordinators returned in order to get a response to some of our enquiries about people's specific care needs. The registered manager and deputy manager were unable to confirm how many people were being supported during our inspection or exactly how many staff were employed. In one instance the deputy manager told us, "We have between eight and ten team leaders," and the registered manager told us, "People are in and out of hospital all the time or cancelling calls. They will tell us if we've missed a call." The registered manager was also unable to confirm that care staff had the necessary skills and DBS checks to safely support the people who used the service because the only person who had access to the computerised records was absent. Several times during our inspection we requested evidence of the provider's safeguarding and complaints policies but these were never received.

All the people we spoke with were happy to be supported by the service and expressed no concerns with how it was managed. One person told us, "The manager is very approachable. There were a few teething problems but the manager came out to see me and it's alright since." Another person said, "I'm very satisfied with the service. Staff we spoke with said the management team were approachable at all times and felt supported to express their views at formal supervisions. A member of staff said the person they reported to was, "A good listener." This support enabled staff to raise concerns and seek advice and support when necessary and identify how they could best improve the care people received. Most staff told us that the management team responded promptly when approached.

The registered manager expressed a vision for the service which other staff shared. The registered manager told us, "We want to provide good care, to help people." There was information displayed around the offices for staff promoting the registered manager's vision. Staff spoke fondly about the people they supported and with respect, comments included: "I will stay over and keep people company;" and, "I have such lovely conversations with people; you don't want to get off the phone."

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes in place were not operated in line with the local safeguarding policy and procedures. Action was not taken in line with the procedures in a timely manner when abuse had been alleged or suspected. Regulation 13(2)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered person had failed to ensure that the there was an effective system in place for identifying, receiving, recording, handling and responding to all complaints in relation to the carrying on of the regulated activity. Regulation 16(2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems used to assess, monitor and improve the quality and safety of the services provided and to assess and manage risk was not effective and failed to ensure compliance with the regulations was established. Regulation 17(2)(a)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective processes and procedures were not being used to ensure that people employed for the purpose of carrying on a regulated activity were of good character and had the competence, skills and experience which are necessary for the work to be performed by them. Regulation 19(1)

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had failed to ensure that the performance rating awarded after the last inspection was conspicuously displayed on their website along with details of the Commission's website address, and details where the most recent published report could be accessed. Regulation 20A (2)(a)(b)(c)