Classique Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Classique Care Service provides personal care to people in their own homes. People who used the agency included older people with physical and mental health needs including dementia. There were 17 people using the service at the time of this inspection.

This inspection took place on 5 April 2018. We gave two days' notice to the provider to ensure someone was available to assist us with the inspection. This was our first inspection of the service since they registered with us in August 2016. The service was dormant until August 2018 when they began providing care to people.

The service did not have a registered manager in post. 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. Two managers had registered with CQC who had both left the service. The director told us they were considering registering as manager and would confirm this as soon as possible.

The provider did not always assess risks to people's care, such as those relating to moving and handling, as part of doing all they could to reduce the risks. This meant written guidance for staff in reducing risks was lacking for some people.

The provider did not always manage people's medicines safely as systems were not in place to check people received their medicines as prescribed. The provider had not assessed risks relating to medicines as part of safe medicines management.

People did not always receive care in a timely manner and most people and relatives we spoke with complained about poor timekeeping. The provider was introducing an electronic system to monitor timekeeping to help improve this issue.

People and relatives were not always positive about the staff who supported them. People and relatives fed back issues relating to dignity and respect and supporting people to maintain their independence. Some staff developed good relationships with people by getting to know them, but not all staff understood people's needs well enough.

The provider did not always use concerns people and relatives raised to improve the service people received. The systems to ensure open communication with people and relatives required improvement. The provider did not have suitable systems to oversee the service to ensure people received a good quality of service.

People did not always receive care in line with the Mental Capacity Act 2005 (MCA). This was because the

provider did not always carry out mental capacity assessments when there was reason to suspect a person may lack capacity in relation to their care. This meant the provider did not always follow the MCA in ensuring decisions were made by people themselves if they had capacity or in their best interests if they lacked capacity.

Staff received the support from the provider to understand their roles and responsibilities. The provider trained new staff in key topics during their induction period and ensured they shadowed more experienced staff before caring for people alone. However, training in MCA was not always provided to staff so they understood how to care for people in line with the Act. The provider planned annual training for staff in key topics to keep their knowledge current. Most staff were in their probationary period and were informally monitored as part of this. The provider told us they were establishing systems to review staff performance during their probation more formally and to set up a system of regular staff supervision.

People were not always supported sufficiently to maintain their health as feedback we received from people and relatives in relation to this was not always positive.

Systems were in place to safeguard people from abuse and neglect such as training for staff on their responsibilities. However, some people did not feel safe because of the competency of certain staff to care for them or because of poor timekeeping which meant they did not always know when staff would be entering their home.

The provider checked staff were suitable to work with people through recruitment checks and there were enough staff deployed to care for people.

The provider consulted with people as part of assessing their needs and also reviewed any professional reports. The provider developed care plans based on their assessments which guided staff about people and their needs. People were supported with eating and drinking.

We identified breaches in relation to safe care and treatment, consent, person-centred planning and good governance. You can see the action we told the provider to take at the back of the full version of the 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. The provider did not always assess risks relating to people's care or manage medicines well.

Systems were in place to safeguard people from abuse or neglect.

The provider checked staff were suitable to work with people and there were enough staff to support people.

Is the service effective?

Requires Improvement

The service was not always effective. The provider had not assessed people's mental capacity to make decisions when they had reason to suspect people lacked capacity.

People were not always positive about the support they received in relation to their health.

Staff received training although training in MCA was not always provided. The provider was establishing systems to supervise staff.

Staff supported people appropriately in relation to eating and drinking. People's care needs were assessed by the provider.

Is the service caring?

Requires Improvement

The service was not always caring as we received mixed feedback about the staff who supported people. People and relatives were not always positive about staff.

Some people and relatives felt staff did not always treat people with dignity and respect and staff did not always support people to maintain their independence.

Some staff developed good relationships with people, but not all staff understood people's needs well enough.

Is the service responsive?

Requires Improvement

The service was not always responsive. The provider did not

always use concerns people raised to improve the service they received.

The provider put suitable care plans in place to guide staff on people's physical, mental, emotional and social needs.

Is the service well-led?

Requires Improvement

The service was not always well-led. There was no registered manager in place. The provider did not have suitable governance systems in place to assess, monitor and improve the service.

