JSH Care Services Limited

KARE Plus Cheshire

Inspection report

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Date of inspection visit:
22 March 2017
23 March 2017

Date of publication:
14 July 2017

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

The inspection took place on 22 and 23 March 2017 and we gave the provider 48 hours' notice. This was to ensure that someone would be available in the office as it is a domiciliary care service. The service has not been previously inspected. At the time of our inspection there were approximately 85 people using the service with a range of support needs such as dementia, physical disability and older people.

There was a registered manager in post at the time of our 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.

This was the service's first inspection since it was registered. At this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service was not consistently safe. Risk assessments sometimes lacked detail or were blank. Some people had support needs which had not been taken into account in the risk assessments, such as equipment used for mobilising and help to keep skin healthy.

Medicines were not always managed safely. People who required support with their medicines did not always have records of medicines being administered and there was information missing from some medicine records so there was a risk of staff not giving medicines as prescribed. There were also no protocols in place for medicine that were 'as and when required' (PRN) so this put people at risk of not having their medicines when they needed them.

Mental capacity assessments were not being carried out so it was not possible to determine how the service was protecting people in line with the Mental Capacity Act 2005. By not assessing capacity the service was verifying whether representatives with Lasting Power of Attorney had the right to make decisions on behalf of people. People and staff confirmed that people were supported to make their own decisions and consent was gained before staff gave support. Therefore not all of the principles of the Mental Capacity Act 2005 (MCA 2005) were being consistently followed.

The service was not consistently well-led as some audits had not always identified that there were omissions in documentation, such as medication administration records, missing risk assessments and missing information about the support some people needed. Improvements had been planned in some cases; however these had not yet been completed.

The service had not always notified the CQC about significant events that they are required to send us by law.

Staff did not always feel the online training was sufficient and felt that more face to face training would be more beneficial. Despite their feelings on training, staff felt supported in their role as they had supervisions and felt they could ask questions when necessary.

People told us they felt safe. People were also protected by the risks of potential abuse as staff knew what abuse was, how to recognise it and how to report suspicions of abuse. People and staff told us they felt there were enough staff and most people felt they had regular staff. We found staff were recruited safely.

People had access to other health professionals. Both people and other health professionals told us the service worked with them.

Most people we spoke to could prepare their own food or were supported by relatives to make their meals throughout the day. Of those who were supported by staff, they felt staff did this well and were encouraging.

People and relatives all told us they found the staff to be caring and that they treated them with dignity and respect. Staff offered explanations when needed and people were encouraged to retain their independence.

People told us they felt involved in writing their care plans and that they got to know the staff who supported them. People told us they were asked for their opinion about the care and we saw evidence of this. People knew how to complain and those who had complained had received a response and were satisfied with the outcome.

People and relatives all told us how supportive the registered manager was. Staff also felt supported in their role and felt they could go to the registered manager if they needed to.

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.

There were not always details of how staff should support people with their needs and risk assessments had not always been completed.

Peoples' medicines were not always administered safely.

There were sufficient numbers of safely recruited staff to support people.

People told us they felt safe and staff understood how to safeguard people.

Is the service effective?

Requires Improvement

The service was not always effective.

Peoples' consent was gained and people were encouraged to make decisions where possible. However, mental capacity assessments had not always been completed.

Staff had not always felt that they been trained sufficiently to support people effectively.

People were supported to access other health professionals.

Most people were supported to eat by their relatives, however for those who were supported by staff, they were satisfied.

Is the service caring?

Good

The service was caring.

People told us they thought the staff were caring and people were given explanations when they needed them.

Privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People felt involved in writing their care plans and felt they could get to know their regular staff members.

People knew how to complain and felt their concerns were responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems were not effective to ensure the service was being managed appropriately and safely.

Notifications had not always been submitted as required.

People, relatives and staff all felt supported by the registered manager and that they listened and responded to their feedback.

KARE Plus Cheshire

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 was 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.

