Avon Home Carers Limited

Avon Home Carers

Inspection report

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Date of inspection visit:
03 May 2016

Date of publication:
31 May 2016

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

We undertook an announced inspection of Avon Home Carers on 3 May 2016. When the service was last inspected in March 2014 there were no breaches of the legal requirements identified.

Avon Home Carers provides personal care to people living in their own homes within the Bristol area. At the time of our inspection the service was providing personal care and support to 137 people.

A registered manager was in post at the time of the inspection. 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 provider had not consistently ensured that accurate assessments had identified risks to people. Where risks had been identified to the service by other healthcare professionals, risk management guidance had not been produced to reduce the risk of harm to the people involved. People told us they received their medicines, but the absence of any auditing process to identify errors or shortfalls had resulted in a conflicting record going unidentified.

The provider had not always ensured they had obtained people's consent for certain decisions as required. Decisions had been made for people between the service and the person's family when the person had the capacity to make the decision independently. Although the provider had ensured staff were trained in the Mental Capacity Act 2005, staff knowledge was variable.

The provider had failed to notify the Commission, as required, of multiple safeguarding referrals.

In general, people felt safe with staff and that scheduled care appointments would be completed . Staff had completed training in safeguarding vulnerable adults and were knowledgeable about how to report concerns. Variable feedback was received from people about the continuity of their care. There was a system that monitored reported incidents and accidents.

People told us they received effective care from staff. The provider had a regular training programme together with a supervision and appraisal programme to support staff. People received the support they required from staff where required to meet their nutritional needs. People and their relatives commented positively about the support they received from staff. Staff would contact healthcare professionals when needed.

Staff told us they had built relationships with people and understood the needs of the people they supported. In general, people who received support and their relatives gave positive feedback about the staff that provided care and support. There was a compliments book that showed family members had communicated their thanks to the service by way of a letter or a card. The service communicated important

information to people about their care and support.

The provider had a system to review people's care needs and people told us they were involved in care reviews. People told us they received the care they needed and said that staff were responsive to their needs. There were systems in operation to ensure that daily care delivery was responsive and people's needs were met. The provider undertook surveys to seek the views and opinions of people and there was a complaints system in operation.

People and their relatives said the office staff at the service communicated with them well and the overall feedback was positive. There were governance systems in operation, however these had only recently been introduced and had not yet commenced. This meant we could not test the robustness of these systems. Staff felt well supported in their employment and there were systems in place to communicate with staff about key matters.

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 consistently safe

People's risks were not always identified during assessments

Risk management guidance was not produced to ensure risks to people were minimised

People received their medicines, however the management of medicines required improvement

There were sufficient numbers of staff to ensure care appointments were met

We received varying feedback about care continuity

Is the service effective?

Requires Improvement

The service was not fully effective

People's consent was not always sought as required

Staff had variable knowledge about the Mental Capacity Act 2005

People told us they received effective care

Staff were supported through a training, supervision and appraisal programme

The service liaised with other healthcare professionals where required

Is the service caring?

Good

The service was caring

People gave positive feedback about staff at the service

Relatives spoke positively about the care and support they had observed being given by staff

The service had received written compliments about the caring

nature of staff

People said that care was given in line with their choice and preferences

Staff were knowledgeable about people's needs and preferences

Is the service responsive?

Good

The service was responsive to people's needs

People told us they felt the service was responsive

The provider had systems to obtain the views and opinions of people

Care reviews were completed to identify any change in people's needs

People's records were personalised and detailed their care needs

The provider had a complaints procedure and most people felt able to complain

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had failed to notify the commission of multiple safeguarding matters

People said the service communicated with them well

Quality monitoring and governance systems had only recently commenced

Staff spoke positively about their employment and there were methods to communicate with staff

The Provider Information Return was sent to the Commission as required

Avon Home Carers

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 3 May 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. The last inspection of this service was in March 2014 and we had not identified any breaches of the legal requirements at that time.

This inspection was carried out by one inspector 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection and the following day, we spoke with 19 people who either received care from the service or were relatives of people who received care from the service. We also spoke with the provider, the deputy manager and five members of care staff.

