

BMM Care Ltd

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Inspection report

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08 May 2018

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 3 and 8 May 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting their main office so that someone would be available to support us with the inspection process.

We last inspected the service on 12 and 16 December 2016 and found the service to be in breach of Regulation 12 of the Health and Social Care Act 2008. The service was not always undertaking robust risk assessments in areas including moving and handling and skin integrity. In addition, where an environmental risk assessment had identified an issue, remedial action had not been taken to address the risk. We also found gaps in the auditing processes in place that monitored the quality of care delivery. In addition, the auditing of care records had not identified the gaps in risk assessments we found at the inspection.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well-led to at least good.

At this inspection, although some improvements had been made to certain risk assessments identified as issues at the last inspection, we found that where the service had identified individual risks associated with people's health and medical needs these had not been assessed and guidance had not been provided to staff on how to manage and mitigate the identified risks to keep people safe. During this inspection we also found that completed audits still did not identify the issues around the lack of risk assessment that we found.

BMM Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to predominately older adults with physical disabilities or those living with dementia. Not everyone using BMM Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection the service was providing personal care services to 52 people.

There was a registered manager in post who was also a director of the company. 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.

Although the service had risk assessments in place which covered specific areas such as moving and handling, environmental and fire risk, where risks associated with people's individual health and social care needs had been identified, an assessment had not been completed to give guidance and direction to staff on how to reduce or mitigate the known risk to keep people safe.

We saw records confirming that the registered manager had some systems in place to monitor the overall quality of care being delivered. However, these processes were not always recorded and management oversight and governance was not sufficiently robust whereby the provider had failed to identify the issues we found during this inspection.

The service had processes and systems in place to ensure the safe administration of medicines. However, as the electronic systems were relatively new, the service had faced some difficulties with care staff recording whether medicines had been administered where required.

The provider followed robust recruitment processes to ensure that only care staff assessed as safe to work with vulnerable adults were recruited.

The service carried out an assessment of need before starting any care package to confirm that the service could meet the person's needs. People's choices, wishes, likes and dislikes were recorded as part of this assessment to ensure that care and support was planned and delivered to achieve the person's desired outcome.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Care plans were detailed, person centred and were reviewed on a regular basis. People had consented to their care and support and where people were unable to consent, documents confirmed that relatives had been involved in the decision making process where appropriate.

Care staff received appropriate and relevant training and support to enable them to deliver their role effectively.

The service ensured that all accidents and incidents were reported and recorded with details of the incident and the actions taken as a result in order for the service to learn and improve.

People, where required, were supported to access a variety of health care services to ensure that they received appropriate care and support. People were also supported with their nutritional and hydration requirements where this had been identified as an assessed need.

Most people and relatives were happy with the care staff that supported them and confirmed that their allocated care staff were kind and caring and were respectful of their privacy and dignity.

The service had processes in place which dealt with complaints and concerns.

At this inspection we found the provider to again be in breach of Regulation 12 and in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Identified risks associated with people's health and social care needs had not been assessed in order to provide guidance and direction to staff on how to mitigate or reduce the risk to keep people safe.

People generally received their medicines safely and as prescribed. However, the service was experiencing some minor issues with care staff electronically recording that people had received their medicines.

Recruitment processes being followed ensured that only suitable staff were recruited.

People and relatives felt safe with the care and support that they received and received visits from a team of regular care staff.

All accidents and incidents were recorded and reviewed to ensure that appropriate actions were taken learn and prevent reoccurrence.

Requires Improvement 

Is the service effective?

The service was effective. People's needs were assessed prior to the service providing care and support to ensure that the service could meet appropriately meet the person's needs.

Care staff were supported regularly through training, supervision and appraisals.

People received the appropriate support with their nutritional and hydration needs as well as support with accessing health care services where this was an identified and assessed need.

Consent to care had been obtained in line with the principles of the Mental Capacity Act 2005.

Good 

Is the service caring?

