Astha Limited

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Inspection report

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Date of inspection visit:
09 June 2016
15 June 2016

Date of publication:
05 August 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
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 was announced and took place on 9 and 15 June 2016.

Astha Limited is registered to provide domiciliary personal care and support services to people. At the time of our inspection the service was providing personal care to 27 people in their own homes. Astha Limited provided other types of care in the community to another 26 people but these were not regulated activities that fell under the remit of our inspection. Some people who use the service were supported through round the clock care where staff worked in shifts. The time and frequency of other visits depended on people's individual needs.

Our last inspection was on 4 March 2014 where we found all standards were met.

At the time of our inspection the registered manager was on planned absence from work and cover was provided by the nominated individual for the service. 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.

The feedback we received from people was mostly positive and three people told us they had seen improvements in the way complaints were dealt with. However some people were not confident in the complaints procedure and complaints were being used to record accidents and incidents reported by staff.

Two people told us that they had found difficulties in contacting the office outside of the usual working hours even though a telephone number had been given to them.

The safety of people who used the service was taken seriously and staff were aware of their responsibility to support people's health and wellbeing. However, we found that the recording of medicines administration hadn't always been safe. People had not always received all their medicines as prescribed and we found that one medicine administration record had been altered which was a risk to people's health and welfare.

Staff had an understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from staff who knew them well and all the people we contacted spoke positively about the care workers.

People valued the attention to culture, language and religion and the work done by the office to match care workers where possible. People had positive relationships with their care workers and felt that improvements had been made in the service through provision of the same workers who had built relationships with people and their families. There was a strong emphasis on valuing and respecting people's culture, religion and language. People told us that they were treated with dignity and respect. Care plans considered people's strengths and independence whilst assessing risk appropriately and planning

outcomes. People received a service that was based on their personal needs and wishes. As most of the people using the service lived with other family members regard had been given to this.

The management team sought feedback from people and their families through making spot check visits, quality assurance phone calls and sending out questionnaires, however this was limited and did not capture the experiences of enough people to robustly inform improvements to the service. A new software system had been installed just prior to our inspection and staff were positive that this would lead to improvements in the service.

Staff were motivated to learn and develop and most of the care workers told us they were supported by the management team. Staff were encouraged and enabled to access training and this helped them to provide a quality service to people. However, staff were paying for some of their training which could disadvantage some staff without the funds to do this.

The nominated individual who was managing the service in the absence of the registered manager had built good links with the community and held workshops to keep people informed of changes in community care.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version 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.

Staff had a good knowledge of safeguarding and knew how and when to raise concerns.

Risks were identified, assessed and managed.

There were sufficient staff with skill and experience for their roles. Safe recruitment practices were followed.

Some people had not always been able to contact the office.

The administration of medicines was not always adequately managed or correctly recorded.

Staff had a good knowledge of infection control.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision, induction and training. Staff were encouraged and enabled to develop their learning and experience.

Staff had an understanding of mental capacity and how to give people choices and how to work with people's consent.

People's day-to-day needs were met and they were given options in a way they understood. People were involved in identifying the things they needed help with and how the help was provided.

Staff made referrals to other professionals such as GPs and occupational therapists in a timely manner.

Is the service caring?

Good

The service was caring.

People told us that staff were very caring and respectful.

Staff worked in a person centred way and gave us many examples of how they listened to people and knew their preferences, strengths and care needs.

People were involved in the planning of the help they received and were given choices to maximise their independence.

People's privacy was respected and consideration was given to the fact that most people were supported in homes where they lived with other family members.

Is the service responsive?

Requires Improvement

The service was mostly responsive.

People contributed to the assessment and planning of their care.

Staff respected people's preferences and wishes.

People were supported with their cultural, religious and language needs and staff were matched wherever possible to provide this care.

Office staff made spot checks to people in their homes to check that staff were working to care plans and to time. Telephone calls were made to people who used the service to ensure quality of care and to give people opportunity to raise concerns.

Complaints systems were not always effective as they had been used for staff accident and incident reporting, and people told us their complaints were not always responded to satisfactorily.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

The service had recently implemented a new software system which will enable robust monitoring of visits, missed visits, length of visits and will provide real time communication to all staff. There were other plans in place for additional improvements to the service.

Staff knew what was expected of them and were supported through individual and group supervision, training and annual appraisal. However, not all people found there was effective support from the office.

The system for staff reporting accidents and incidents was not effective and did not facilitate management oversight of risk to

staff health and wellbeing.

Astha 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 took place on 9 and 15 June 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we had to be sure staff would be there who had access to relevant information.

