

Sonia Heway Care Agency Ltd

Sonia Heway Care Agency Ltd

Inspection report

Unit 6B, 1a Pickford Road
Bexleyheath
Kent
DA7 4AT

Tel: 02083014565
Website: www.soniaheway.co.uk

Date of inspection visit:
24 August 2016
26 August 2016

Date of publication:
11 November 2016

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

At our last comprehensive inspection on 30 & 31 March 2015, we found several breaches of legal requirements. People were not protected against the risk of safeguarding service users from abuse and improper treatment, risk of person-centred care, risk of need for consent, the risk of dignity and respect, and against the risk of regularly assessing and monitoring the quality of the service provided.

We took enforcement action following that inspection and served a warning notice on the provider in respect of the most serious breaches requiring them to become compliant with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We also asked the provider for an action plan to address the less significant breaches found.

We undertook an announced focussed inspection on 09 July 2015 to check that improvements required had been made following the enforcement action we had taken. We found that action had been taken to improve safety.

Additionally we carried out a comprehensive inspection on 22 and 23 October 2015, we found several breaches of legal requirements. The staff did not receive appropriate levels of supervision, people's care plans were task oriented and not centred on each person's individual needs, there were inadequate systems to assess, monitor and improve the quality and safety of the service provided, care and treatment was not provided in a safe way as risks were not identified or action taken to reduce risk, and arrangements to administer medicines were unsafe.

We took enforcement action following that inspection and served a warning notice on the provider in respect of the most serious breaches requiring them to become compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also asked the provider for an action plan to address the less significant breaches found.

We undertook an announced focused inspection on 05 April 2016 to check that improvements required had been made following the enforcement action we had taken. We found that action had been taken to improve safety, however we found that staff were prompting people to take medicines and applying creams to people when they were not suitably trained to do so and this required improvement.

This announced inspection took place on 24 and 26 August 2016. Sonia Heway Care Agency Ltd is a domiciliary care service providing support to people living in their homes. At the time of our inspection 19 people were using the service.

At this inspection we found that the arrangements for the safe management of medicines were not robust; staff were not assessed to be competent to administer medicine. Potential risks to people were identified but risk management plans to mitigate the risk for people were not put in place.

The provider did not carry out, collaboratively with the relevant person, an assessment of the needs and preferences for the care and treatment of people. People and their relatives where appropriate were not involved in the assessments and development of people's care plans. The care plans were not person centred on each person's individual needs and there was no guidance for staff about how to deliver specific aspects of care and meet the identified needs of people.

The provider did not establish systems or processes, to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. The service did not have adequate systems to monitor the quality of the service and the issues identified from the audits were not actioned.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

People and their relatives felt safe using the service. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. The service had a system to manage accidents and incidents to reduce reoccurrence.

The provider carried out recruitment checks to reduce the risks of employing unsuitable staff. There were sufficient numbers of staff to meet the needs of people.

Staff were supported through monthly supervision, annual appraisal and training programmes.

People's consent was sought before care was provided. The provider considered every person currently using the service to have the capacity to make decisions for themselves.

Staff supported people to eat and drink sufficient amounts to meet their needs. People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access health care appointments if needed.

Staff supported people in a way which was caring, respectful, and protected their privacy, dignity, and human rights.

The service had a clear policy and procedure about managing complaints. People knew how to complain and would do so if necessary.

The service sought the views of people who used the services and their relatives. Staff felt supported by the manager.

We found three breaches of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to consider the process of preventing the provider from operating this service. This may lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement and there is still a rating of inadequate for any key question or overall, we may take action to prevent the provider from operating this service. This may lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

Arrangements for the safe management of medicines were not robust; staff were not assessed to be competent to administer medicine.

Potential risks to people were identified but risk management plans to mitigate the risk for people were not put in place.

The service had carried out satisfactory background checks for all staff before they started working.

The service had a system to manage accidents and incidents to reduce reoccurrence.

People who used the service told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the procedures to follow when needed.

The service had enough staff to support people.

Is the service effective?

Good 

The service was effective.

The service had supported staff through supervision and yearly appraisal in line with the provider's policy to help them undertake their role.

People who used the service commented positively about staff and told us they supported them properly. The service provided an induction and training to staff.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people to have enough to eat and drink.

