Acare Support Services Limited

Acare

Inspection report

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Date of inspection visit:
04 February 2016
05 February 2016
11 February 2016

Date of publication:
29 March 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 4, 5 and 11 February 2016, and was an announced inspection. The registered manager was given 48 hours' notice of the inspection. This was the first inspection since the location was registered at their current address.

Acare provides care and support to adults in their own homes. The service provides short visits to mainly older people and some younger adults. At the time of the inspection there were 17 people receiving support with their personal care. The service provided care and support visits to people in Canterbury and surrounding areas.

The service is run by a registered manager. 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.

People told us they received their medicines when they should and felt their medicines were handled safely. However we found shortfalls in some areas of medicine management.

Most risks associated with people's care had been assessed, although some had not. Staff were taking action to reduce such risks, but there was not always sufficient guidance in place for staff to help ensure people remained safe.

People were involved in the initial assessment and the planning their care and support and some had chosen to involve their relatives as well. Most care plans contained good detail about people wishes and preferences. People told us their independence was encouraged wherever possible and this was in some cases supported by the care plan. Care plans were reviewed periodically, but not all of them were up to date and reflecting people's current needs.

People told us their consent was gained at each visit. People were supported to make their own decisions and choices. No one was subject to an order of the Court of Protection. Some people chose to be supported by family members when making decisions. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood the principles of the MCA. However care plans and assessments lacked detail about people's capacity to make their decisions and the legal arrangements people had in place to help them manage their affairs.

People felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what

constituted abuse and how to report any concerns in order to keep people safe.

People had their needs met by sufficient numbers of staff. People received a service from a very small team of regular staff and felt the continuity of care was excellect. Staffing numbers were kept under constant review. New staff underwent a thorough induction programme, which included relevant training courses and shadowing experienced staff for a wide variety of tasks, until they were competent to work on their own. Staff received training appropriate to their role and some staff had gained qualifications in health and social care.

People were supported to maintain good health. People told us how observant staff were in spotting any concerns with their health. The service worked jointly with health care professionals, such as community nurses.

People felt staff were very caring. People said they were relaxed in staffs company and staff listened and acted on what they said. People had always been treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and knew people and their support needs very well.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their personal histories and preferences.

People told us that communication with the registered manager was good. People saw the registered manager regularly, because as well as undertaking assessments, care planning and reviews they worked 'hands on' delivering care every day. People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided. No negative feedback had been received. People felt the service was well-led and well organised.

The provider had aims and objective to promote the highest standards of care and people felt they received this.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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 always safe.

People received their medicines when they should. However there was a lack of guidance and records relating to some areas of medicine management.

Most risks associated with people's care had been identified, but not all and there was not always sufficient guidance about how to keep people safe.

People were protected by robust recruitment processes. There were sufficient numbers of staff to meet people's care and support needs.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager understood the principles of the Mental Capacity Act, but assessments and care plans lacked detail about people's capacity to make their own decisions and legal arrangements people had in place to manage their affairs.

People received care and support from skilled and experienced staff who were well supported.

People received care and support from a very small team of regular staff who knew people well. People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

People felt relaxed in the company of staff and people were listened to by staff who acted on what they said.

Staff supported people to maintain their independence wherever

possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans reflected people's personal care routines including their wishes and preferences. However some care plans were not up to date with people's current care and support needs.

People felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received.

People were not socially isolated and felt staff helped to ensure they were not lonely.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Some records were not up to date and did not reflect the current decisions taken in relation to people's care and support. Some records were not dated or regularly reviewed.

There was an very open and positive culture within the service, which was focussed on people. People felt the provider's aims and objectives were met.

Staff worked as a team. People were familiar with and thought highly of the registered manager. They worked 'hands on' each day as well as manage the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

This inspection took place on 4, 5 and 11 February 2016 and was announced with 48 hours' notice. The inspection carried out by one inspector.

The provider completed a Provider Information Return (PIR) and returned this within the requested timescale. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed information we held about the service, we looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection the provider supplied updated information relating to the people using the service and staff employed at the service. We reviewed people's records and a variety of documents. These included five people's care plans and risk assessments, one staff recruitment files, the staff training, supervision and appraisal records, visit and rota schedules, medicine and quality assurance records and surveys results.

We spoke with five people who were using the service, three of which we visited in their own homes, we spoke to two relatives, the registered manager and two members of staff.