This inspection took place on 22 and 23 March 2017 and the provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also asked commissioners and Healthwatch if they had any information they wanted to share with us about the service. Healthwatch is an organisation that gathers information from people and relatives who use services and provides feedback to commissioners and regulators (like the CQC) about those services.

We spoke with 12 people who use the service, five relatives, ten members of staff that supported people and other professionals that have contact with the people who use the service. We reviewed care plans for seven people who use the service, medicine administration records (MAR) and looked at management records such as quality audits. We looked at recruitment files and training records for four members of staff.

Requires Improvement

Is the service safe?

Our findings

People were not consistently protected from the potential risk of harm. There were some people with risk assessments in place to help keep them safe. However some people did not have risk assessments in place to guide staff on keeping them safe. For example, one person used a commode and equipment to help them mobilise, there was no completed risk assessment for the equipment so there was no guidance for staff to follow to help keep the person safe when they were using their equipment. Another person used a hoist, commode and wheelchair; no risk assessment was in place to guide staff on using the equipment to keep people safe. One person's care needs had been reviewed and it was determined they no longer needed some of the equipment they had previously used. However the care plan and the moving and handling risk assessment had not been updated to reflect this change in need so staff did not have the most up to date information to follow to support the person. Experienced staff were able to tell us how they kept people safe and they were aware of the equipment people had in place to support people's care needs. However, there was a risk for newer staff as there was not always the documented guidance to help them protect people from harm.

People told us were receiving their medicine as prescribed. One person we spoke with told us, "They give me my creams when they should." A relative we spoke with said, "They always ask my relative if they need their medicine for pain and they use the lotions and soaps as directed." Another relative told us their loved one had cream applied to their legs and they felt it was applied 'correctly'. One health professional we spoke with said, "We see the staff putting on the creams when we are there too." Staff were also able to tell us whether people needed creams or not and where to apply them.

However, records of medicines were not always consistently completed. Medication Administration Records (MARs) are used by staff to record when they have administered or not administered a person's medicines. We found peoples MAR charts had missing information such as the dosage and it wasn't clear if the medicine had been prescribed on an 'as required' basis or at regular times. Staff were often not recording when they had given medicines or providing explanations for why medicine had not been administered. For example, we found one person's care notes stated there was, 'No record of antibiotics given over the weekend' and this had been noted by a healthcare professional. There was no evidence that any action had been taken about this person not having their antibiotics. We saw that staff regularly supported people to apply their creams but there were not always specific plans in place to guide staff on when or where they needed to apply these creams. This meant documentation was not always clear for staff to follow which put people at risk of not having their prescribed medicines correctly. It also meant we could not be sure that people were having their medicines as prescribed.

Some medicine is applied or taken as and when required, called 'PRN medicine'. We found there was no guidance for staff about when they should administer as required medicines for people. Recording on the MAR charts did not show when people had received 'as required' medicines. We spoke to the registered manager about this and they told us there were no plans in place to guide staff. Following our feedback to registered manager implemented new PRN protocols. This meant people were at risk of not receiving their prescribed medicine.

People told us staff supported them to maintain their skin integrity. One person said, "The staff clean the necessary areas and apply creams correctly". A relative told us, "The staff keep my relative clean and tidy and they look after their pressure sores." We spoke with a health professional involved in the care of this person and they did not have any concerns about the care provided. We spoke to some of the staff that supported the person and they were all able to tell us how they supported the person; they told us of the equipment the person needed and that the person needed bed rest at certain times of the day; however none of this was reflected in the person's care plan.

People told us they felt safe. One person said, "I trust my regular carer with my life" and they went on to say, "My regular carer helps me in and out of the bath, they are always checking I am safe." Another person said, "I feel safe, they offer me reassurance and talk to me." Another person we spoke with told us, "I can't walk and they help me to move safely." One relative we spoke with said, "I am satisfied with the staff that come. They are sensitive to [relative's] needs and staff know to avoid situations where my relative may fall or get upset." One relative told us, "Yes I feel my relative is safe. They have two carers and they hoist them and I feel they do this safely." Another relative said to us, "I fell my relative is safe as the staff always make sure my relative has their emergency call button." This meant that despite some things not being in place, such as risk assessments people still felt safe with staff.