The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). 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. We reviewed the completed PIR and previous inspection reports. We sent out questionnaires to people who use the service and their families but only one was returned. We sent out questionnaires to staff and seven were returned. We contacted local authority contracts and safeguarding teams for their feedback about the support people received. We also looked at our own records to see any notifications sent in by the service and any share your experience contacts we had received from people who use the service. We had received whistleblowing information of concern. On our inspection we found some information that partially corroborated the concerns raised and you can read about this in our report.

During the inspection we spoke to one staff supervisor, one rota organiser, three care staff and the manager. We looked at four staff files and seventeen staff supervision records. We looked at five individual care plans. We looked at five sets of medicines recording sheets. We looked at the complaints and compliments folder for the years 2015 and 2016. We also viewed a number of policy and procedure documents.

After the inspection we contacted a number of people who use the service by telephone and seven people spoke with us. We also spoke with eight staff by telephone. We also received further information of concern.

Requires Improvement

Is the service safe?

Our findings

One member of staff told us, "People are looked after well and kept safe." One person told us, "I am nervous about the weekends but generally speaking they are quite good."

Our inspection found that medicines weren't managed safely in the service. The service had implemented a new system for recording the medicine that was given by staff and this was in it's infancy. The new sheets that had been used since May 2016 were a definite improvement on the old sheets that had been used up till then. We looked at the sheets that had been in use and there were some gaps in recording and some medicines sheets weren't dated. We saw that there had been times when there was no record of a medicine being given (missed doses) in some people's medicine sheets but this had not been explained on the separate sheet used for recording this. We saw that some old sheets had handwritten charts added to the printed sheets. One medicine sheet we looked at had initials recorded by an 8am dose but this had been crossed out and it was not possible to tell if there had been a mistake in recording or if the medicine had been given at 8am in error. There were lists of staff names and signatures in people's medicine records but the lists did not have any service user name on them so it would not be possible to tell which person they referred to. Some people had a medicines administration assessment form completed but not all. We took the view that medicines had not always been administered safely and gaps in the medicines sheets were not adequately explained or recorded.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise, the service had a medication policy and procedure which included issues of cultural sensitivity such as administering medicines during the period of Ramadan. The policy also covered issues of consent, storage, refusal, mistakes and errors, covert administration and bought medicines. Each person had a list of medicines, the reason for the medicine and the side effects to watch for but these had no dates on them. There were photographs of people's medicines, lotions, creams and liquid medicine in each person's record. Each person had a form for staff to complete when they gave medicine when needed outside of the regular prescribed medicines (PRN). This included when staff had applied creams.

The service had a medication administration action plan for 2016 which included plans to develop safer systems for medicines administration through training, creating a medication assistance assessment form, creating a medication profile and introducing new MAR sheets and auditing the use of these.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe, they gave us examples of different types of abuse which included an understanding of neglect. Staff told us they had training about safeguarding.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They gave us examples of how they use handovers at the end of their shifts to share any important information with other staff and how they would use body charts to note any rashes, sores or

bruises on people's skin.

The service had a safeguarding policy and procedure which we saw had been reviewed annually. The policy included principles of safeguarding, dealing with aggression and challenging behaviour, crime reporting and contact details for the local safeguarding authority, the CQC and the police.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had a whistleblowing policy and we saw this had been reviewed annually. Staff were able to tell us about the whistleblowing policy and gave examples of how it could be used to protect people who use the service. The service had a health and safety policy which included safety in the working environment and a moving and handling policy which included guidelines on how to use equipment safely and assess risks.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. People's care plans included comprehensive risk assessments which rated impact and likelihood of the risk and had action plans in place. Using the hoist with people was recognised as a safeguarding concern but we saw that pressure areas had not always been recognised as a risk in people's plans. People benefited from a safe service where staff understood their safeguarding responsibilities with regard to using equipment such as hoists, knowing they couldn't use the hoist alone as this wouldn't have been safe.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. People told us that there had been problems with staff absence in the past where cover hadn't been arranged by the office and this had been a problem at weekends in particular. The manager told us that they were aiming to recruit some bank staff to cover holiday times.

The service followed safe recruitment practices. Staff told us they had references taken and had a DBS check. Staff files 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 vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character which included a personal interview where potential employees were given scenarios to test their knowledge and understanding of the role. Staff gave us examples of how they kept people safe through infection control practices and told us the office kept them well provided with uniforms, gloves, aprons and hand sanitizers. Staff explained to us how they dealt with soiled linen in line with infection control procedures.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us, "They know my wife very well, they are very respectful." Another person told us, "The staff are very good whatever we need them to do we ask."