After the inspection we contacted three health and social care professionals who had had recent contact with the service and at the time of writing this report had not received any feedback.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support.

People we spoke with told us they handled their own medicines, but in some cases staff were applying topical medicines. It was identified during the inspection that staff did administer medicines to a few people. People told us that staff applied their topical medicines when they should and felt these were handled safely. However people were not fully protected against the risks associated with medicine management.

A medicines risk assessment had been undertaken for each person. This identified who managed the person's medicines. However where the arrangements were different for topical medicines this was not identified within the risk assessment. Where people managed their own medicines the risk assessment did not assess that this was safe. For example, people's understanding of what their medicines were for or what time they needed to be taken or whether they could open the containers without help, were not assessed. Risk assessments had not been reviewed and one risk assessment was not up to date as it stated the medicines were stored in a monitored dosage system (a box of medicines separated into compartments), filled by the pharmacist and the registered manager told us this was not the current arrangements in place. People had consented to the arrangements in place by signing their risk assessment, but this consent was not always for the most up to date arrangements.

Within the each person's care plan there was a list of their prescribed medicines. However these were not always up to date and did not always include the topical medicines or medicines purchased by people themselves, so it was unclear exactly what medicines people were taking, leaving a risk that people may not receive the right medicines or their medicines at the right times.

Where people were prescribed medicines on a 'when required' basis, for example, to manage skin conditions or pain, there was no individual guidance for staff on the circumstances in which these medicines were to be used safely and when they should seek professional advice on their continued use. This could result in people not receiving the medicine consistently or safely.

Medication Administration Records (MAR) charts were in place where staff administered people's tablets. We found that a handwritten entry on one MAR chart indicated that the dosage of a medicine had been increased, but as this change was not signed or dated we were unable to ascertain exactly when this change took place. This could be important when monitoring people's health in relation to the changes and their effectiveness.

Most risks associated with people's care and support had been assessed and steps to reduce such risks were recorded. However we found two people had diabetes, but there was no assessment in place should these people become unwell due to their diabetes or guidance about what action staff should take. Other risks, such as using a hot water bottle and catheter care had not been assessed. This meant there was a risk that

timely action may not be taken by staff to help ensure people remained in good health. Some steps that were in place to reduce risks were not mentioned in risk assessments. For example, a falls lifeline. This is an alarm, which automatically calls a helpline if the person were to fall. Risk assessments in relation to moving and handling required more detail to ensure people were moved safely. In some cases they did not show what equipment was in place or equipment had been changed, but the risk assessment had not been reviewed and updated or there was a lack of detail about how staff should move a person safely. The service did not have an effective system for ensuring equipment used by staff was serviced within the recommended timescales, which meant they could not be sure equipment was safe to use. During the inspection it was identified that one hoist being used had not been serviced within the recommended timescales, although the person's family had contacted the service company and arranged an appointment for this to happen.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12(1)(2)(a)(b)(e)(g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were prescribed topical medicines and some people had purchased 'over the counter' medicines or topical medicines from a chemist. These were not always detailed in people's records; therefore we were unable to ascertain from records what had been given, when and by whom, to check this was undertaken safely. However during the inspection the registered manager arranged for all staff to record the topical medicines on a medication administration record (MAR) chart and detailed these medicines on a body map, so it was clear when and where they should be applied.

There was a clear medicines policy in place. Staff had received training in medicine administration and their competency was checked by the registered manager to ensure they followed good practice and people received their medicines safely.

The registered manager told us they had a risk assessment in place in the event of bad weather. These included measures, such as access to a 4x4 vehicle, communicating with families and staff working locally to where they lived, to ensure people would still be visited and kept safe.

People told us they felt safe whilst staff were in their home and would feel comfortable in saying if they did not feel safe. There was a safeguarding policy in place. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. The registered manager was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

People were protected by robust recruitment procedures. We looked at the recruitment file of members of staff that had been recruited since the company had changed owners. All the other staff had transferred from the previous company. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

People were "Happy with the time" staff arrived, felt staff stayed the full time and did all the tasks required. One person said "They are very good like that". People told us if staff were running late they always got a telephone call to let them know. One person told us how if they had any appointments, such as a hospital appointment the service was flexible and worked around these. This flexibility, keeping people informed about changes and arriving on time, was rated as good to excellent in a recent quality assurance survey, with the majority rating this as excellent. People had their needs met by sufficient numbers of staff. The

registered manager kept staffing numbers under constant review and was careful not to take any new packages of care unless they could be covered by staff. At the time of the inspection there were two vacancies. Staff were allocated to support people and usually worked in a geographical area. The registered manager provided care and support to some people and also covered extra visits when required. There was an on-call system in place, should people need it, which was mainly covered by the registered manager who gave telephone support and advice.