People were protected against the risks of potential abuse. Staff we spoke with were able to tell us about the different types of abuse, the potential signs someone was being abused and the action they would take if they suspected someone was being abused. Staff told us they had received training to extend their knowledge about safeguarding. This meant people were protected as people were supported by staff who knew and understood their responsibilities regarding safeguarding people.

People told us that staff wore aprons and gloves when they were being supported with personal care. One person we spoke with told us how staff followed good food hygiene guidance and washed their hands prior to preparing food. This means infection control measures were being taken to protect people from cross-contamination and keep them safe.

People and staff generally told us there were enough staff. One person told us, "My health condition gets worse if I am stressed but I don't get stressed as the staff always come." Another person we spoke with said, "Staff always turn up for calls." A member of staff we spoke with said, "I have a set rota and they don't ask me to pick up extra calls very often. I feel I have more than enough time to do my calls" and they went on to say, "They're adequately staffed at the moment." Another member of staff said, "We could always do with more staff but I don't feel we're pressurised to pick up extra calls." This meant people received their calls and staff felt they were able to attend calls as planned.

The service followed safe recruitment practices. Staff files we viewed included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with people who used the service.

Requires Improvement

Is the service effective?

Our findings

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. A person who has Lasting Power Of Attorney (LPOA) has the legal right to make decisions and sign agreement on behalf of someone who has lost their capacity to make their own decisions.

People were not having their capacity assessed in line with the MCA. Staff told us they felt there were people that may lack capacity to make certain decisions. One member of staff told us, "[Person's name] has had periods of confusion for the last 18 months." The registered manager told us, "The local authority and the person's relative told us [person's name] did not have capacity." However the service was unable to provide evidence of an appropriate assessment of the person's capacity. There was a risk that for people whose mental capacity fluctuates, their ability to be able to make their own decisions may not be identified as the service was not checking whether people's ability to make decisions had changed or not. Another person had LPOA in place, however the service had not undertaken a mental capacity assessment to determine whether it was yet appropriate for the LPOA to start making decisions on the person's behalf. We found relatives were signing consent forms and other documentation on behalf of people and in some cases their legal right to do this had not been checked. This meant people were at risk not being supported to make their own decisions, because the requirements of the MCA were not always being followed.

However, when we spoke with people and relatives they told us that the staff checked their consent and that people were happy to be supported by them. One person we spoke with said, "They check my permission, always." A relative we spoke with told us, "The staff always come in and have a chat and say what they're doing." Another relative explained that the staff respect their loved ones wishes, "They don't force [relative's name] to do things." Most staff were also able to explain to us what the MCA 2005 was and what it meant for the people they support. This meant that although people were not having their legal rights consistently protected as stated in the MCA 2005, staff were offering choices and checking for consent prior to supporting a person.

People and their relatives told us they felt the staff knew what they were doing. One person we spoke to who needed to be hoisted told us, "The staff certainly know what to do." Another person told us, "The staff are experienced and well trained." A relative we spoke with said, "The staff know what they're doing but I don't know what their training program is." A professional we spoke with told us, "The staff are well trained, they know how to hoist [the person's name]." Staff told us they felt the shadowing was more beneficial to them. One person we spoke with told us that they had met staff who were shadowing, "There were two new staff, they get to shadow other staff and get to know me." A member of staff told us, "Shadowing helps – seeing care in action helps. I've done shadowing myself and I've taken new staff out shadowing."