The service had an induction plan in place for new staff and new staff were supported to complete the induction programme. New care workers were able to shadow more experienced staff before they worked alone. One care worker told us, "Before I started work I had training in using the hoist and shadowed other staff." Another care worker told us, "I had my induction and did shadow shifts which were very helpful as each and every person is different. The team leader introduced me to the person and their family before I started working with them"

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. As some staff worked in teams to provide round the clock care they had been trained to support the specific needs of the person. They had been trained in oral airways suctioning, pressure care awareness, percutaneous endoscopic gastrostomy (PEG) feeding and nasogastric feeding. Care staff told us how they used communication books to read before they started each shift and had handovers at every shift change. Care staff also reported issues to family members and the office as required.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. There was a training programme in place and staff files held records of the training they had completed. One care worker told us, "I really enjoy the quality of service I give, the more I work the more I learn." Staff told us they had the training and skills they needed to meet people's needs. However staff told us that they paid for some of their training and much of the training was through an on line training programme which may disadvantage some people, particularly those for whom English was not their first language. Some staff we spoke with were working towards qualifications appropriate to their role. One staff member told us, "I am currently working toward NVQ level 5, I do this in my own time but the company pay for the training." Another person told us, "I am pursuing QCF level 5 through Astha. I attend a class once a month as a trainer comes to provide classroom sessions. The fees are paid by Astha." One member of staff told us, "I couldn't come to end of life training in the office so I did myself in my own time and sent the office my certificate."

People were supported by staff who had supervision (one to one meetings) with their line manager. Most staff told us supervisions were carried out regularly and this enabled them to discuss any training needs or concerns they had. Supervisions were used to help staff reflect on their practice. The manager responsible for staff supervision told us they had an open door policy and staff could contact them for a pre- supervision discussion. However, not all staff we spoke to had regular supervision.

One member of staff told us, "The office help me to build my confidence. I did NVQ level 2 from here". Staff told us they felt supported by office and colleagues and one person told us, "I find my colleagues helpful and friendly, we learn from each other and always ask others if we are unsure." Another staff member told

us, "I feel very comfortable working here, it is very professional with uniform and ID badge, they take care of staff." We saw staff supervision records had been used to identify training needs, looked at work performance and offered support with particular issues. Some supervision records had identified the need for management actions such as referring to another professional (speech and language therapist) for a particular person who used the service. The record also had a section for an action plan as a result of the issues raised in the supervision meeting. We weren't able to view any supervision records after April 2016 as at the time of our inspection we were told they hadn't been typed up. We recommend that the service reviews supervision practices to ensure all staff receive regular opportunities for supervision, and receive feedback in a timely manner and in an appropriate format after supervision meetings.

Staff were also supported through group supervision sessions. Where some care staff worked as a dedicated team for people who required round the clock care they met together to discuss any issues and training needs specific to the person's care needs. We saw records of group supervisions where training needs had been identified and health and safety matters had been identified and new equipment had been provided as a result of this.

Staff were given an annual appraisal. The folder for 2016 contained 12 completed appraisals and we were told the next batch were due in July 2016.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw in care folders where staff had advised families to formalise their decision-making about, and management of, relative's finances and welfare through the Court of Protection. We saw the service's MCA policy and procedure which had been reviewed annually.

People did not always have capacity to make their own choices and decisions about their care but were encouraged by staff to have as much choice as possible. Staff gave us examples of how they gave people the chance to choose their clothes for the day and how they always ask before carrying out any tasks. One staff member told us she visited one person who sometimes said they needed more time to sleep and staff supported this request as much as the allocated time would allow. One care worker explained how she gave choice to a person who couldn't speak and told us, "We give her two choices so she can indicate non verbally what she prefers. We ask her if she wants to go to the toilet or to a different room and she can let us know."

People's wishes and preferences had been followed in respect of their care and treatment. We saw care plans that detailed specific routines and had notes for staff about actively involving the person with the care tasks. Care plans showed each person in the round and were not just a list of tasks and included moral support, and emotional and spiritual well-being. Care plans also identified people's strengths.

People's care records showed relevant health and social care professionals were involved with their care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. Care plans included the involvement of other professionals such as district nurses and staff alerted professionals if they noticed any changes or side effects of medicines. The medicines folders for people listed the side effects of medicines for staff to look out for. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. We saw one care plan with very detailed procedures for PEG feeding procedure which included the person's posture, cleaning the

PEG site and syringes and explanation to the person of what actions were being taken and why. We saw care plans where referrals had been made to occupational therapists to address concerns about risk.

Good

Is the service caring?