People's relatives coordinated health care appointments and staff were available to support people to access health care

appointments if needed.

Is the service caring?

Some aspects of the service were not caring.

People and their relatives where appropriate were not involved in the assessments and development of their care plan.

People and their relatives told us the staff were caring and treated them with respect. Staff we spoke with showed an understanding of equality and diversity.

Staff encouraged people to maintain their independence and respected their privacy and dignity.

Requires Improvement ●

Is the service responsive?

Some aspects of the service were not responsive.

The care plans were task oriented and not person centred on each person's individual needs and there was no guidance for staff about how to deliver specific aspects of care and meet their identified needs.

Staff completed daily care records to show what tasks they had completed during their scheduled visit to each person's home.

People and their relatives told us they knew how to complain and would do so if necessary.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The service did not have an effective system and process to assess and monitor the quality of the care people received. The service had not used these audits to learn how to improve and what action to take.

People who used the service and their relatives commented positively about staff and the service.

Inadequate ●

Sonia Heway Care Agency Ltd

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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law.

This inspection took place on 24 and 26 August 2016 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. On 24 August 2016, two Inspectors carried out the inspection and on 26 August 2016, one inspector returned to the service and an expert by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at seven people's care records, seven staff records, quality assurance records, and policies and procedures. We spoke with seven people who used the service and two relatives about their experience of using the service. We also spoke with the registered manager, the care manager, care co-ordinator and three members of staff.

Is the service safe?

Our findings

The arrangements for the safe management of medicines of people using the service were not robust. Staff competency to administer medicine had not been checked. The provider's policy stated that the staff should have been assessed as competent to carry out the task after appropriate training had been completed and before administering medicine to people. However, staff training records showed that 10 staff had received training but had not been assessed to ensure their competence to administer medicines.

The provider's assessments and care plans had identified three people as being able to self-medicate. We found that the provider had not carried out assessments of people who were self-medicating which were required in line with the provider's medication policy dated June 2016 to ensure their medicines was safely managed.

One person, who required support with medicines, had a blank medication list section in their care plan. This person's daily notes also contained conflicting information about some of the medicines they had been supported with during some visits. Therefore records relating to the administration of this medicine were either inaccurate or this person had not been supported to take the dose as prescribed.

Another person's care plan, completed on 20 July 2016 and 'List of Task for Visit' to assist with medication was unclear to show how frequently staff should be supporting them with medicines. Also, the care plan review form which identified that staff were to prompt them to take their prescribed medicines did not match with this person's Medicines Administration Record (MAR) for the period 18 July 2016 to 31 July 2016 that staff had supported them to take. There was no guidance in place for staff regarding for the administration of paracetamol for people and paracetamol was not listed anywhere in their care records.

The Registered Manager confirmed they would need to review people's current medicines to ensure they had an up to date list. They also confirmed that a risk assessment regarding people's medicines needed to be put in place and that their MAR needed reviewing and updating. They said they would put PRN protocols in place for those for whom this was required straight away.

We found further shortfalls relating to risk management. The provider had identified potential risks to people but had not put in place risk management plans to mitigate the risk for people using the service. Seven people's care records we looked at showed they had complex needs. However, there were no risk management plans in place and no guidance available to ensure staff were able to support people and minimise risks in a safe and consistent manner. For example, the local authority's 'Care and Support Plan' for a person identified that they needed the use of an 'emergency pendant alarm' to summon help in an emergency, which was to be worn around their neck. The provider's care plan completed on 20 July 2016, did not identify that the use of this pendant was required and did not provide guidance for staff to ensure the person was wearing the pendant at each scheduled visit. This placed the person at risk of not being able to summon support in an emergency.

For one person, there was no guidance for staff to monitor the person's skin integrity and report back if there were concerns. Neither was there any information as to how risks to this person's skin integrity should be

safely managed. The Malnutrition Universal Screening Tool (MUST) and Waterlow Scoring (used to monitor skin integrity) sections of the care plan review had also not been completed, despite their skin integrity being identified as an area of high risk. Daily notes from 01 August 2016 indicated that they had the condition of diabetes, however this had not been identified as an area of risk and there was no information in their care plan or risk assessment as to how their condition should be safely managed. This placed the person at risk of unsafe care and treatment.