Requires Improvement

Is the service effective?

Our findings

People and their relatives were very satisfied with the care and support they received. People told us staff they felt staff were sufficiently trained, experienced and skilled, to meet their needs. Comments included, the staff are "Competent" and "It's nice having the continuity".

In a recent quality assurance survey people indicated that the service was good to excellent at providing the services people wanted and staffing knowing their jobs, with the majority rating this as excellent.

People said consent was achieved by staff discussing and asking about the tasks they were about to undertake. One person told us, "They (the staff) ask if I want a shower, sometimes I don't feel like a shower, but I am always asked what I want". People had also signed their risk assessments and care plans as a sign of their consent. Care plans promoting offering choice to people, such as 'I like either toast with jam or cereal please offer me a choice'. People said staff offered them choices, such as what to have to eat or drink. People being offered choices and their preferences by staff was checked during their observational supervision. The registered manager told us how they had spoken to staff about how a person could be encouraged to make their own choices and decisions, such as to try if possible to let (person) choose between items put in front of them. However this information or information relating to people's capacity to make decisions was lacking in care plans and assessments, to ensure staffs practice was consistent and effective.

The registered manager told us that no one was subject to an order of the Court of Protection and one person had a Lasting Powers of Attorney in place. However another was identified during the inspection. The registered manager said that most people had the capacity to make their own decisions although sometimes people chose to be supported by family members. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We checked whether the service was working within the principles of the MCA. The registered manager demonstrated that they understood these principles during discussions. However one person had their medicines locked away and the registered manager told us this had been a long standing practice that had been agreed with the family, but the person's capacity had not been assessed around handling their medicines and a risk assessment was not in place to ensure this restriction was the least restrictive and remained under review. During the inspection the registered manager contacted the local authority deprivation of liberty safeguards office for advice and guidance. This is an area we have identified as requiring improvement.

People told us they received their service from a very small team of regular staff and records confirmed continuity was excellent with people receiving visits from between one and four staff only. The registered manager told us that following an initial phone call where they discussed people's needs, they then matched match a member of staff to cover the visits. The matching process was based on gaps within staff schedules, staff working in the geographical area, people's preferences and staff skills and experience. The

registered manager usually undertook the first few visits themselves and then handed over to the staff members. One person had not been happy with a particular member of staff and there had been no problem with changing them. People were asked if they would like to receive a schedule of visits in advance and these were sent where people had requested them.

Staff understood their roles and responsibilities. Staff had completed an induction programme until they were competent to work alone, which included shadowing experienced staff for a complete variety of tasks, accessing training courses and staff also received a staff handbook. The registered manager had recently signed up to the new Care Certificate, which was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager told us there was a three month probation period to assess staff skills and performance in the role.

Staff attended training courses relevant to their role, which were refreshed. Training included health and safety, moving and handling, emergency first aid, infection control and basic food hygiene. Staff received some specialist training, such as dementia awareness. Staff felt the training they received was adequate for their role and in order to meet people's needs. Three out of the five staff had obtained or were working towards a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

The registered manager told us staff had opportunities to discuss their learning and development through field supervisions, staff meetings and an annual appraisal. A field supervision is an observation of staff practice whilst visiting people in their home; these were announced or unannounced and were undertaken by the registered manager. During these observations staff practice was checked against good practice. For example, did staff practice safe hygiene. Their communication skills, such as their attitude and rapport with the person they were visiting, did they offer the person choices and their record keeping were also checked. Staff were able to discuss any issues and policies and procedures were reiterated following the observation. Staff said they felt very well supported and could contact the registered manager at anytime if they had any concerns.

People's needs in relation to support with eating and drinking had been assessed during their initial assessment and recorded. Although most people required minimal support with their meals and drinks if any, the registered manager told us no one was at risk of poor nutrition or hydration. The registered manager told us how they liaised closely with families to ensure people had a healthy diet. The registered manager told some people had special diets, such as diabetic. People talked about how staff prepared what they asked for or looked in the cupboard or freezer and offered them a choice. People said staff encouraged them to drink enough and would leave a drink or drinks for later if they did not have relatives around.

