

Blossom Care For You LTD

# Blossom Care For You LTD

## 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Blossom Care for You Ltd is a domiciliary care service which provides support and personal care to people in their own homes.

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

At the time of the inspection there were 49 people receiving support with personal care.

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

Risk assessment and support plans were not detailed enough to ensure people were safe from avoidable harm. People's risks were not fully assessed to identify any key actions required to keep people safe, such as when people were at risk of developing a pressure ulcer or risk of falling. This put people at increased risk of harm.

When needed, people's capacity to consent was not assessed. As a result, we could not be assured people were always supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Systems in place to review the quality of care and ensure records were complete and accurate were not sufficient. Audits did not identify issues highlighted in this inspection report and actions from audits and incidents were unclear to ensure shortfalls in the service would be addressed promptly.

People and their relatives told us that staff were kind, compassionate and caring. People felt that staff would support them with all of their needs and were flexible in the way they worked. They felt involved and kept up to date with all elements of their care. People and their loved one's fed back positively about the registered manager and the staff team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 16 May 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

### Why we inspected

This was the first planned inspection since the service registered under the new legal entity.

### Enforcement

We have identified breaches of regulations on this inspection. This related to; safe care and treatment, as people's risks were not fully assessed; consent, as people's capacity to consent to care and treatment was not assessed; and good governance, as records were not accurate and up to date, and measures in place to monitor the quality and safety of the service were not sufficient.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Blossom Care For You LTD

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 June and ended on 24 June 2019. We visited the office location on both dates.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held about the provider and the provider's website. We used all of this

information to plan our inspection.

#### During the inspection

We spoke with six members of staff including the registered manager, the nominated individual and four care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We visited two people in their homes with a care worker to speak with them or their relatives. We also spoke with two people and three people's relatives over the phone to gain their views of the service.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed as well as reviews the service undertook of people's records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality reviews carried out by the local authority and other information sent to us by the registered manager.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's risks were not always fully assessed, and risk assessments were not always up to date. Support plans did not always provide sufficient information to support staff to manage individual risks to people's safety and welfare.
- Support plans did not always highlight reasons people were at risk and explain how to prevent harm, what would indicate their risks had increased or what to do in case of an issue. For example, one person was living with diabetes. They did not have a support plan which outlined information about their diabetes, how this was managed, signs they may have low blood sugar or what actions staff should take if this were to happen.
- People's risk of developing a pressure ulcer were not fully assessed. The assessment template looked at the general condition of their skin and their history. It did not identify whether a person was at risk of developing a pressure ulcer in the future based on other factors, like nutrition, mobility or other medical conditions. This put people at increased risk of developing a pressure ulcer as the service could not identify those at risk and take appropriate action.
- People's risk of falling was not fully explored in risk assessments, for example the details of a past fall were not recorded, such as when, where or the circumstances of the fall. The risk assessments did not look at all factors which affected someone's risk of falling and support plans did not identify how to reduce risks during care.
- People's risk of malnutrition was not assessed. Their weight and body mass index (BMI) were not assessed, estimated or reviewed. This put people at increased risk as any weight loss would not be easily or quickly identified and escalated to relevant professionals.

We found no evidence that people had been harmed. However, failure to appropriately assess risks to people's health and safety, and ensure appropriate measures are in place to reduce and monitor these risks is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely; Learning lessons when things go wrong

- People's medicine administration records (MAR) were not always clear on the dose which should be given, such as one person's eye drops stated "eye drops 3 x daily" – it was not clear how many drops should be given. MAR charts were hand written by staff, copied from prescriptions. Guidance states these should be signed by two members of staff to ensure there are no errors when copying the details. The records were signed once. This put people at increased risk of receiving their medicines incorrectly.
- People's support plans were not always clear or were inconsistent with the support they required with their medicines, for example one stated in one section that they did not require support and, in another

section, that they did.

- People's medicines, which were prescribed 'as needed', did not have protocols to inform staff how these should be used. Medicines administration records (MARs) only outlined the dose. There was no detail in support plans to outline what signs or symptoms would indicate their use or when staff should contact the person's GP or other health care professionals if symptoms persisted.
- There was no written evidence of any review of gaps in people's MAR charts to see whether medicines were missed or whether the error was in recording. The registered manager told us these were reviewed each month to check for recording error or administration errors.
- Though there was evidence some incidents were reported and recorded, these related exclusively to staff incidents and accidents.
- We found evidence that issues were identified by staff relating to people which should have been reported to the management team. For example, one person developed a wound to their foot; this was documented in their daily records but was not reported as an incident. Though the person was being seen by community nurses at the time, there was no investigation of the cause, whether there were any failings which contributed and therefore any learning for the future.