Systems to gather communicate with people and relatives required improvement. However, the provider communicated openly with staff.

Classique Care Services Limited

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.

This inspection visit to the service took place on 5 April 2018 and was announced. We gave the provider two days' notice to give them time to become available for the inspection. It was undertaken by a single inspector and an expert by experience. An expert by experience is a person who has direct experience of care services.

Before our inspection we asked the provider to complete a Provider Information Return (PIR).The PIR contains information about the service and how it is managed by the provider. We reviewed this, as well as other information we held about the service such as statutory notifications. Statutory notifications are used by the provider to inform us about information such as safeguarding allegations and police incidents, as required by law. We also sent questionnaires to people using the service, their relatives, staff and professionals to gather their views on the service. We received responses from three people who used the service and no staff, relatives, friends or professionals. We reviewed all responses received as part of our inspection planning.

During the inspection we spoke with the director, care coordinator, administrator and two care workers who visited the service. We looked at five people's care records to see how their care was planned, records relating to medicines management, three care staff files which contained recruitment and supervision documentation, training records and records relating to the management of the service.

On the day of our inspection our expert by experience spoke with five people using the service and seven relatives.

Requires Improvement

Is the service safe?

Our findings

The provider did not always assess risks relating to people's care or ensure written guidance was in place for staff. This was the case for risk assessments for all five people's care documents we viewed and the provider told us these were indicative of all people's risk assessments. This meant the provider could not always be sure they had assessed each risk sufficiently or identified the best ways to reduce the risks. For example the provider had not assessed risks relating to moving and handling for a person who was unable to weight bear and transferred using a hoist or put guidance in place for staff to follow. For some people the provider retained recent, comprehensive risk assessments with management plans carried out by an Occupational Therapist (OT) for staff to refer to. This was the case for two of the five people's care documents we viewed. However, when an OT had not carried out these assessments for people the provider had not carried out their own assessments, ensuring clear guidance was in place for staff to follow in managing risks. This meant people may be at unnecessary risk due to the provider's lacking systems to assess and manage risks.

In addition the provider had not assessed the risks relating to medicines management for people in line with guidance for domiciliary care agencies from National Institute for Clinical and Healthcare Excellence (NICE). The provider told us they supported people by prompting people to administer medicines themselves and did not administering medicines to anyone as such. However, we identified this low level of support may have been inappropriate for some people. This was because the provider told us some people's level of disorientation to time and space meant they were unable to take the correct medicine at the correct time in the correct way without staff support. The provider had not assessed the risks relating to medicines management appropriately for people to determine the level of support they required. When we raised our concerns with the provider they told us they would review their risk assessment processes immediately and they sent us sample medicines risk assessments after the inspection.

Systems were not always in place to ensure people received their medicines safely. One relative raised concerns about the way staff managed their family member's medicines. They told us, "They told us one previous care worker often forgot the tablets altogether." We received feedback from two other relatives and a person receiving care which did not raise any concerns about medicines management.

The provider did always not have suitable systems to review medicines management to check people's medicines were managed safely. During our inspection we requested people's medicines records to check these staff recorded medicines administration appropriately. However, the provider was unable to share these with us as they were unable to locate the records. After the inspection the provider sent us medicines records for two people. Although we saw staff recorded medicines administration appropriately, the provider told us they did not have systems in place to audit medicines records to check staff administered medicines according to their prescriptions. The provider told us they would establish systems to collect medicines records from people's homes and audit these monthly as soon as possible.

Systems to assess whether staff were competent to administer or prompt medicines required improvement. Only staff trained in medicines management administered or prompted medicines. However, the provider had no formal competency assessment to check staff understood risks relating to people's medicines and