People were supported to maintain good health. People told us how observant staff were in spotting any concerns with their health or if they were not themselves. People and relatives told us how staff always commented when they noticed any changes and sometimes suggested calling the doctor. One person told us how staff had recognised the signs of a problem with their catheter and called the nurse directly. Where people were at risk of pressure sores staff were observant and reported any concerns if they were worried about an area and then worked with the community nurses to improve people's health and get any equipment that was required. One person had their visits scheduled so that they worked in conjunction with the nurse's visits.

Good

Is the service caring?

Our findings

People told us staff were very caring and listened to them and acted on what they said. People were entirely complimentary about the staff. Comments included, It's excellent and very caring. I have no problems whatsoever". "They (the staff) make me feel comfortable, they work around the family and our life, and they are not really just a carer".

In a recent quality assurance survey people rated staff being friendly, polite and respecting them as a person, showing commitment to helping them and working with their family and friends where they were involved in the person's care as good to excellent, with the majority rating this as excellent.

Some people talked about staff that went that extra mile. One person told us how (member of staff) had made a difference to their life by being so caring and helpful and how nothing was too much trouble and they really talked (in a meaningful way) to them. Another person talked about a different member of staff. They said, "(Member of staff) is wonderful, they don't mind what they do for us, although the majority that come we can't fault in any way, shape or form".

People told us they received "Without a doubt" person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. In a recent quality assurance survey people indicated that staff were good to excellent at understanding their needs, with the majority indicating excellent. Staff demonstrating a person centred approach was always checked during field supervision. Staff had built up relationships with people and were familiar with their life histories and preferences. Care plans contained some details of people's preferences, such as their preferred name and some information about their personal histories. During the inspection staff talked about people in a caring and meaningful way.

People told us their independence was encouraged wherever possible. One person talked about how staff encouraged them to move/exercise their hands and feet. Another person told us how they could now wash their own hair, which they were not able to do when the service first started visiting. People told us during personal care they were encouraged to "Do all I can" and staff did what they could not reach.

People told us they were involved in the initial assessments of their care and support needs and planning their care. Some people had also involved their relatives. People said the registered manager visited periodically to talk about their care and support and discuss any changes required or review their care plan. People and relatives felt care plans reflected how they wanted the care and support to be delivered. The registered manager told us at the time of the inspection most people that needed support to help them with decisions about their care and support were supported by their families and no one had needed to access any advocacy services. Details about how to contact an advocate were available from the registered manager.

People told us they were treated with dignity and respect and had their privacy respected. One person said, "They are very good like that". Staff had received training in treating people with dignity and respect as part

of their induction and had their practice observed during field supervisions. Care plans promoted people's privacy and dignity. For example, one stated 'once in the bath please leave me alone to wash'.

Information given to people confirmed that information about them would be treated confidentially. People told us staff did not speak about other people they visited and they trusted that staff did not speak about them outside of their home.

Requires Improvement

Is the service responsive?

Our findings

People told us they and sometimes their relative were involved in the initial assessment of their care and support needs and in planning their care. Assessments were undertaken by the registered manager and varied in detail with some only containing basic information about people. For example, the section on 'disability equipment' stated 'all equipment in place' and dietary requirements' stated 'diabetic'. This level of detail did not inform the development of a person centred care plan. In addition when the service was contracting with the local authority or health authority they had obtained some information from health and social care professionals involved in people's care and support, to make sure they had the most up to date information on the person.

The registered manager usually undertook the first few visits to a person and these visits, discussions and the assessments were then used to develop a care plan. Care plans contained a step by step guide to people's preferred routine, the order they liked things done and where staff would find things that they needed to support the individual. Care plans contained information about people's wishes and preferences in relation to their personal care and other support staff provided. In the main care plans contained good information about what support people required although this was not consistent through the care plans. Some included what people could do for themselves and what help they needed from staff, but in parts they stated 'assist with drying' and there was no information about how staff should do this in order to maximise a person's independence. We looked at five care plans and three required updating in some way or another. One person had an additional visit each day and this had not been added to the care plan. Another person no longer had a shower, but had a bath and the care plan had not been changed and a third person had a new piece of equipment and the care plan referred to the equipment that staff had previously used.