One person's risk assessment identified them as being at risk of 'inadequate dietary and fluid intake' and rated them as high risk. However, there was insufficient guidance for staff on how to meet this person's individual dietary needs. Also, the risk management plan identified them as being at risk of falls and rated this to be a 'moderate risk'. However, there was no risk management plan and guidance for staff about how to reduce this risk.

The registered manager told us that they would discuss with an external consultant about all people's identified risks and develop specific risk management plans with clear guidance for staff to follow. The care manager told us that for each person where risk was identified, a risk specific management plan would be completed by end of October 2016. However the lack of risk management plans places people at risk of unsafe care during this period.

The above issues in relation to the management of medicines and risks were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We are currently considering the action to take in relation to this breach and will report on this when it is complete.

People who used the service told us they felt safe and that staff treated them well. One person told us, "I feel safe and trust them. They are good girls." Another person said, "They [staff] get things done for me, I trust them." A relative told us, "My wife feels safe; she has a good rapport with the carers. I feel safe too as I can go out and leave them with her and give them the keys." Another relative said, "My dad feels safe with them [staff] they listen to him and he feels comfortable with them." However, as recorded above we identified concerns in relation to medicine management and managing risks.

Staff knew what to do if safeguarding concerns were raised. Staff understood types of abuse, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to the care manager. The care manager and staff knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding team. Records confirmed all staff had received safeguarding training. Safeguarding policies and procedures were available to staff with records kept of alerts to monitor their progress. The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known.

The service had a system to manage accidents and incidents safely and to reduce reoccurrence. Staff completed accident and incidents records, which included action staff took to respond and minimize future risks, and who they notified, such as a relative or healthcare professional. For example, when a member of staff found a person unwell, they contacted a relative and healthcare professional, and recorded this.

The service followed appropriate recruitment practices to keep people safe. Staff files we looked at included employment references, criminal records checks, employment history, and their eligibility to work in the United Kingdom.

There were sufficient numbers of staff to meet the needs of the people who used the service. Staff rotas that we looked at confirmed this. One relative told us, "We have two carers and they are our regular carers." One

person said, "They [staff] are good, they will call if they are late."

Is the service effective?

Our findings

People who used the service and their relatives told us they were satisfied with the way staff looked after them and staff were knowledgeable about their roles. One person told us, "My carer is extremely good, she is confident and knows what she is doing." A relative told us, "We have two carers because my wife is bedridden. They know how to use the hoist. They look after all her hygiene needs." Another relative said, "My father needs are being met. When I visit him everything seems to be in order."

At our inspection on 22 and 23 October 2015, we found that staff were not supported through regular supervision. The provider sent us an action plan telling us how they would address this issue and when they would complete the action needed to remedy the concern.

At this inspection we checked to see if these actions had been completed. We found that staff were supported through monthly supervision and annual appraisals in line with the provider's policy. Records seen confirmed this and at these supervisions sessions staff discussed topics including progress in their role and any issues relating to the people they supported. Annual appraisals were completed for staff who had completed one year in service. Staff told us they felt supported and able to approach their line manager at any time for support.

People received support from staff that had been trained. People told us they were satisfied with the way staff looked after them. Staff told us they completed an induction when they started work. The induction included topics such as the staff roles and responsibilities, health and safety, first aid, food hygiene, infection control, and a period of shadowing with an experienced staff member. Staff knew people and understood their individual needs. Staff told us they were up to date with their mandatory training. This included training on safeguarding, moving and handling, mental capacity, health and safety, first aid and administration of medicines. Records we saw confirmed staff training was up to date. Staff told us they felt training programmes were useful and enabled them to deliver the care and support people needed.

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.

We checked whether the service was working within the principles of the MCA. The service considered every person currently using the service to have the capacity to make decisions for themselves. The service had systems to look for and record whether people had capacity to consent to care. One person told us, "The girls are good. They always ask if I need anything." Staff understood the importance of asking for consent before they supported people. Staff told us they took verbal consent from every person prior to care delivery. Records we saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. One relative told us, "They [staff] give

dad breakfast, make him sandwich for lunch, and give him his dinner. He is happy with them." One staff member told us, "People who use the service make choices of food, I only prepare."

People's relatives coordinated healthcare appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and GP in every person's care record. Staff told us how they would notify the office if people's needs changed and they required the input of a healthcare professional.