their responsibilities. The provider told us a senior member of staff had begun formal observations of staff prompting people's medicines. We asked to inspect records of these observations and the provider told us records could not be located and may not always have been made. This meant there was not always a clear audit trail showing how staff were observed to be competent to prompt or administer medicines and people were at risk of poor medicines practices. The provider told us they would improve systems to manage medicines immediately following our feedback.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people told us they felt safe with the staff who supported them. However, some people and relatives felt unsafe as some staff lacked understanding of how to care for people safely. One person and two relatives felt people were not safe when receiving care. One person told us, "What I don't like is them entering my property at any time they want [due to lateness, a lack of communication about when staff would arrive and staff entering using a key-safe system]. That makes me feel unsafe." One relative told us, "They muddled up her urinary drainage bags on more than one occasion and flooded the bed." A second relative said, "I didn't feel Mum was safe with either of the care workers we had and we've stopped the care because of it." The relative explained one previous care worker was unable to do "simple tasks" such as "asking after two and a half months if cornflakes needed heating in the microwave." We raised these concerns with the provider who told us they were unaware of them and believed satisfactory care had been provided. Other more positive comments included, "I feel very safe. They help me to shower and get up and I have no worries", "They are very careful, I trust them" and "I do feel safe with them." The provider told us there had been no safeguarding allegations concerning the service. However, the provider had responded to safeguarding concerns unrelated to the service appropriately including liaising with the local authority safeguarding team. Staff we spoke with had a good understanding of the signs people may be being abused and how to respond to keep people safe. Staff received training in safeguarding adults at risk during their induction period, with annual training scheduled to keep staff knowledge current.

Staff supported people through suitable infection control procedures. Through our questionnaires people and relatives confirmed staff did all they could to prevent the spread of infections such as using personal protective equipment (PPE) when caring for them and practicing good hand hygiene. Staff received training in infection control during their induction with annual training planned to keep their knowledge of good infection control practices current.

People were supported by staff who the provider checked were suitable to work with them. The provider obtained references from former employers, carried out criminal records checks and checked candidates' identification and right to work in the UK. However, for one member of staff we found the provider had not ensured they completed an application detailing their qualifications and experience. The provider told us this was an oversight and they would rectify this as soon as possible. There were enough staff deployed to support people safely.

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. The provider and staff told us there were three people they had reason to suspect lacked capacity to make some decisions related to their care. For one person the provider recorded their family member had Power of Attorney to make decisions for them in relation to their care. However the provider had not confirmed this by viewing the relevant legal document which meant staff may not have ensured decision making for the person was in line with the MCA. The provider had not carried out mental capacity assessments to check whether people lacked capacity relating to their care. The provider also did not always follow the MCA in making decisions in people's best interests. The provider told us staff did not always receive training on the MCA during their induction and this training was optional for staff. When we raised our concerns the service was not always providing care in line with the MCA and about the lack of staff knowledge of some staff the provider told us they would review their processes and training programme. There was a risk people would not be enabled to make decisions relation to their own care when they had capacity to do so or that when people lacked capacity decisions made may not be in their best interests.

These issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for by staff who received support from the provider. Most people and relatives told us they believed staff were well trained based on their experiences of receiving care, although three disagreed. New staff completed an induction during which they studied core topics including dementia, mental health awareness and moving and handling. Staff also shadowed more experienced staff until they felt confident to lone work. The provider also assessed new staff as competent to lone work informally by gathering feedback from staff they shadowed. The provider told us they recently started assessing new staff more formally by observing them during their induction. We asked to view records of these observations but they were unavailable during inspection and we did not receive copies to view after the inspection. The induction was in line with the Skills for Care 'care certificate'. The Care Certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Most staff were still in their three month probationary period during which the provider met with them regularly to check their progress, although they did not always record their findings. The provider told us they were establishing a system to supervise staff every three months after they passed their probationary period. The provider told us they would train staff annually in key topics relevant to their role.

People were not always supported sufficiently in relation to their health and we received mixed feedback from people about this. Five out of nine people and relatives told us staff did not always support them well enough in relation to their health and two told us it was too early to judge. When we asked, "Do staff understand and support you with your health?" responses included, "No, I doubt that their English was good

enough to discuss things like that", "No, they don't know enough", "I would say they were not interested", "No, not at all" and "I can't say they do." When we raised these concerns with the provider they told us they would review the support provided to staff to help them understand people's health-related needs. The positive responses included, "Yes they do understand Mum's needs, they keep an eye on her bowels and skin care and so on", "Yes, our carer was trained by [a specialist nurse] so she has had to learn and does well." The final two positive responses were, "Yes, they are really good." and "Yes, they keep an eye on my skin and make sure that any sore spots get treated." The provider recorded information about people's healthcare needs in their care plans for staff to be aware of, including any support people required from staff. Staff were available to support people on healthcare appointments if requested. The provider informed people's relatives or external professionals involved in their care if they were concerned about people.