Our findings

One person told us, "All the girls that they have sent have been very kind and attentive. I have not come across one that wasn't lovely." One relative told us, "They find time to sit with her and chat. I know they are on a tight schedule but they do try." One person told us the best feature of the service was that the care staff were, "Very caring."

People received care and support from staff who had got to know them very well. Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. One care worker told us, "We recite the morning time Punjabi prayer for her to help her be calm and we call her auntie at her request."

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service including a complaints and compliments sheet and spot checks made by managers.

Care staff were knowledgeable about things people found difficult and how changes in daily routines affected them, understanding how staff absence affected them. Care staff were able to explain people's routines and preferences and explained how they tried to support people who were living with other family members and how they respected they were in others' family homes. Care workers gave us examples of how they promoted privacy and dignity by covering people with a blanket when taking them from their bedroom to the bathroom.

People's records included information about their personal circumstances and how they wished to be supported. Care plans also included people's strengths and agreed outcomes for support. Care plans indicated where people wanted to be encouraged to do tasks for themselves and where the person's participation and independence were to be maintained. One care plan stated that staff were to be guided by the person and to always check with them. The aims of the service as outlined in the service users' guide were to "improve the lives of service users and the people who care for them and to empower service users to have the confidence and motivation that increases independence."

People and their relatives were given support when making decisions about their preferences for end of life care. Services and equipment were accessed as and when needed through referrals to occupational therapists. One care worker who worked night times explained to us, "If she doesn't sleep I talk with her, she prefers the Hindi language so I talk with her and sing for her in Hindi." She went on to explain, "If she is sleeping, I check her breathing. I check she is comfortable as she needs to sleep in an upright position." The care worker gave an example of how a concern had led to calling the GP out of hours. The care worker also explained the tasks carried out by the district nurse. She told us how the person, "Has injections administered by the district nurse daily and we work together."

Requires Improvement

Is the service responsive?

Our findings

People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. One person told us, "They sent a young lady to assess mum and she put forward times and arranged with mum and I, she asked would this time be convenient, what do you want us to do?"

Our inspection found that the provider did not operate an effective and accessible system for identifying, receiving, recording, handling and responding to complaints. We viewed the complaints and compliments records and saw there had been eight complaints in 2015 and one formal compliment. The records showed what management action had been taken but there was no recorded follow up to confirm that people who had made the complaint were satisfied with the response.

Four people told us they had experienced problems in the past with staff absence that wasn't covered. Three of those people told us that improvements had been made and their complaints had been dealt with. One person told us, "Since the early days they have improved a lot. Initially one of the carers kept letting them down and they couldn't get cover. I would feel confident if I wasn't happy now to get on to them." Another person told us, "In the beginning we had changes of carers and so it was hard to build a relationship but it is fine now." Another person told us, "There was a problem but now it has been sorted. I ring the office straight away. I don't have the same problem again." However, one person told us, "I am not at all confident with the complaints procedure, the service doesn't listen or act upon the issues you raise. The leadership team don't communicate, we deal with the care staff to deal with issues."

This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were involved in developing their care, support and treatment plans. When referrals were received from local authorities or healthcare commissioners the staff undertook their own needs assessments to check they did actually reflect people's care needs and to ensure that people were involved in planning how to meet those needs. Care plans were personalised and detailed daily routines specific to each person. As most of the people who used the service lived with family members staff always sought the person's permission to involve relatives if this is what they wanted. Office staff always produced the care plans in English but as not all people who used the service were able to understand the language they went through the care plans with them verbally in their own language to ensure they understood and fully agreed with what was written. The care workers we spoke with were all able to explain in detail people's individual routines. Care plans included information that enabled the staff to monitor the well-being of the person such as looking for side effects of medicines and checking skin for signs of pressure damage when people were not able to move about.

People were supported to maintain their independence. People had their needs assessed before the service started. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. One compliment from 2015 stated, "I find their staff to be very supportive in treating me like a human being. They involve me in all

aspects of my care. They are always encouraging me to do things by myself and are very motivating."

The service had a proactive approach to respecting people's human rights and diversity and worked to recruit and match staff with language and culture. One relative told us, "The key positive about the service is that they are culturally and religiously aware and have the language skills." We saw one person's care plan which outlined staff to greet the person with a Sikh greeting in the Punjabi language. Care plans had also paid due regard to the family make-up of the home as most people using the service lived with other family members. We saw the service had an equality and diversity policy which had been reviewed annually.

Relatives told us they were kept informed about any changes or concerns by the care staff. One person told us, "One of the carers phoned to tell me she wasn't happy with mum's condition and then the office phoned to tell me." We were told there was good contact with the care staff.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and escalated to the office staff as appropriate.