We looked at five people's care and support records. We also looked at records relating to the management of the service such as policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Requires Improvement

Is the service safe?

Our findings

People were not fully protected from harm. The provider had not always identified or undertaken an assessment of people's individual risks. For example, in one person's record it detailed they were a diabetic, had a hearing impairment and suffered with depression and anxiety. In addition, the person had osteoarthritis [a joint disease causing joint pain and stiffness], a history of falls and used various items of mobility equipment including a walker and wheeled trolley.

Despite these factors being recorded, within the risk assessment section of the care records which included a section on mobility risks, the care plan stated, 'No risks identified.' This meant the provider had not identified the mobility risks associated with this person. There was an additional section within the risk assessment document that allowed the provider to record risk management guidance. For example, there was a section that allowed information such as contributing factors to the risk, the risks involved and the risk reduction options considered. This was all blank and had not been completed. This meant the service had not done all that was reasonably practicable to reduce the risks to the person.

Where risks had been identified by a third party, the service had not ensured that these identified risks were reduced by producing risk management guidance. For example, within one person's records it showed the service had identified the person had osteoporosis [brittle bones] and arthritis in their hip, hands and spine. The person also has Parkinson's disease and used a significant amount of mobility equipment including a stair lift, handrails and a perching stool, as they were unable to stand for long periods. In addition to this, a needs assessment document from Bristol City Council was given to the service at the time the person commenced their care package in November 2015. This stated, 'There are days when [service user name] has difficulty transferring / mobilising'. Despite the assessment being completed by the service and the risk being identified to the service, the person's risk assessment record stated, 'No risks identified.' This meant the service had not done all that was reasonably practicable to reduce the risks to the person.

In addition to the mobility risks, the needs assessment document from Bristol City Council also identified an additional risk as it showed that a relative of the person's had requested support in being able to safely move the person. The record from Bristol City Council also highlighted that the person's relative had been observed moving the person by a member of Bristol City Council and was advised it was possibly not the correct technique and may pose a risk to themselves or the person being moved. Despite the assessment having identified this risk to the service, there was not mention of this within the person's records produced by the provider.

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

Medicines were managed safely and in line with people's assessed needs. However, we did review one person's care record that contained conflicting information that produced a risk. In addition, the service had only recently introduced a medicines audit to ensure people's needs were met and medicine administration records were accurate. People had variable needs in relation to their medicines, some people managed

their own medicines with no support from staff and others required full support. Where people needed support with medication staff provided it. People received their medicines in blister packs or dosset boxes. People told us that in the main they received the required level of support from staff. Staff ensured that medicines had been taken before leaving the care appointment.

We spoke with the provider and deputy manager about auditing medicines. They told us that a medicines audit had never previously been conducted. A system had recently just been implemented. This meant that prior to the introduction of this audit, there was no system to ensure people had received their medicines as prescribed. Within a person's care record we found inaccurate guidance about medicines. Within the person's records, it showed that guidance for staff had been produced that instructed staff to complete a change of a pain relieving transdermal patch every four days. The provider told us this was currently completed by staff. Within the person's 'Summary of Service' care plan it read, 'Client is fully self-medicating or others take responsibility.' This was at conflict with the other guidance as it stated the person needed no assistance with their medicines. An appropriate audit in place would have identified this discrepancy and reduced the risks associated with this conflicting information.

In general, people felt confident staff would arrive for care appointments and they would be on time. Nearly all of the people we spoke with told us they felt confident that staff will always arrive, however three people we spoke with told us they had each had been left without a carer on one occasion. When we spoke with them they did comment they were satisfied there was a good explanation for this. Some people did comment that on occasions carers had been late, but they have not received a telephone call to advise them of this and it was left to them to contact the office.

Prior to our inspection, we sent a survey to a sample of people who received care and support from Avon Home Carers. The results of the survey showed that people answered positively when asked if they felt safe from harm and abuse from the staff that supported them. People also answered positively when asked if staff supported them in controlling infection, for example by using hand gels, gloves and aprons.