People received the support they needed to eat and drink, although one relative raised concerns. The relative told us, "We stopped them making food because we thought one care worker couldn't read the microwave instructions." When we raised this with the provider they told us they tested staff literacy as part of recruitment and they were satisfied all staff were literate. However, they would provide additional support if staff were identified as struggling. Other people and relative were satisfied with the support they received. One relative told us, "Mum can only have soft foods and they do make it and [support her to eat]." A second relative told us, "Mum gets to choose and they help with preparation and feeding." A third relative said, "They do my meals and it is ok." The provider recorded people's food preferences and guidelines for staff to follow in reducing their risk of choking, where relevant, in their care plans for staff to follow. The provider told us they were often able to meet people's requests for staff who could prepare food from their countries of origin and staff gave us example of when they had been matched with people in this respect.

People's needs and preferences were assessed prior to using the service. The provider assessed people's physical, mental health and social needs through meeting with people and their relatives to find out more about their needs. The provider also reviewed any professional reports, such as those from social services, as part of their assessment.

Requires Improvement

Is the service caring?

Our findings

People and relatives were not always positive about staff. When we asked, "How would you describe the care workers?" four of the twelve people and relatives described care workers in negative terms. Negative comments included, "At the beginning polite and pleasant but this wore off and they became surly", "Slaphappy and not interested", "Had one brilliant one but my regular now is only interested in getting out as soon as possible", "Not very polite to me, and they seemed reasonable to my wife." More positive comments included, "Very caring and nice. Mum likes them", "Quite friendly and kind", "Pleasant, polite and cheerful", "They are friendly and understanding."

Most people and relatives raised concerns about timekeeping and some had received missed visits. Comments included, "They are usually late from 20 minutes to three hours and no one informs us", "They come at completely random times so the family had usually done what was needed already", "They are often early or late. We asked for lunch to be between 12pm and 12.30pm and they have been at 11.00am and at 3pm!", "They are never on time. Sometimes we have one [care worker] waiting in the car while the other one gets here 20 minutes later [when two staff are required to provider care at the same time]", "They are usually very late and they rush off the instant they can" and "The timing is terrible." The impact of poor timekeeping on people was that they did not always know when staff would arrive to deliver their care. In some cases people were unable to start their day properly without receiving personal care and in others people received meals outside of their preferred times. Three people and relatives also raised concerns about the provider missing a scheduled visit which meant they did not receive care. One person told us, "Sometimes they ask if they can have a day off and I'm not happy about it but I let them and there is no replacement." During our inspection we found the provider was implementing an electronic system to monitor the times staff provided care to people, but did not have sufficient systems to monitor timekeeping in the interim. Staff were scheduled to receive training on how to use the system and it would be in operation in the next few weeks. The provider told us the system would alert them if staff were late or if a person did not receive their care at the scheduled time. We will review how this system helped the issues regarding lateness at our next comprehensive inspection.
The issues relating to poor timekeeping and missed visits were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff developed good relationships with people by getting to know them, but not all staff understood people's needs well enough. We asked twelve people and relatives, "How well do the carer workers know you and listen to you?" and half responded negatively. Comments included, "They don't know me, apart from my hobby. This carer asked me to repair [an item of their in line with my hobby] and now he keeps asking me if I have done it yet and I haven't. I don't feel well enough yet", " I have an assortment of them so I don't feel that they know me", "They don't listen", "I have had to move in with Mum and the carers should know that I have [a chronic illness] and can't do much but they are still asking me to do the things they are here for." Other comments included, "Not much I would say, they spent so little time here", "They have got to know Mum quite well now and they really listen", "Our main carer knew Mum well and always listened to what she had to say", "I have two regular carers and they know me well and certainly listen to me." When we asked twelve people and relatives how well staff spent time interacting with them eight responded staff

talked with them while carrying out their tasks. Comments included, "The main carer spent quite a lot of time with Mum and they enjoyed chatting" and "The main carer in the morning spends the morning with Mum and they chat a lot." Four people and relatives told us staff did not spend enough time talking with people. More negative comments included, "Their English was appalling, I doubt that they could sit and have a conversation", "They rush out of the door at the earliest opportunity" and "I wish they would, sometimes I am a bit emotional and want to talk to someone but they say they haven't got time."