However, staff did not always feel they had enough training. A new member of staff we spoke with said, "I've done moving and handling training face to face and other online training. I prefer face to face. I prefer doing

things and drilling it into my head." Another member of staff said, "The online training is a bit wide ranging – it's not very specific. For example it covers things in care homes but we're out in the community." Another staff member told us, "I had a new carer with me who had never worked in care before and they did not have a clue and they were expected to be help me." They went on to say, "You don't learn anything from the online training." One person we spoke with said, "The staff could do with more training when they start." When we asked the registered manager about this they told us, "The online training is seen as tick box and no one enjoys doing it. I know it's not good enough at the moment. We try to source other training." The training records we viewed showed that the majority of training offered was online. We viewed an internal audit that had identified the need to source more face to face training, however only two courses were currently available to staff that were face to face. We saw evidence that more work was being undertaken to improve the training available for staff and the registered manager explained they would be providing a more bespoke training programme for staff.

Most staff told us that they felt supported in their role and had supervisions. One member of staff said, "I've had one to one's and do appraisals. On the whole they're very useful." Another member of staff said, "I can call up the office I I've got an issue. I feel there is always somebody there." Another staff member told us, "Now that I have got to know my team, I feel supported." We saw that supervisions were recorded.

People were supported to maintain their health and wellbeing. A relative we spoke with said, "The staff come at the same time as the physiotherapist to help with exercises." Another relative said, "The staff communicate if there is a medical problem – they call the clinic directly if they can't get hold of me." One professional we had contact with said, "Carers have been very proactive in supporting the person I work with, carers will often contact relevant professionals on their behalf, with the person's consent." The professional went on to provide an example, "When staff are worried about equipment not being correct, they contact the Occupational Therapy Service." Another professional said they did joint visits with staff and, "The staff report things, they're good." This meant people had access to other health professionals and the staff worked with them to support people in line with guidance.

Most people we spoke with were able to make their own meals or were supported by relatives to make their meals. One person we spoke with said, "The staff let me choose what I have on my sandwiches." A relative we spoke with said, "The staff are always, always, always encouraging [relative's name] to drink. The staff let me know if they have not drunk much or if they have drunk a lot." Another relative described how their loved one needed help with meals but they could sometimes feel like refusing assistance, "[Relative's name] can feed themselves but the staff cut the food up discreetly to help." This meant people were supported to maintain their nutritional intake.

Good

Is the service caring?

Our findings

People and relatives told us they found the staff caring. One person said, "They completely treat me with dignity and respect. The staff actually care." Another person said, "I can have a laugh with the staff. They're nice people. I'm happy for them to care for me." They went on to say, "The staff go over and above. They're the best care company I've had." When we asked another person if they felt staff were caring they said, "Of course." Another person said, "Yes the staff treat me with respect." A relative we spoke with said, "I've been so grateful, the staff do so much. They're very pleasant, polite and helpful." They went on to give an example, "My relative was upset and a member of staff stayed with him. That was a really kind thing to do." A professional we spoke with said, "The staff are very dedicated, it's not just a job to them." Another professional we spoke with said, "Staff have always treated their clients with and dignity and are always very professional with their approach and support."

People's dignity was respected by staff. One relative we spoke with said, "The staff report concerns to me sensitively. My relative accepts help with personal care now when they wouldn't before." One member of staff said, "Everyone I've worked with treats people with respect. All staff we spoke with were able to tell us about how they supported people to retain their dignity and gave examples, such as offering choices and not dismissing those choices, encouraging people to do as much for themselves as possible rather than staff always doing things for them and keeping people covered as much as possible during personal care.

People were given the information and explanations they needed. One person we spoke with said, "It's the way treat me. They explain things to me." Another person said, "The carers have helped me get my confidence." One member of staff we spoke with explained, "You cannot presume what people want, you show them choices such as what to wear." This meant people were encouraged to retain their independence and do what they were able to for themselves.

Good

Is the service responsive?