We found no evidence that people had been harmed. However, failure to appropriately report and investigate incidents and errors within the service and failure to ensure medicines are managed safely is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

- Staff had training in medicines administration and had their competencies assessed. Staff knew people's medicine routines well. Some people self-medicated and staff checked to ensure they had taken their medicines. If people were getting low on medicines staff told us they would let family members know (where appropriate) to order more.

Systems and processes to safeguard people from the risk of abuse

- The service had appropriate procedures in place to protect people from abuse. Staff had training in safeguarding and understood how to recognise concerns. Staff told us they felt comfortable raising concerns should they need to.
- We saw that concerns about people had been raised appropriately, reported to the relevant authority and investigated.
- People and their families told us they felt safe.

Staffing and recruitment

- There were sufficient numbers of staff to provide safe care. Staff were not rushed and were given sufficient time to travel and deliver care to people. The service provided support visits in line with their support plans.
- Staff recruitment checks were made to ensure they were appropriate to work in the care setting. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- Staff are trained in infection control and hand hygiene procedures. Managers and senior staff undertook spot checks and gave questionnaires to people and their relatives to ask about good infection control practices.
- Staff had personal protective equipment, like disposable gloves and aprons, available and used this when



delivering care. People and their relatives confirmed staff used this equipment, one person told us, "All [staff] wear gloves, aprons, uniforms. It's a professional service."

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We asked the registered manager if anyone receiving personal care lacked capacity to make any specific decisions, they gave us an example of a person who had become increasingly confused and had memory loss.
- When we reviewed their support plan, there was no information about this change in their mental capacity, or a capacity assessment for any specific decisions. The section of their support plan stated, "Was the person subject to the Mental Capacity Act? No." Their risk assessments were last updated in December 2016 and did not reflect their current needs or risks relating to their mental capacity.
- There was no information for staff about what decisions the person had capacity to make, whether they could consent to personal care and support in line with their support plan. There was no guidance for staff on what to do if the person declined support or did something which put themselves at risk.
- The person had made serious allegations and relatives had raised concerns about their safety due to their confusion. These had been reported appropriately to the local authority, but not to CQC. This was later reported by the registered manager.
- It was unclear whether other people receiving support who had mental health diagnoses, such as dementia, or memory loss lacked mental capacity as this was not considered.

The provider had not undertaken decision specific capacity assessments in line with the principles of the Mental Capacity Act or documented decisions being made in the person's best interest. Their support plan did not reflect their changing needs in relation to their mental capacity. This is a breach of Regulation 11

- Staff had training in mental capacity and had an understanding of capacity to consent. The registered manager was aware of upcoming changes to the law which would affect their role.

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

- Assessments of people's needs, and people's support plans did not always reflect national guidance, best practice and expected standards. Falls assessments, pressure ulcer risk assessments and nutritional risk assessments were not in line with national guidance or evidence-based tools.
- People's support plans did not enable staff to effectively identify changes in their needs which may need referring to other professionals, or to deliver effective care which protected them from the risk of avoidable harm. This was highlighted to the registered manager who agreed to review the assessments.
- People's choices were reflected in the care that was delivered to them, and they were supported in line with their preferences.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and had the knowledge to deliver care and support. New staff undertook online training in a number of subjects relevant to their role, such as safeguarding people, food hygiene and first aid. New staff shadowed experienced staff before working independently to ensure they understood people's needs.
- Staff had supervision, the registered manager told us this was carried out at least six-monthly, which supported staff to reflect on their performance and review their training needs.

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

- People's risk of malnutrition and their weight was not assessed. Staff told us they would report any concerns to a senior staff member and contact the person's GP if they had concerns about malnutrition. Another staff member said, "We get advice from the family and work with them".
- People were supported to ensure they had access to food and were supported with preparing meals and snacks, where appropriate. People had access to drinks and were encouraged to drink regularly.
- People told us that staff helped them to have meals that they wanted and always offered them choices and respected their preferences.
- Some people were on supplement drinks and staff checked that people were taking these. Staff made sure people had drinks available before they left. One staff member said, "[Name] has lemonade, snacks, chocolate and [a supplement drink]. He likes them in the bottle with a straw".
- Where people were on adapted diets, due to their risks of choking, staff ensured they had appropriate food and drink. One person's relative told us, "I was really worried about [my family member's] fluid intake. They are on thickener because they are at high risk of choking. Staff suggested we buy a jug and they now make up squash with thickener in it so it's all ready to pour. By the end of the day they [carers] can see how much water they've had. They have improved health and hydration."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us they were supported to access the GP and other healthcare professionals based on their needs. They told us that staff were proactive at contacting the GP on their behalf if they had any concerns.
- Relatives said they were very happy with the support their loved ones received from staff with their health care. One relative said, "They said we needed a GP, so we've done that. Staff sat with the GP and explained [their concerns]."