We received mixed feedback about the continuity of care provided. Staff we spoke with told us that in general they received a set round of people and that allowed them to provide personalised care. They did comment that at times they had to provide care to people they had not met before but this was due to staff sickness and absence. The people we spoke with and their relatives commented that they had regular carers for some visits, but said at evenings and weekends this was not usually the case. Positive comments received included, "I do not know what I would do without them." A relative we spoke with said they were, "Happy with carers during weekdays but at evenings and weekends my loved one is cared for by strangers."

Staff had received appropriate training to safeguard people from suspected or actual abuse. Safeguarding training was completed annually by staff to ensure they understood current best practice and reporting procedures. Staff understood safeguarding procedures within the service and explained they could access the relevant policies if needed. Staff described the process they would undertake to report safeguarding concerns. This including telling us how they could report safeguarding concerns to the management of the service but also to external agencies. They gave examples of external agencies as the Commission or local safeguarding team. In addition to safeguarding concerns, staff understood the concept of whistleblowing and how they could report working practice concerns. Despite providing training to staff, the provider had failed to notify the Commission of multiple safeguarding referrals made by them as required by law.

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed. Staff files had completed initial application forms together with the staff member's previous employment history and employment or character references. Photographic proof of the staff member's

identity and address had been obtained. An enhanced Disclosure and Barring Service (DBS) check that ensured the applicant was not barred from working with certain groups such as vulnerable adults had been completed.

The provider or a senior manager monitored incidents and accidents reported by staff. We reviewed the accident log held by the service for both injuries to staff and people using the service. In order to reduce the risk of reoccurrence or to establish if the incident or accident was avoidable, all accidents or incidents were reviewed. The provider told us that accidents were very rare and the last recorded accident involving somebody receiving care was recorded as being in February 2015.

Requires Improvement

Is the service effective?

Our findings

The service had not always sought consent from people as required. During our review of some staff scheduling records and a person's care record, we found the service were complicit in an agreement with a person's family not to let the person have their mail. There was an arrangement in place that the mail would be left in a location within the house that the person's relative could see it first before handing it over. The staffing schedule, which included key information for staff to be aware of stated, 'Can carers please not give [service user name] her post as she is at risk of being exploited.' We spoke with the provider and deputy manager about this. The deputy manager informed us this was an arrangement with the person's son, as the person had previously donated money to different organisations.

We spoke with the deputy manager about the person's mental capacity and they told us it was 'variable.' This conflicted with the person's current care records that indicated the person had no confusion, short term memory loss or dementia. In addition to this, a member of staff we spoke with told us that the person had full capacity to make decisions. Within the person's records it also stated under finance that, '[Service user name] deals with her own finances independently.' The care records showed they were last reviewed on 10 June 2014 but the provider told us this was a date error by the previous reviewer and that the record had in fact been updated on 12 February 2016. This did however conflict with a further document within the records that showed the next review was scheduled for June 2015 which further indicated a review had not been completed since 2014. The provider stated the records we reviewed at the time of inspection were current and reflected the person's current needs.

In addition to stating the person had no capacity issues, there was no record showing as to why the person's mail was being withheld from them and how the decision to do this had been reached. No capacity assessment or best interest decision had been completed to determine if the person had capacity. Extracts from the provider's policy on the Mental Capacity Act 2005 [MCA 2005] stated, 'A person must be assumed to have capacity unless it is established they lack capacity.' It also read, 'A person is not to be treated as unable to make a decision merely because they make a decision that others believe is a poor decision.' The provider had no lawful right to withhold this person's mail and had not acted in accordance with the MCA 2005 or their own policy.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knowledge of the principles of the MCA 2005 was variable. We spoke with the provider who told us they had attended workshops and provided training to staff on the MCA 2005. The service provided care to some people living with dementia so an understanding of the principles of the MCA 2005 and how the legislation impacted on their roles was of high importance. This will ensure that staff always acted in accordance with the MCA 2005 and that where people lacked the mental capacity to make certain decisions, decisions will be made in accordance with legislation and in their best interest.