The service was caring. People and relatives confirmed that care staff that supported them were caring, kind and respectful.

Good 

Most people and relatives confirmed that they were involved with the planning of care and were able to express their views and make decisions about how they received their care and support as far as practicably possible.

People and relatives confirmed that care staff always delivered care and support whilst being respectful of their privacy and dignity.

Is the service responsive?

Good 

The service was responsive. Care plans were detailed and person centred giving clear information about the person and how they wished to be supported.

People and relatives confirmed that they received care and support that was responsive to their needs.

People and relatives knew who to speak with if they needed to complain or raise any concerns. Appropriate systems were in place to deal with and respond to complaints that had been raised.

Is the service well-led?

Requires Improvement 

The service was not always well led. Although some improvements had been made since the last inspection in December 2016 around risk assessments, we identified further issues with the service assessing identified risks associated with people's health and care needs.

Lack of robust management oversight and governance meant that the provider had failed to identify the issues we found during this inspection.

People and relatives were regularly asked for their feedback on the quality of care that they received. The provider monitored and analysed the feedback so that the necessary improvements could be made.

People, relatives and care staff confirmed that the registered manager and other members of the management team were always available to deal with any queries or concerns.

BMM Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 3 and 8 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity included visiting the office to look at records, telephone calls to people, relatives and care staff. We visited the office location on 3 and 8 May 2018 to see the manager and office staff; and to review care records and policies and procedures. We also telephoned care staff. On the 4 May 2018 we telephoned people and relatives to obtain their feedback on the care and support that they received from BMM Care Ltd.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also looked at action plans that the provider had sent to us following the last inspection in December 2016.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by one adult social care inspectors and two Experts by Experience, which are people who have personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service and their relatives to ask them their views of the service.

During the inspection, we spoke with 13 people using the service, ten relatives, five care staff, one care manager, one field care supervisor, two other office staff and the registered manager/provider.

We reviewed the care records for nine people receiving a service to see if they were up-to-date and reflective of the care which people received. We also looked at personnel records for six members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including complaint and safeguarding records, to see how the service was run.

Is the service safe?

Our findings

At the last inspection on 12 and 16 December 2016 we found that the service was in breach of Regulation 12 of the Health and Social Care Act 2008. The service did not always undertake robust risk assessments around skin integrity and moving and handling. In addition, where an environmental risk assessment had identified issues, remedial action had not been taken to address the risk.

At this inspection we found that although the issues identified at the last inspection had been addressed and the breach had been met, the service was found to still be in breach of Regulation 12 of the Health and Social Care Act 2008.

Care plans that we looked at contained risk assessments which assessed levels of risks and mitigating factors for areas such as the internal environment of the home, moving and handling needs of the person and how they were to be safely supported, fire risk and risks associated with people's skin integrity.

However, where the service had identified individual risks associated with people's health and medical needs these had not been assessed and guidance had not been provided to staff on how to manage and mitigate the identified risks to keep people safe. People's care plans identified risks associated with a variety of health conditions such as diabetes, seizures, urinary tract infections, breathlessness and the use of a catheter. However, the service had not assessed these risks and risk management plans were not in place to guide and inform staff on how to support people with the identified risk to reduce or mitigate the risk.

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

The registered manager and care manager told us that care staff were always briefed about people's care needs and associated risks prior to commencing a package of care. We spoke to care staff to check whether they were aware of people's risks as told us to by the registered manager. Feedback from care staff was positive and when asked about knowledge of people's risks all care staff were able to clearly explain risks for the people that they supported and the steps they would take where people required support to manage their risks. One care worker told us, "Before I go to a person, I am introduced to the person and the office they show me what to do and what the risks are."

We spoke to the registered manager, care manager and the field care supervisor present at the office to explain the issues we had identified. The registered manager assured us that these issues would be addressed immediately. By the end of the second day of the inspection, the service confirmed that out of 52 care plans, 14 had been updated and we were shown evidence of this. One week post inspection we received an email confirming that all care plans had been updated. The service assured us that going forward they would ensure that detailed and robust risk assessments would be completed for all new referrals received.