Our findings

People and where appropriate relatives were involved in developing their assessment and care plans. One relative said, "I felt involved when writing the care plan – I can also ask them to do other things too." People told us that the service tried to cater for preferences and they were involved in writing their care plan. One person we spoke with said, I sat with the registered manager and went through my plan." One relative we spoke with said, "They matched the staff to my relative's needs." And went on to say, "My relative doesn't like uniforms so the staff come in their own clothes." Another relative said, "The staff are very good at doing what I want." Staff could describe how people preferred to be supported and we found staff descriptions matched what people had told us. We saw that care plans contained good personal details about how people prefer to be supported and they felt involved in writing their care plan. There were some life histories available for staff to read in order for them to get to know the people they were supporting. We saw some care plans had been reviewed and the registered manager showed us a plan that was in place to make sure all care plans were reviewed which they were in the process of completing. This meant people were getting the support in the way they preferred.

People felt they could get to know the staff and staff responded to changes in people's needs. A person we spoke with told us, "I like continuity and I've got that now" and they went on to say, "The staff and I have our own little routine now. I can almost set by clock by my regular staff." Another person told us, "My regular carer is very good. They know exactly what I can and can't do and they help me." Another person said, "The staff know me well." One relative we spoke with said, "If a new carer starts they visit with another carer first to get to know my relative's routine." Another relative said, "They're fantastic. When we have an emergency they managed to get staff to go to my relative. Any time I have needed extra help they have put in staff." Another relative said, "The staff try and do things my relatives wants to do." Another relative said, "The staff do rotate but I know them all." A member of staff told us, "I talk to people, find out their likes and dislikes and speak to their family." This meant people were able to get to know their regular staff and received care from staff who generally knew them well.

People told us they generally felt communication was good and they were asked for their opinion about their care. One relative said, "Sometimes my relative goes back to bed – the staff always let me know." Another relative said, "They keep me updated. We always have a chat and a catch up" and they went on to say, "I feel I can talk to the staff and they listen."

Most people knew how to complain. One person said, "I've never had to complain but I'd call up and speak to the registered manager." Another person told us, "I've got no reason to complain." Another person said, "I'm sure they'd deal with it if I complained." One relative we spoke with said, "I'd go back to the registered manager again, they dealt with my complaint before." A relative we spoke with said, "If I had a worry I could call the office, I know them by name." and they went on to say, "I've never had to complain but I can have a discussion with them, they help me with problems." Another relative said, "I've never had to complain but I think it would be dealt with if I did complain." We also saw that complaints were documented, investigated, the action taken was recorded and responses were sent to the person who had complained. We spoke to one relative who had complained and they said they were satisfied with the response. This meant people

felt able to complain and when concerns had been raised action had been taken to resolve issues.

Requires Improvement

Is the service well-led?

Our findings

Some care plan and medicines audits had been carried out. However, they had not always identified concerns relating to poor recording. People told us they had their medicines but we found that MAR charts had not always been fully completed and did not include explanations as to why a member of staff had not signed to state medicine had or had not been administered. The MAR charts staff were given to document when PRN medicine had been given were also not clear as each medicine was not recorded separately so if staff signed to say PRN medicine had been given, it would not differentiate between the separate medicines. Therefore, the audits had not been effective as issues were not always being identified or acted upon to improve future MAR recording. There were also no PRN protocols available for staff to follow and this had not been identified by the audit. We saw one an audit of one person's of care notes which had not identified some issues, such as some of the support being provided by staff was not in the person's care file. Another audit had not identified that there was reference to a person not receiving their antibiotic medicine so action had not been taken to investigate and reduce the likelihood of this occurring again. We saw one audit which identified there was a lack of detail in the notes staff were writing about what took place on each visit. The registered manager sent memos to the staff involved and also met with some staff in order to try and improve their recording skills. However, some of the care notes viewed during the inspection contained insufficient detail and it was not clear if staff were supporting people at the appropriate level which matched their care plan. The care notes had been audited however this lack of detail had not been identified. The registered manager explained to us they would support the members of staff to improve their recording skills and this has since been discussed in team meetings. This meant the registered manager did not have systems in place to which left people at risk of not always receiving care in a way that met their needs