Most people and relatives told us staff treated people with dignity and respect and gave them privacy, although some people shared concerns with us. The provider told us they included treating people with dignity and respect in staff training but this was not always apparent in the feedback we received. Positive comments included, "Mum was always treated respectfully", "They always treat Mum like a person not a number!" and "They do treat me with respect, and as much dignity as can be managed during personal care." The concerns people shared with us included, "They barge into my house without ringing the door-bell or calling out. They tell me to go away and let them do the job which they can't do properly", "I suppose they do try to be respectful, but they can be very abrupt", "I had to speak to them about making sure they keep the bathroom door closed while helping him. They said that no one else had ever complained" and "They are just barely respectful." One person gave us an example of when a staff member was disrespectful to them telling us, "The other day I needed to go to the bank to get some money for the shopping and I told the care worker so. They said 'you should have the bloody money here for me.'"

We received mixed feedback from people and relatives about whether staff supported people to be as independent as possible. Of the people we asked about this, four responded negatively and four positively while others told us promoting independence was not relevant to the type of care they received. Staff told us they always tried to support to be independent but this was not always reflected people's feedback. Negative comments included relatives who said, "I don't think they do [encourage my family member to maintain their independence" and "[My family member] regained her independence but I think that was down to the family not the carers." Other people and relatives said, "I have noticed that it is only the physio who makes [my family member] go places with her walker, the carers tend to wheel her on the commode" and "They don't [encourage independence]." Positive comments received were, "I know they encourage Mum to wash her own face and hands" and "They always let me do what I can and then help, although some days I am too tired for much." In addition two people told us, "I can't do much but they do suggest things I could do for myself", "They try to give me time to do things for myself but I am conscious of holding them up."

Requires Improvement

Is the service responsive?

Our findings

People and relatives were not always satisfied with how the provider responded when they raised concerns. One person told us, "I have spoken to them many times about the timekeeping and nothing changes." A second person said, "I don't have confidence in them." They told us about two concerns they raised with the provider and the provider had not responded to their satisfaction. One relative told us, "I absolutely do not have confidence. When I raised a concern we had a chat of about 45 minutes and then it got even worse." A second relative told us, "I don't really have confidence. We told them about our issues with the carers but nothing changed." A third relative said, "The Social Worker complained on our behalf and I never heard what came of it. Basically I don't have confidence." Of the other seven people and relatives one had raised a concern which the provider had dealt with to their satisfaction. The others had not raised concerns but believed the provider would respond appropriately if they did. The provider told us they had received no formal complaints. When we queried concerns they told us they did not log these formally and responded to each individually. The feedback from people and relatives showed the way the provider responded to concerns and analysed these as part of improving the service required improvement.

People and relatives told us the provider developed care plans for people and they were involved in the process. People and relatives also confirmed care was planned in response to their needs. However, during our inspection we asked to view the care plan for one person and the provider told us this was not available which meant information was not available for office staff to refer to so they may not have been able to guide staff accurately if staff required their support on providing responsive care. The provider told us they would investigate this. The provider told us they always met with people and relatives to gather key information about them as part of developing the care plan.

People were satisfied with the content of the care plans and one person told us, "[My care plan] is fairly accurate." People's care plans contained information to guide staff on people's physical, mental, emotional and social needs. The provider also asked people what was important to them in relation to their care, people who were important to them and their background, religious or cultural preferences, preferred methods of communications, daily routines and hobbies. This information helped staff understand the people they were caring for better. People's care plans reflected their current needs and the provider told us they planned to review people's care plans regularly.

Staff were available to help people to maintain social contacts, although this was not part of the agreed care for most people. However, one person told us how staff supported them well to prepare for a weekly activity.