Whilst some staff understood how they should offer choice and assume capacity, others could not

demonstrate this. For example, when asked about the MCA 2005, one member of staff said, "It's all to do with abuse. It's whether they can make a decision on their own or if they need us to make it for them. We've had the training but it's a lot to remember." Another member of staff was unable clearly explain their understanding of what they would they would do if they were concerned about somebody's capacity and how to support them. This did not demonstrate that people who lacked capacity would be fully protected.

People and their relatives generally spoke positively about the standard of care given by staff. All people and relatives spoken with felt that the service was effective. People and their relatives felt they were cared for by staff that were well trained and had the appropriate skills to care for them well. We highlighted to the provider that many of the people spoken with told us they preferred to be cared for by the older carers. One relative commented there were some carers who had more skills than others and were able to manage their relative who could be 'difficult' at times, especially when it involved using hoisting equipment.

Prior to our inspection, we sent a survey to a sample of people who received care and support from Avon Home Carers. The results of the survey showed that people answered positively when asked if the support they received allowed them to remain independent and if they felt staff had the skills and knowledge to give them the care and support they needed. Other positive results were seen when asked if staff completed all of the tasks that they should do during each visit and if people would recommend the service. When asked if staff were punctual to appointments, people did not answer as positively.

Staff received a training programme. We reviewed the training record that demonstrated the annual training completed by staff. Following the completion of an induction, staff confirmed they received regular training and said they felt supported in being able to provide effective care. The training record showed that training in first aid, safeguarding adults, mental capacity and manual handling was completed. Staff had additional training to meet the needs of people they supported. For example, some staff had received training in catheter care, stoma training, dementia training and how to care for people living with Parkinson's disease. We spoke with two staff who told us they supported people living with diabetes and had not received training in this from the provider. This was reflected in the training records that showed only one member of the provider's 63 support staff team listed on the training record had completed training in diabetes. This one person's training was completed back in July 2014.

The provider had an induction process and staff completed the Care Certificate. The Care Certificate was introduced nationally in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support.

There was a supervision and appraisal process that monitored care delivery and enabled staff to progress and develop. The deputy manager told us that supervision was held with staff every six months. Staff we spoke with confirmed they received their supervision and we reviewed the supporting records. These showed that during the supervision process, staff discussed their performance, the quality of care they provided, their knowledge and understanding of the people they cared for and if they were happy with their rota.

The annual appraisal completed by staff also ensured the provider and senior management undertook an observation of care provision. Staff told us their annual appraisal was completed and records we reviewed confirmed this. The appraisal process involved the staff member being observed and a record made of the observation. It focussed on if the staff member was punctual, appropriately dressed, if they respected people's privacy and dignity, their record keeping and the personal care provided. This observation was

then discussed during the appraisal together with the staff member's strengths and weaknesses, their professional qualities and their overall annual performance.

Staff provided assistance to some people in the preparation of their meals and drinks. The deputy manager told us there were currently no people at risk of malnutrition being cared for by the service at the time of our inspection. We received positive comments from people about the support staff gave them to do this when needed. It was evident that the level of support people required was very variable and all of the people we spoke with had different arrangements in place. Most people we spoke with told us they had their breakfast prepared by carers and said that they also received support at lunchtime. This could include a snack, sandwich or a frozen ready meal of their choice. People told us staff encouraged them to drink and ensured they had drinks within reach before leaving.

People could see healthcare professionals such as their GP. People and their relatives said the staff were very vigilant and if they felt unwell carers will take appropriate action, by either calling the family GP or 111. People also booked their own GP and hospital appointments independently. A relative of a person who had on-going health problems told us if the staff were concerned that the person was not well they would arrange for an extra call to be made at lunchtime to prepare a meal for their relative. Another relative spoke positively about how the service had contingency plans already in place in the event of their relative needing to be hospitalised.

Good

Is the service caring?

Our findings

People spoke positively of the staff at the service. All people spoken with told us that staff treated them with respect and in a dignified and caring manner. People commented they felt safe within all aspects of their care. In general people said they received care as they wished and their choice of gender of staff was respected. Comments we received included, "They are all marvellous. I do not know what I would do without them they have changed my life." Another person commented, "I have been having care for 25 years, I wish I had them years ago, I have the experience to compare them. My carer is excellent and does everything just how I like it." We highlighted to the provider that we did receive a negative comment about the language used by a carer and we were told by a person that at times carers would discuss other people whilst providing their care.