The service had procedures in place to ensure the safe administration of medicines. People's care plans

contained details of the support they required with their medicines where this was an identified need. Comprehensive details were available on people's care plan which included a list of their prescribed medicines, the dosage required to be administered and how the person was to take the medicine. People did not have any protocols in place for administration of 'as and when' required medicines. We highlighted this to the registered manager who stated that they were not aware of any person who had been prescribed any PRN (as and when required) medicines but would carry out an exercise to check this and where appropriate these would be put into place.

All care staff had received training on the safe management and administration of medicines. This included observed competency assessments as part of spot checks that were carried out periodically throughout the year.

However, during the inspection we found gaps in recording on the medicine administration records and that care staff had not always signed the record to confirm that the person had received their medicine. We were unable to confirm through records that people were receiving their medicines as prescribed.

We brought this to the attention of the registered manager. They explained that the service had very recently introduced an electronic care plan system which also involved care staff recording medicine administration electronically through a hand held device. This had created some problems as care staff did not always have internet access and could not always sign to confirm that administration of medicines had taken place.

However, the electronic care plan system did send alerts to the office if a specific task had not been completed which were required to be followed up by the office staff. The registered manager was able to show us some alerts which related to gaps on the medicine administration record (MAR) and the actions that had been taken to address the alert. However, this was not available for all of the gaps we had identified. The registered manager reassured us that people did receive their medicines on time and as prescribed and that following this inspection a comprehensive audit would be completed to ensure that people were receiving their medicines safely. The registered manager confirmed that this exercise had been completed and no issues had been identified one week after the inspection.

People and relatives that we spoke with did not express any concerns around the support that they or their relative received with medicines and told us they always received their medicines on time and as prescribed. One person told us, "I take my own medication but carers make sure I have taken it." One relative said, "[Relative] uses a dispenser which the pharmacy fill and the carers dispense from it. There used to be a MAR, it's now gone to a PASS system. There's no issues with medication at all."

We recommend that the provider implements safe and robust systems to monitor the electronic care plan and recording system to ensure that people receive their medicines safely and as prescribed.

People and relatives told us that they felt safe with the care and support that they received from care staff that BMM Care Ltd provided. Comments from people included, "I have balance issues but they [care staff] make me feel very safe, especially when I have to go down steps to the bathroom" and "I feel very safe in all ways." Relatives told us, "We have no worries with our relative's care, they are very vigilant, if they see something that is not right they will bring it to our attention. They take great care when supporting our relative and in using the hoist" and "My relative is safe with the carers, they are very homely and patient."

Records confirmed that all care staff received safeguarding training as part of their induction programme and this was refreshed on an annual basis. Care staff were able to clearly describe the different types of abuse people could be subjected to and the actions they would take if abuse was suspected. All care staff

that we spoke with told us that they would report their concerns to their manager. Staff also understood the term 'whistleblowing' and the steps they would take to report their concerns. One staff member said, "You get protected. I would speak to the police or the Care Quality Commission (CQC)."

The service had processes in place to ensure that only suitable staff were recruited. Checks included proof of identity, criminal record checks, satisfactory references from previous employment and right to work in the UK. Staff were unable to commence work until these checks had been completed.

People and relatives were overall satisfied and happy with the care that they received confirming that they mostly always received care and support from regular carers who generally arrived on time. They also confirmed that where care staff were running late they nearly always received a phone call from the office to inform them of this. One relative stated, "If they [care staff] are running late, the agency would let us know." Care staff told us and records confirmed that they were always allocated sufficient travel time between each care visit.