- Another relative told us, "They contacted me [with concerns]. They'd already contacted the GP and got a telephone appointment". They also told us their family member had a specific health condition and that staff had experience of this. They said, "They already understand it. They know what they're looking out for. I'd gladly have them as my carers."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring and respectful in the way they spoke with people and when telling inspectors about people they supported. People felt listened to and that staff understood their individual needs and preferences.
- People fed back that staff were kind and caring. One person told us, "They're lovely. I couldn't have anyone better looking after me. They're so kind. They're smashing. I'm really content. They're always cheerful and helpful. I can't fault them."
- Another person said, "One carer talks to me about football. I like football and snooker." A third person told us, "They're very good. They're all very good. They take care. There's nothing they wouldn't do. I don't know what I'd do without them. I can't thank them enough".
- One person's relative said, "He likes the carers that go in. He seems very happy with the care. They [staff] are always very positive". Another person's relative told us, "They care. The world would be a very cold place without places like Blossom Care."

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

- Staff understood how to support people to express their views and wishes and to make decisions about their care. One member of staff said, "I ensure choices and enable them to express their views".
- People felt that they had choices, they could make decisions about their care and that their views and wishes were respected. One person said, "Anything I ask them to do they will do." Another person told us, "They put my needs first."
- People's families and those important to them felt involved. One person's relative said, "They automatically contact me if he has a problem or if I need to know something." One person told us, "They phone my sons and keep them informed."
- One staff member said they carried out assessments and write support plans with people and their family and would look at what their needs and preferences were. They told us, "It's an opportunity to get to know them. I love to get to know them. We review care plans regularly with family too if necessary or if we think the care needs changes".

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of people maintaining their independence and were aware of their professional boundaries. One member of care staff said, "I ask them first if they would like to do something or if they would like me to".
- One person said, "They let me know if they're running late or if a different carer is coming. I don't mind. They treat me with dignity and respect."

- A relative told us how staff respected their loved one's privacy. They said, "The key safe is only used by staff if there is no other family at home." We observed staff knocked on the front door and waited for a family member to let them in. The relative added, "Anything she wants is done in a dignified way."
- Another person's relative said, "[Staff are] respectful. They get on really well with [loved one]."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Although people's support plans were not always up to date or detailed, staff knew people well and understood their needs and preferences.
- One person's relative told us, "There are a regular group of carers. They've built up a good rapport". Another person's relative said, "Everyone I've spoken to knows who she is and what's going on. That gives me confidence."
- Staff understood people's care needs and preferences and how to meet them. For example, one staff member told us, "We give them all the support they need. Some people like set times [for support calls] but we can work it out however best for the person. One person gets up early on Fridays, so they can go to a club. We have arranged with another person to go later on Fridays, so we can support [name] first."
- People reflected that the care was personalised and met their needs. One person told us, "They helped me dress for a funeral on Monday. As time goes on I can do less and less. They have said just let them know what I want them to do and they'll do it." A person's relative said, "Mum's needs are met. Anything she wants they will accommodate". Another of their relatives added, "They put her wellbeing at the centre of care. It's very person centred, a package designed to around [love one]."

Meeting people's communication needs

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

- The service identified people's communication needs, including their first language and impact of any disability on their communication needs. Information could be made available if needed in other formats.

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

- People's hobbies and personal histories were explored with them to understand their interests. If possible, people were supported to access their local community.
- One person's relative told us, "The quality of care is admirable. [Name] never wanted care but has taken to these carers. She says she's not lonely anymore. That sings praises on its own."
- Another person's relative told us that the staff supported them to have time away from their caring responsibilities. "We've set up a list of [times and days for the service to sit with relative] which means we can have a social life. We know when we're out mum's needs will be met. We've been very happy."

#### Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy, however not all responses to complaints or concerns were documented. We saw the log the provider kept of complaints, complaints made were documented, however actions taken were not. The registered manager verbally talked through actions they had taken in response to complaints or concerns.
- People and relatives knew how to make a complaint. One person said, "I've never had any problems. They'd soon know if I did but 'touch wood' I'm very happy with everything."
- Another person said, "I have no complaints at all". A relative said, "We were given details when we signed up about who to contact if we had a complaint. We have no complaints, we're very happy." A second relative said, "I'm very hard to please but it's perfect. I would flag it if I had an issue."