People's relatives commented positively. Different descriptions were given about the care staff to us that were positive and included that care staff were, "Very caring," "Very kind," "Marvellous," "Understanding," "Respectful" and "Excellent." Relatives also gave us positive comments about the care their relative received. One commented, "I have an excellent relationship with my loved ones' carers, everything is done as I like it. They are caring, kind and thoughtful, helpful and supportive, I feel comfortable with them." Another relative said, "Most of the carers know my loved one and they have a good relationship, I am happy with their care and would not change the agency."

Prior to our inspection, we sent a survey to a sample of people who received care and support from Avon Home Carers. The results of the survey showed that people answered positively when asked if they were happy with the care and support they received from the service and if staff were caring and kind. People answered slightly less positively when asked if they were introduced to new staff before they provide care or support.

Staff knew how to care for the people they supported and understood people's preferences. Staff we spoke with said they developed a relationship with people and got to know them and how they wished to be supported. Staff told us that unfortunately there was not always time to sit and talk with people due to the allocated care times, but when they knew people's preferences and needs this allowed them to engage with people whilst providing their care. A relative we spoke with told us they had observed communication by the care staff when supporting their relative and told us, "Carers speak to my loved one in a kind way, and boost and encourage them to do what they can for themselves. They have a laugh and a joke."

People were given important information about the service. Following the commencing of a care package people had a service user guide and care plan document. The guide contained information about the service, for example the main contact number and the out of hour's emergency number so they could contact the service at any time. The deputy manager told us that people and their relatives received other information in a manner preferred by them. For example, people received their weekly care schedule by email or through the post. This showed their scheduled care appointment times and information on who would be providing their care.

The provider maintained a log of compliments received from people. The compliments reflected the feedback we had received from people and their relatives over the course of our inspection. The compliments were from people who received care directly from the service and people's relatives. In addition we saw a comment had been received from an occupational therapist that was involved professionally with a person supported by the service. It read, 'I would like to express my appreciation of the professional and friendly care.' A sample of the recent comments from people's relatives included, 'I just wanted to say thank you to everyone at Avon Home Care who has been involved in the care of [service user name]. I know it has been difficult and challenging.' Another person's relative wrote, 'Many thanks to all the carers and staff that looked after Mum over the years.'

Good

Is the service responsive?

Our findings

People and their relatives told us the service were responsive. People and their relatives confirmed they were involved in decisions about the care and support they received. They said the decisions made about their care and support was either done at a scheduled care review or if there was a change in circumstances. People said their care and support reviews were normally conducted at their houses with a senior carer or supervisor. Some people told us it was occasionally completed with the provider.

Prior to our inspection, we sent a survey to a sample of people who received care and support from Avon Home Carers. The results of the survey showed that people answered mainly positively when asked if they were involved in decision making about their care needs and involving people chosen by the person receiving care. Less positive answers were received from people when asked if people knew how to make a complaint or if the service responded well to any complaints or concerns raised.

The provider had an internal survey system sent out annually to people to obtain feedback. The last survey completed within the past 12 months was sent to all people using the service. The response rate to the survey was 86 which equated to about a 50% return. People were asked to comment on the attitude, confidence and experience of the staff supporting them. In addition, people were asked on the appearance, punctuality and consistency of staff, and also if they felt they had sufficient support from the office staff if needed.

We reviewed people's care records and saw that their care and support needs were personalised and detailed in respect of how staff should support them. For example, the records showed the different care and support needs people had at different times of the day if they had multiple appointments. This confirmed people's comments that their care records had been completed in conjunction with them. In general the people we spoke with said they had their care delivered in the way they wished. People and their relatives commented positively, saying that they felt their carers understood their needs. Some people commented they would love to have more time with the care staff, however this was a matter for the funding authority and not a reflection of the service provided.