A sample of care files were also audited by the registered manager and it was identified that more detail in the care plans was required. We were shown an action plan that was put in place following this audit to ensure all care files were updated, however the date of completion had not yet passed so not all files had been updated. We saw in some people's files that important documents, such as risk assessments and details about how to support people to maintain their skin integrity and details of equipment used by some people were not available for staff. For example, there was no guidance for staff to follow to help a person keep their skin healthy and they skin integrity needs. One staff member told us, "With experienced members of staff it is ok as we know what to do but when new staff go in I dread to think". This meant people may be at risk of their skin becoming damaged or becoming worse as staff were not provided with guidance in the care plan about how to reduce or prevent the risks. The files viewed which had improvements made contained more detail and guidance for staff to follow. This meant that the service had identified some concerns and were starting to make improvements; however these had not yet been completed. The service also did not consistently collect information relating to people's diversity, for example whether they were lesbian, gay, bisexual or transgender. This meant the service could not be sure they were effectively supporting people with maintaining same-sex relationships or ensuring people could be open regarding their sexuality, if they chose to. When we asked the registered manager about this they said, "Why would we ask for sexual orientation?" This meant that the service had not recognised the importance of ensuring they offered an inclusive service where people could be open about their sexuality and other diverse characteristics they may want to disclose. The registered manager had also not identified that mental

capacity assessments had not been carried out and that people were not having their rights protected under the MCA.

We saw that an internal audit had identified that more face to face training for staff was required. This was reflected in the feedback from staff as they did not feel that the current online training was sufficient, particularly for newer staff. Although this had been identified by the service, staff were still working whilst feeling like they had not had effective training.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had not always informed CQC about significant events that they were required to send us by law. We use this information to monitor the service and ensure they responded appropriately to keep people safe. When we asked the registered manager about this they said, "I thought I had to wait for the outcome of the investigation." However, notifications should be sent as soon as possible after an allegation has been made. This meant we could not be assured they were dealing with incidents and issues in an appropriate way as the CQC was not being informed of issues.

This was a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

Both people and relatives had positive feedback about how supportive the registered manager was. One person we spoke with told us, "I've spoken to the manager. They're very efficient and very helpful." One person we spoke with said, "The registered manager is ace, brilliant." One person we spoke with said, "The registered manager is nice. They listen." A relative we spoke with said, "I can definitely speak to them if I need to." People and their relatives told us they received questionnaires and were asked for their opinion. One person said, "We have a survey every now and again." Another person told us, "I get a questionnaire every year. They quite often ring me to check everything is ok." Another person said, "I've done a survey recently and answered every question." Someone else told us, "I've just filled in a questionnaire." Another relative said they had had a review and a survey about the care. We saw evidence that surveys were sent. This meant that people felt they could speak to the registered manager if they had any concerns and had the opportunity to feedback their opinions about their care.

Staff told us they felt supported in their role to effectively care for people in the community, both by the registered manager and the rest of the staff team. One member of staff said, "I wasn't very good at using some of the documentation and the office staff asked me to come in to go through it and it helped me" and they went on to say, "They're great, they have adapted to my needs. I can go to them if I need to." Another member of staff said, "The manager is brilliant. I think they listen to what you've got to say and tries to rectify it, any time, day or night. They are one of the best managers I've worked with." Another staff member told us, "If you've ever got a problem, you can ring them and they are helpful." Staff told us they had spot checks to assess the quality of their care whilst they were out supporting people in the community. These covered areas such as the administration of medicines, moving and handling of people, food preparation, uniform and how staff interact with people. We also saw staff were asked for their opinion about the service although results had not yet been analysed as the deadline for responding had not yet passed. The registered manager told us they felt supported by the provider. They told us, "I always get their help if I need it. They're brilliant. They're fair and will tell you straight. I think they are open and honest." This meant that the staff and registered manager felt they had support to continue caring for people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service had not always informed CQC about significant events that they were required to send us by law. This meant we could not be assured they were dealing with incidents and issues in an appropriate way as the CQC was not being informed of issues.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care files sometimes had missing information and risk assessments were sometimes not completed. Audits had not always identified omissions, for example with medicines documentation and care notes sometimes lacked detail.