The service had recently introduced electronic call monitoring where care staff were required to log in when they arrived for the care call and log out when they had finished the care call. Where care staff had not logged in, within a timeframe of 30 minutes, the office would receive an alert informing them so that the person could be called to check whether the care staff had arrived. The office would also contact the care staff member to confirm their location and the expected time of arrival so that the person receiving the call could be updated. The service tried to ensure that care staff were allocated care visits in clusters within a specific area to reduce lateness and the possibilities of missed visits. With these systems in place the service was able to reduce the level of lateness and missed visits ensuring people received their scheduled care visit. Where alerts had been received for lateness and missed visits we saw records confirming the actions taken by the service.

The service had processes in place for all accidents and incidents involving people and staff to be recorded and monitored. The service had no recorded accidents or incidents since the last inspection. Forms were available to record accidents and incidents which would include details of the incident/accident and the actions taken. The registered manager told us that if any accidents or incident were recorded these would be discussed at staff meetings so that learning and improvements where required could be taken forward.

All care staff had full access to personal protective equipment (PPE). We observed that care staff came to the office and collected the equipment that they required such as gloves and aprons.

Is the service effective?

Our findings

At the last inspection in December 2016 we found minor issues around the timely completion of spot checks and the service did not have a 'log in' system to monitor care staff arrival and completion of care calls. As such we found significant gaps found in auditing of staff performance and checks to ensure staff attendance at care visits. We also found that although the registered manager checked care plans for accuracy and that they were current, the auditing of care records had not identified the gaps in risk assessments we found at the inspection. Where we found those minor concerns in relation to management oversight we did not feel at that stage that this met the threshold of a breach of regulation.

However, during this inspection we found that audits still did not identify the issues that we found. The registered manager told us and we saw some records confirming that there were a number of systems in place designed to check and monitor the quality of care that people received with a view to learning and implementing the required improvements. These included care plan checks, quarterly spot checks of care staff during care delivery, review of daily care notes and the review of medicine administration records.

Care plan checks were not always recorded and had not identified the issues we found during this inspection about risk assessments. We also found that the review of daily records and medicines administration records had only recently been completed on the implementation of the electronic care plan system and had not picked up the issues we found in relation to care staff not fully completing the MAR. In the absence of recorded audits for care plans we were unable to ascertain that the provider and registered manager had identified the concerns that we identified as part of the inspection process around the lack of individualised and personalised risk assessments.

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

Where issues were identified by the provider's internal processes, around poor recording on care notes details of the actions taken had been recorded.

Following the inspection, the registered manager confirmed and evidenced the steps they had taken to address the concerns we had identified. This included the implementation of individualised risk assessments and robust audits of medicines administration.

People and relatives' feedback was obtained through the completion of six monthly customer surveys. The most recent survey had been sent to people and relatives in January 2018 and the service was waiting for completed surveys to be returned so that an analysis of the results could be carried out. The service also monitored the quality of care provision through regular phone calls to people and relatives and spot checks. Most people and relatives we spoke with confirmed that they had completed a survey in the last three months and that they also received phone calls to monitor the care and support that people received. One person told us, "I have received calls from the manager to check if everything is alright, I would phone her if I had a problem but have never needed to." The service also kept a record of compliments that they had

received from people and relatives. Comments seen included, 'I am so impressed with the care and dedication shown by the carers' and 'Just to let you know that the ambulance crew commented on how good the carers were.'

The service strived to work towards ensuring that they delivered high quality care and support that was safe and responsive of people's needs. People and relatives knew the registered manager and the staff working within the office. One person told us, "[Registered manager] is very considerate, I have had a meeting with her and my relative recently about a memory test. I am 100% happy with the care and service." Relatives described office staff as, "good at their jobs; lovely; efficient; polite helpful and friendly." Relatives also told us that a recently appointed manager had made a point of introducing herself to them and people and had organised meetings to review care plans.

Care staff were also positive about the registered manager and office staff and told us that they felt appropriately supported in their role and that the registered manager was always available and approachable at any time. Feedback from care staff included, "I like the family orientated bit about the company", "[Registered Manager] is a good manager. She is fair. Anything to sort out they will sort out" and "Good manager. Helpful and approachable."