The provider told us that care needs were reviewed at least every six months or earlier should the need be identified. This was confirmed by people we spoke with during the course of the inspection and their relatives. We saw from the review documentation that all aspects of care and support needs were reviewed and a record was made if changes were needed. The provider told us that six monthly reviews were generally completed via a telephone review process and the annual review would be in person.

The provider had systems to enable the service to be responsive to people's needs. There was a 'Live Visit Display' screen within the office that showed all of the calls pending throughout the day. The display would turn red if the staff had not logged into a call within 15 minutes of the scheduled appointment time. The deputy manager told us this then triggered a sequence of events including calling the staff member scheduled to complete the call and calling the person whose call was late to advise them. Where people, were not privately funded and not on the 'Live Visit Display' there was a text system used by staff to inform

the office they had arrived to complete the call.

People and their relatives felt they could raise any concerns or complaints to the staff or management within the service. We did however receive some negative comments on how people felt when they raised concerns. During a discussion with two people, both told us that when they have contacted the provider to raise an issue they had been left feeling uncomfortable about the way the concern they raised was received. The provider's complaints procedure was communicated to people within their service user packs. The complaints procedure detailed how to raise a complaint and what people should expect from the service. It also showed how people could escalate a complaint to the ombudsman or local authority. We reviewed the complaints log at the service which showed the service had received three complaints in the previous 12 month period. These had been dealt with and responded to in accordance with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

The service had failed to notify the Commission of multiple safeguarding referrals made by them as required by law. During our inspection, it was apparent the provider was not aware of their responsibilities in relation to legal notifications. We requested information on all of the safeguarding referrals made by the service. The information supplied showed that 20 safeguarding referrals we made. A notification was required by law to be sent to the Commission for each referral to advise us of this and these had not been sent.

The failure to send these notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We spoke with the provider and deputy manager about quality auditing and governance. The deputy manager explained that the service had only just recently implemented a governance system and that it had not yet commenced its cycle. The new audit system included systems to monitor if medicines support was safe and a review of missed care appointments. In addition to this, the deputy manager had started completing exit interviews with staff when they left to establish if there were any themes in staff turnover. A new annual survey was due to be sent out in the near future and a new feedback sheet had been introduced within people's care records to obtain feedback throughout the year and not just annually within the survey.

Prior to our inspection, we sent a survey to a sample of people who received care and support from Avon Home Carers. The results of the survey showed that people answered positively when asked if they knew who to contact in the care agency if they needed to. We received slightly less positive responses when people were asked if the information people received from the service was clear and easy to understand and if they had been asked what they thought about the quality of service provided.

Staff spoke positively about the management of the service and said they felt well valued and supported. All the staff we spoke with were positive about their employment and the management team. Staff said they felt the training package they received supported them well and if they needed further assistance they could speak with the management team at any time. Most staff told us that the day to day operational management of care delivery was controlled in the main by the deputy manager but told us they would have no concerns approaching the provider. One staff member said, "I'm happy with the way things are, I have no issues.' Another staff member when asked about the provider commented, "They are very supportive management, [providers name] is great. One of the best bosses I've worked for."

The management communicated with staff about the service. There were periodic meetings for staff to communicate information about the service. The meetings were held approximately every quarter. We saw from the previous minutes that matters such as communication, travel time between appointments, people's needs and home cleanliness were discussed. In addition to the meetings, staff told us other more urgent matters were communicated quickly by telephone or text message. The provider also sent out a periodic newsletter that announced the 'Carer of the Month' who received a financial incentive, any policy or record issues and additional information to be recorded within people's care records.

The service was a member of Care and Support West and the provider attended meetings and training days provided by the organisation. The meetings ensured the provider was aware of current guidance, legislation and best practice. The Provider Information Return (PIR) we requested was completed by the deputy manager and the PIR was returned within the specified time frame.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified the Commission as multiple safeguarding referrals. Regulation 18(2)(e)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not always provided with the consent of the relevant person Regulation 11(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured care and treatment was consistently provided in a safe way for service users by doing all that was reasonably practicable to reduce identified risks to people. Regulation 12(1) and 12(2)(b)