The provider told us they were not supporting anyone at the end of their lives, although they confirmed they would ensure suitable care plans were in place when necessary for people in the future.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led. Half the people and relatives we spoke with told us they did not think it was well-led. Negative comments included, "I think it is shockingly bad", "It is next to useless." and "It's definitely not well-led." A different person told us they thought the service was not well-led because, "They give the carers an amount of time to spend with the client but no travelling time is built in so they are always rushing and have no time to talk. Also I would really like a regular carer." Positive comments included, "It does seem well led, they are employing better people than they used to", "I think it is well-led. I have had another care agency before this and these are better." and "It's more or less well-led. I always got a response when I rang."

The service did not have a registered manager in post. Two managers had registered with us and had left their post since the provider registered with us with the last registered manager deregistering in February 2018. The director, who was also registered with us as the 'nominated individual', was in charge of the service. However, for personal reasons the director was unable to oversee the service on a full-time basis around the time of our inspection, although staff confirmed the director was available for support whenever necessary. Our inspection findings showed the service was not always well-led as we found concerns in every key question we ask of services. This indicated the provider lacked sufficient oversight of the service to check it was providing good standards of care to people. The director told us they were considering registering as manager as soon as they were able to taken on responsibility for the service full-time to help improve standards.

The provider's systems to assess, monitor and improve the service were not always robust. Systems to check and review medicines management, care plans, risk assessments and compliance with the MCA were not always in place or required improvement. Systems to review concerns raised by people and relatives and to use them to improve the service also required improvement. The provider had identified issues relating to staff timekeeping and was putting an electronic system in place to monitor and improve this. We will review how well this system worked at our next comprehensive inspection. The provider told us there was no schedule in place to carry out spot checks and observations of staff performance as most staff were still being monitored as part of their probationary period. The provider told us they intended to carry out spot checks and observations every two to three months going forwards.

Some documents related to people's care and the management of the service were not always kept securely. The provider told us some spot checks and observations had been carried out recently although records relating to these were unavailable during our inspection. This meant the provider did not ensure a clear audit trail and that any identified concerns were appropriately noted and actioned. The provider had systems to monitor staff training and recruitment, although this system had not identified a full employment history for one staff member was lacking. During our inspection one person's care plan could not be located either on the electronic system or as a hard copy which meant information was unavailable for office staff to refer to.

The provider did not always communicate openly with people and relatives. Five people and relatives told

us they felt the provider did not listen and respond well to them, two people responded, "I haven't tried [so I don't know]" and five people were more positive. Negative comments included, "I have tried talking to them and all I get is lies", "I have talked to them and they appeared to listen, but inappropriate action was taken. Sometimes you ring the answerphone and they rarely ring back." and "We talked to them but it made no difference." Positive comments included, "We talk to them quite often and they will modify times of visits if we want them to", "I talk to them quite a lot and they listen." The systems to gather feedback from people and relatives to check they were satisfied with their care and to make any necessary changes required improvement. The provider visited or called people and relatives to find out their views about their care. However, these were not carried out on a regular basis for all people and had not identified the issues people told us about during out inspection.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider communicated openly with staff. Staff were positive about the communication from the provider. The provider told us two staff meetings had been held since the service began providing care to people, although minutes for these meetings were unavailable during our inspection which meant there was not always a good audit trail. The provider told us they were planning social events for people and staff for the coming months.

The provider worked with key organisations updating the local authority in relation to concerns or changes in people's care. The provider had also facilitated an audit by the local authority before they commissioned care. The director attended provider forums arranged by the local authority to review best practice.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person did not always design care with a view to achieving people's preferences and ensuring their needs were met. Regulation 9(1)(b)(c)(2)(3)(b)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not always ensure they acted in accordance with the 2005 Act if a person was over 16 and unable to give consent because they lacked capacity. Regulation 11(3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always ensure care and treatment was provided to people in a safe way. The registered person did not always ensure risks to the health and safety of people of receiving care were assessed and that all was done to mitigate any such risks. The registered person also did not always ensure the proper and safe management of medicines. Regulation 12(1)(2)(a)(b)(g)

Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person had not: established effective systems to assess, monitor and improve the quality of service including the quality of the people's experiences; maintained securely an accurate, complete and contemporaneous record of each person including decisions taken in relation to their care; maintained securely records relating to the management of the service; evaluated and improved their practice in respect of the processing of information referred to above.

Regulation 17(1)(2)(a)(c)(d)(ii)(f)