Is the service caring?

Our findings

The service had policies and procedures in place to ensure people were involved in the care planning process. However, we found the provider was not completing care plans and assessments in line with their policy. For example, the seven people's care records we looked at showed that people and where appropriate their relatives were not involved in the assessment and development of their care plans. The care manager told us they would introduce a needs assessment process by visiting people's homes and ensuring their involvement in the assessment and care planning process by end of October 2016. However, this action had not been completed at the time of the inspection so we could not assess the impact on people care and support needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering the action to take in relation to this breach and will report on this when it is complete.

People and their relatives told us the staff were caring and treated them with respect. One person told us, "The girls [staff] are very good, very caring and helpful. They do what they are supposed to do." Another person said, "They [staff] are caring and respectful." A relative told us, "They [staff] know my wife now; they can see what she needs and what mood she is in. They do their best with her." However, as reported above we identified concerns in relation to people's involvement in the assessments and development of care plans.

Staff we spoke with showed an understanding of equality and diversity. They understood how to meet people's needs in a caring manner. One person told us, "The carers are gentle and kind and careful with my washing and creaming me." Another person said, "Carer is very aware, she always reassures me. Is very definite in her manner, I feel comfortable with her. She is like my equal, kind but firm, we get on together." A member of staff told us, "I treat everybody the same way."

Staff encouraged people to maintain their independence. One person told us, "I take my own medicine." Another person said, "I can't walk so I use my wheelchair, they manage me and make me comfortable in my chair. They [staff] endeavour to keep me independent, always encouraging me and reassuring me."

Staff respected people's privacy and dignity. One person told us, "They [staff] wash and dress me, the girls are good. I feel comfortable with them." Another person said, "They [staff] make me feel comfortable when I am having a wash, to cover me." Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff did this by ensuring people were properly covered and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relations with people they cared for. Staff kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential to respect their privacy. The service had policies, procedures, and training to help staff protect people's privacy, dignity and human rights.

Is the service responsive?

Our findings

At our inspection on 30 & 31 March 2015, we found that people's care plans were task oriented and not person centred. We found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy the concerns.

At our inspection on 22 and 23 October 2015, we checked to see if these actions had been completed. We found there was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not taken appropriate action to ensure people's care plans were centred on each person's individual needs. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy the concerns. At our inspection on 24 and 26 August 2016 we checked to see if these actions had been completed.

At this inspection, three of the seven people using the service we spoke with said they were not sure whether or not they had a care plan. . One person told us, "I have a care plan; the management has been out to go over the care plan." Another person said, "There is a care plan, but the supervisor has not been to review it."

However, we found seven of the care plans we looked at were task oriented and not person centred on each person's individual needs and there was no guidance for staff about how to deliver specific aspects of care and meet their identified needs. The provider had not undertaken assessments of the needs and preferences for care and treatment of the people prior to providing the service. This included the identification of people's care needs and developing care plans in relation to personal care, moving and handling, food and fluid intake, administration of medicines, choices and preferences.

For example, one person's care plan contained only task based information referring to offering breakfast of their choice, and that they must request staff to purchase specific lunch items in line with their preferences as recorded in the local authority care and support plan. There was no information about the level of support required with other activities in order to encourage independence. There was no specific information about how staff supported this person with transfers and what type of support is needed with personal care. Washing and bathing preferences were not completed, and the life history section was left blank.

One person's care plan had not been reviewed and updated following a reduction in their service from four joint staff visits to four single staff visits each day. Another person's care plan contained only task based information, referring to "support with all my meals, carer to maintain my health and wellbeing" and staff were to assist with washing and dressing of client's choice. However, there was no further guidance for staff about what the person's choices and preferences were and how to meet them.

A further three people's care plans contained only task based information which had been copied directly from the Local authority's Care and support plans.. The provider had not carried out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user.

There was no guidance for staff about how to meet this person's choices and preference.

These issues were a continuous breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We are currently considering the action to take in relation to this breach and will report on this when it is complete.