#### End of life care and support

- The service supported people at the end of their life to stay in their own home. They worked with other agencies to ensure people's needs and wishes were met and to have a comfortable death.
- The registered manager told us of a person the service recently supported at the end of their life. The provider sourced additional training for staff on catheter and stoma care so that they could better support the person to stay at home. We saw a complimentary card from the relatives of the person which said, "Thank you so much for caring for my mother. your patience and kindness are much appreciated. Mum passed away peacefully. Thank you again for everything."



# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance measures in place were not robust enough, to identify quality and safety issues and ensure prompt action is taken. There was not a clear written system to ensure audits took place for all people in line with the service's audit schedule. We asked for the audit of one person's records, these were available for April, but had not been completed in May with other records.
- The registered manager told us that all medicines administration records were audited monthly. We reviewed audits of daily records and medicines administration records (MARs). Where there were gaps in records, these were not identified in the audit and it was not clear whether any trends or learning was identified. We identified an incident from one person's daily record which had not been reported, the audit of this record had not identified this.
- The provider told us that people's support plans were audited annually and were updated with any changes to people's care needs. In our review, we identified inconsistencies in people's care records where they had not been updated following a change in their need. For example, changes in people's support for their medicines or changes in their mental health and mental capacity.
- The local authority had undertaken an audit in January 2019 and had identified similar issues to this inspection, the registered manager said they had been focussing on improving medicines management processes since this audit, however we found issues remained.
- People's records were not kept in line with information governance standards in that they were not always up to date, accurate, consistent and ensured key information was available to staff who may need it. Information was not complete and did not fully reflect effective assessment and management of their risks. For example, people's risk of developing a pressure ulcer and their risk of malnutrition was not assessed.
- Old versions of support plans were not removed or archived from people's support plan folders kept in the office, so it was unclear which was their up to date information. Not all records were kept and were available, for example two MAR records for one person were missing from different months, this was not identified in the audit of the records. Records from staff interviews were not made, and so it was unclear how recruitment decisions were made.

The provider failed to adequately assess, monitor and mitigate the risks relating to people's health, safety and welfare and failed to maintain accurate, complete and up to date records. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff performance was monitored through "spot checks" of their support calls. These happened

periodically, and some were not recorded in staff personnel files. The registered manager told us that staff began work on a three-month probation and that this was formally reviewed. In two staff files we reviewed, one had had a supervision after four months, which did not identify whether this was the probation review. Another member of staff had been working for four months and did not yet have a probation review.

- Staff understood their roles and responsibilities. They worked well together as a team and were flexible in their approach to meeting people's needs.
- Staff received policies and procedures as part of their employment pack and knew where to find policies and procedures in the office when required.

Continuous learning and improving care; Working in partnership with others

- There was no clear plan of improvement for the service, though the registered manager stated they were looking to make some improvements and were exploring the options and cost of an electronic records system. They had implemented an improved system for recording communications from other professionals and with staff.
- The registered manager had identified areas of training which would benefit from being face-to-face and was looking to work with other providers locally to share training facilities and sessions for staff.
- The registered manager attended local authority hosted provider meetings to share learning with other providers and get updates on national policies and guidance.

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

- Staff told us there was an open culture. They could raise concerns and felt listened to and confident that issues would be addressed.
- People, their relatives and staff fed back positively about the service and the management. One person's relative said, "I think honestly it's outstanding. They go above and beyond. Communication is outstanding. There is always someone there. [The registered manager] is outstanding. He knows exactly who I am and what's going on. We're getting more than we pay for. We would be lost without them now."
- One staff member said, "We're there for each other. It's a supportive team. There's always someone on the end of the phone day or night. We have team meetings so there's plenty of opportunity to discuss things." Another staff member said, "I'm very happy. There's so much support."

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

- The registered manager understood their responsibilities to be open and honest when things went wrong. No reported incidents we reviewed met the legal criteria for duty of candour. People and families praised the communication and openness of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff felt involved and engaged in the service and said they were asked for their views and feedback.
- One relative said, "Communication is really excellent. I can't fault it. After six months the directors visited with a questionnaire to see if we were satisfied. They asked if anything needed changing. It was really positive."
- Staff told us there was a good team and a lot of support from fellow care staff, supervisors and managers. Team meetings took place out in local areas for example, Millbrook, so staff didn't have to travel too far.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not assessed people's capacity to consent to care and treatment and updated support plans with key information related to people's mental capacity for staff to ensure their safety.</p>