Periodically a care plan review meeting was undertaken by the registered manager and records showed that these changes had been identified as required, but the care plans remained in need of updating. People felt they got the care and support they wanted that did reflect their preferences and wishes due to the small numbers of staff and continuity of care. Staff were very knowledgeable about people's preferred routines that they visited.

The provider had failed to maintain an accurate and complete record in respect of care and support provided to people and the decisions taken in relation to that care and support. The above is a breach of Regulation 17(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Some people were supported by staff in the mornings to ensure they were ready to go to day care activities, or to access the community. Some people told us the visits by staff and other visitors helped break up their day, so they were not socially isolated.

People told us they felt confident in complaining, but did not have any concerns. One person said, "I feel I could discuss whatever with them (the registered manager)". In a recent quality assurance survey people rated the service as good to excellent in listening to their concerns and needs and responding to them, with the majority rating this as excellent. People said they knew how to complain and the complaints procedure

was contained within the service user guide, which people had a copy of. The registered manager told us there had no formal complaints since the service had been registered. The registered manager worked 'hands on' and any issues would be identified quickly and resolved. The registered manager told us any complaints would be used to learn from and improve the service.

People had opportunities to provide feedback about the service provided. People told us they had been asked for their feedback during their care plan review visit and also informally during visits made by the registered manager. People had completed quality assurance questionnaires to give their feedback about the service provided. The responses of these were held in the office and were very positive.

Requires Improvement

Is the service well-led?

Our findings

People and relatives felt the service was well-led and well organised. Comments included, "I have no complaints whatsoever it is 150 percent excellent".

In the last provider's quality assurance the majority of people indicated they were completely satisfied with the services received and one person indicated they were nearly satisfied. Overall people rated the quality of the service as excellent or very good and all would recommend the service to a friend or neighbour. Survey comments included, "Thank you for all your help" and "Perfect".

Staff had access to policies and procedures via the office or their staff handbook. Records were stored securely. However some records only contained basic information. For example, needs assessments. Some records were not up to date, such as, care plans and risk assessments. Some records were not dated. Lists of people's medicines within their care plans were not always complete. Details about people's mental capacity to make their own decisions had not been recorded. The service user guide had been updated to reflect the changes in company ownership, but people had not necessarily received a copy of the updated version.

The provider had failed to maintain an accurate and complete record in respect of care and support provided to people and the decisions taken in relation to that care and support. The above is a breach of Regulation 17(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There was an established registered manager in post. The service was registered on 26 June 2015. However the registered manager and another member of staff took over the provider's company Acare Support Services Limited on 1 October 2015 and since that time have managed the service themselves. This is a very small service and the registered manager manages the service as well as working 'hands on' each day.

People were very familiar with the registered manager as they carried out assessments, people's visits, field supervisions and care plan reviews. People felt communication with the registered manager was good and they said they responded well and were polite. One person said, "(The registered manager) phones to see how things are going". Other comments about the registered manager included, "Very good, on the ball". "All right and they get things done, you can rely on them".

During the inspection there was an very open and positive culture, which focussed on people. The registered manager told us it was a team approach and they adopted an open door policy regarding communication. In a recent quality assurance survey people felt the service worked as a team and rated this as good to excellent, with the majority rating it as excellent. Staff felt the registered manager motivated them and other staff and listened to their views and ideas. The registered manager told us "I don't ask the staff to do anything I won't do myself".

Staff said they understood their role and responsibilities and felt they were very well supported. There were arrangements in place to monitor that staff received up to date training, had field supervisions and

appraisals, when they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. Staff told us, they could go to the registered manager any time about anything. They told us they liked working for the organisation and all the staff cared and did a good job.

There were other audits and monitoring of the service to help ensure the service ran effectively and people remained safe. These included audits on records including daily reports and MAR charts and staff sickness.

The provider's aims and objectives were included in the service user guide, which people had received a copy of. Staff told us they treated people as they would expect any relative of their family to be treated and helped people live their lives to the full.

People and/or their relatives completed annual quality assurance questionnaires to give feedback about the services provided. Fifteen questionnaires had been returned, which were entirely positive. The registered manager told us they reviewed each returned questionnaire and had there been any negative feedback this would have been used to drive the improvements required to the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. Regulation 12(1)(2)(a)(b)(e)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain an accurate and complete record in respect of care and support provided to people and the decisions taken in relation to that care and support. Regulation 17(1)(2)(c)