We raised the above concerns with the care manager at the time of inspection and they told us that staff are experienced and knew what they have to do. However, they said, they needed to visit people's homes and would review each person's care plan and update with clear staff guidance by end of October 2016. The lack of personalised care plans placed people at risk of inappropriate care during this period.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "I have the phone number and the office does listen if I need them." Another person said, "I can, but I have no complaints. I am not afraid to say what I think." One relative told us "If I have concerns, I can speak to the agency if I had to, but I've never had to." The provider had a policy and procedure for managing complaints. Complaints records showed concerns raised by people had been responded to in a timely manner. For example, about visit times when staff were running late to attend to their scheduled visit and general care issues about people. The manager told us the focus was on addressing concerns as they occurred before they escalated to requiring a formal complaint.

Is the service well-led?

Our findings

At our inspection on 30 & 31 March 2015, we found that the provider had not protected people against the risk of regularly assessing and monitoring the quality of the service provided. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns.

At our inspection on 22 and 23 October 2015, we checked to see if these actions had been completed. We found there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not carried out an audit for care plans and management of medicine to check the quality of these records and ensure they reflected any changes to people's needs. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy the concerns. At this inspection we checked to see if these actions had been completed.

At this inspection we found that the provider was consistently failing to operate effective systems to assess, monitor and improve the quality and safety of care to people using the service. The provider did not have adequate systems to monitor the quality of the service and the issues identified from the audits were not actioned.

For example, one person's records contained an unnamed and undated medicines audit which noted that all currently prescribed and shop bought medicines had been listed on their medicine administration record (MAR). However, we identified that the 'as required' paracetamol and eye drops had not been listed. This had not been identified at the time of audit. The audit also included the question: 'Do all entries show any additional information/warnings eg: take after food?' which had been answered as 'No'. An additional comment had been recorded that, "Not all the entries showed any additional information/warning." However, there was no action plan in place or indication that this issue had been addressed. These issues demonstrate that the medicines audit was ineffective in addressing areas of risk to this person in respect of the safe management of their medicines.

A care plan audit for another person identified that they were at moderate risk of falls and at high risk with regards to their diet and fluid intake. The audit did not identify that there were no risk management plans in place to minimise these identified risks and action had not been taken to address this issue. The service did not have effective systems in place to monitor and mitigate risks to this person.

The care plan audit, for a person, identified that staff were 'to involve this person in care review meeting as necessary', they needed constant/continuous fluid intake to prevent dehydration', and 'assistance with all transfers'. However, appropriate action had not been taken following the audit to ensure the care plan had not been updated and people's needs were met.

These issues were a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We are currently considering the action to take in relation to this breach and

will report on this when it is complete.

The care manager told us that all the audits were carried out by an external consultant and the care manager thought that the consultant would update the care plans to reflect audit findings and that this had not happened. However, the care manager told us that each person's care plan would be reviewed and updated to reflect the audit findings by end of October 2016. However, this action had not been completed at the time of the inspection so we could not assess the impact on people care and support needs.

People and their relatives were positive about the management of the service. One person told us, "The service is extremely good. I can't say anything about the care agency as the care I am receiving is good and that's all that matters." Another person said, "The service is okay. I'm not sure what improvements they can make." A relative told us, "My father is happy with the service." Another relative said, "The service is quite good, they [staff] do what they can. They make my life easier and they always turn up. I can't think of what needs improving."

Some improvements had been made in relation to quality assurance and monitoring of the service. The care manager and care coordinator for the service undertook unannounced monthly spot checks and made phone calls to people at home to see if they were happy with the service. Records of all phone calls to people's homes showed that people were happy with the service and they commented as 'good' or 'very good' about the services they had received. Spot checks records we saw showed that staff had been able to deliver good quality care.

There was a registered manager in post. The care manager and the care coordinator had knowledge about every person who used the service and made sure they kept staff updated about any changes to people's needs. We saw they interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One staff member told us, "If I need help, I contact the office they are very helpful."

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service users.</p> <p>The care plans were not person centred on each person's individual needs and there was no guidance for staff about how to deliver specific aspects of care and meet the identified needs of people.</p> <p>The provider had not involved people and their relatives where appropriate in the assessments and development of their care plan.</p>

The enforcement action we took:

NoD

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not put in place risk management plans to mitigate the risk for people using the services</p> <p>The provider had not managed medicines safely.</p>

The enforcement action we took:

NoD

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have an effective system and process to assess and monitor the quality of the care people received and the issues identified</p>

from the audits were not actioned.

The enforcement action we took:

NoD