Requires Improvement

Is the service well-led?

Our findings

One of the management team told us, "The manager has an open door policy and is open to change, keeping abreast of developments in community care."

Our inspection found that the management team did not operate an effective system to assess, monitor and mitigate risks to staff. Complaint records, and incident and accident records, showed that when care workers reported injuries that occurred during the course of their work, these were recorded and responded to as complaints. These were not included in incident and accident records and appropriate action was not taken as a result. The manager did not have systems in place to properly monitor staff injuries and mitigate risks to staff health and welfare.

One member of staff told us, "If I have any issues I go to my manager and explain and make suggestions she always listens to me." Another staff member told us, "I would go to the manager, she is very friendly and understands and will take action." Most of the staff we spoke with had confidence the manager would listen to their concerns and would be received openly and dealt with appropriately. However staff experience of the support provided by the office was varied.
One care worker told us, "If there is a problem I tell the office staff, they do listen to problems and are helpful." Three staff members told us, "There are always enough uniforms, gloves, aprons, we use a stock list and ring the office and they provide."

People and those important to them had limited opportunities to feedback their views about the quality of the service they received through the spot checks of care staff and through quality assurance telephone calls made from the office. The use of both of these quality checks had been limited and the management team recognised the need to embed these into routine practice. We looked at the records of the telephone quality assurance system that was in place to contact people who used the service to ask about punctuality, staff working to the care plan, satisfaction with the service, any complaints and what could the service do better. We saw that this had been done twice in 2016 with three people contacted each time. While there was a system in place, it was limited in scope and did not capture the experience of enough people to comprehensively monitor the quality of the service.

The above issues are a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One relative told us they had been sent a questionnaire to check the quality of the service. They told us," I am very, very happy with the carer and have never really needed to contact the office."
People said it was sometimes difficult to get hold of office staff outside of the usual working hours. One person told us, "The problem is out of hours trying to get the office. I can't always get hold of anybody." Another person told us, "There are times when the out of hours number is not answered."

Just prior to our inspection the service introduced a new electronic home care software system covering all aspects of the operation of the service. Care staff had all received phones which were used to automatically

log their visits to people and could provide them with real time information about any changes in the care plan, issues they needed to be aware of and any changes in double cover arrangements. Staff had just received training on how to use the new system. People who used the service were also able to access the system using the internet to view their rotas. One care worker told us, "The new system motivates us, we can download every emergency number, rotas and I can put notes to everyone to share information with other carers." Another staff member told us, "The new system looks really good and will bring great improvements. I will have a large monitor and will know where all the staff are, that they are safe and on time."

The manager told us that initially people who used the service had been uncertain about the new system so they planned to send out a newsletter about it and invite people to a meeting.

The service had an ethos of promoting people internally as their abilities and knowledge developed. The current registered manager had started working with the service as a care worker and through training and development had worked her way up in the service. Another member of staff told us that she had joined the service as a care worker and had moved into the office to manage the rotas. The member of staff told us, "I am very supported in my job."

We viewed a number of policies including accident and incident, complaints and compliments, quality assurance, safeguarding, mental capacity act including deprivation of liberty safeguards, medication policy and procedure and the service user guide which had been reviewed annually.

Separate staff meetings were held for care staff and for the management team. The management team discussed themes arising from individual staff supervisions in the management team meetings. One of the management team told us, "We do learn from mistakes and discuss these in management meetings and try to put strategies in place to prevent mistakes happening again."

The service had a well-developed understanding of equality, diversity and human rights and put these into practice. The manager had made links with the local community. We saw the service had a book of activities where the manager had attended community events to give advice and information. Recent events had been at an Asian womens' group and another at Saraswati Puja, a Hindu religious festival. The manager told us she had recently held a workshop about the personal independence payment system. The manager was a practice educator and in the past had provided social work student placements and had completed a train the trainer course in dementia care.

The manager had notified CQC about significant events as required. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The manager had further plans to improve the service. The manager had recognised the challenges of staff retention and the need for people who use the service to have consistency in care. In order to address the challenge the manager had developed a system of people having main carers with back up carers for unplanned staff absence. There were plans to introduce a staff retention incentive system and to consider recruiting bank staff for particular times of day. The manager had prioritised areas for improvement as implementing the new software system and closer monitoring of quality of care through the system.

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 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with the unsafe use and management of medicines. Regulation 12 (2)(g)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The service did not have in place an effective and accessible system for indentifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. Regulation 16 (2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have an effective system to identify, assess, monitor and mitigate risks relating to the health, safety and welfare of staff. Regulation 17(2) (b)