Care staff told us that they were supported through a variety of processes which included supervision, appraisals, ad-hoc one to one meetings, staff meetings and email updates. The registered manager explained that they tried to organise monthly staff meetings where possible and then quarterly also sent out the email updates so that staff who had not been able to attend the meetings got regular information updates. Topics discussed at staff meetings included training, the new electronic care system, medicines management and policies. Email updates seen also included information on the same topics.

Care staff told us that staff meetings gave them the opportunity to share practices with other care staff and the management and learn from each other. Care staff also felt confident in raising any concerns or making any suggestions and felt that their voice was listened to. The service had also recently carried out a staff survey exercise. Responses received had been positive. The registered manager had developed a plan detailing some of the comments that had been made with details of actions taken as part of a lessons learned process.

The registered manager told us that they always worked in partnership with the local authority by attending provider meetings and training sessions where providers from the locality were invited to engage with the local authority and each other in order to learn and share experiences and practises. In addition to this the service also engaged with social workers, district nurses and a variety of other health care professionals to ensure people received the appropriate care and support that they required.

Is the service caring?

Our findings

People and relatives told us that they found the care staff that supported them kind, caring and respectful. People and relatives had built positive relationships with the care staff. Comments from people included, "They are nice ladies, they respect my culture, they do what I want, I have no worries", "Carers are fantastic, very kind and caring, we laugh and chat about our families when they are here, I really look forward to them coming and enjoy seeing them" and "They are kind and very respectful to me, an elderly gentleman."

Relatives were also highly complementary of the care staff that supported their relatives. Comments included, "The evening carer is lovely, she uses her initiative", "The main carer is excellent, we feel very confident and happy with her. I feel they are actually caring as opposed to just doing a job. [Person] likes carers who are happy and jolly. They talk and laugh with her" and "Our carers are loving and caring, they chat away to our relative who is no longer able to communicate verbally and are able to understand our relative's needs."

Some people told us that they were not sure whether they had been involved in the planning of the care and support that they received. However, people did tell us that all their needs were being met and their care delivery was in accordance with their wishes. One person told us that an assessment had been completed by the service prior to discharge from hospital and together with a relative had input into their care plan. Relatives also confirmed that they were included in the planning of their relative's care and that their wishes were acted on. We were told care plans were reviewed when significant changes had occurred or every six to twelve months. Records we saw confirmed this. Relatives also stated that they were able to discuss any changes or concerns with the service as they occurred. One relative told us, "The agency involve us in care planning, we communicate with them and work as a team."

People and relatives that we spoke with all confirmed that care staff always treated them with dignity and respect and their permission was always sought prior to any area of personal care delivery and that their decisions were always respected. Care staff clearly understood the importance of respect and how to maintain people's privacy and dignity. Care staff told us, "I always make sure the toilet door is closed when supporting with personal care and I always knock on the door before entering" and "Most of my clients they tell me what to do and what not to do. I respect their wishes."

In addition to maintaining people's dignity and respect, care staff also explained how they tried to maintain people's independence where possible. One care worker explained, "Say if the person wants to get dressed themselves, I would encourage them to do so themselves." A second care worker said, "If people are capable of doing things for themselves I am just there to support them."

Staff understood people's needs in relation to equality and diversity and that each person was different and possibly had different needs and requirements due to their religion, culture or sexual orientation. Care plans provided information and preferences related to people's religious and cultural identities to care staff especially which this may have impacted on the care and support that they delivered.

Is the service responsive?

Our findings

People and relatives gave mixed feedback about the choice and regularity they received in relation to which care staff supported them. Some people told us they had been given a choice of care staff and received care from regular care staff where as some people told us that they were not always given a choice. However, people and relatives did confirm that they received care and support that was responsive to their needs. People told us, "There is a lot of laughing and chatting when my carer is here, it makes things easier" and "I was not happy with the way one of the carers seemed to just pop in and out, I spoke to the office about it, she listened, I have not had that carer since." One relative told us, "We've had some issues regarding lateness but I have spoken to the manager and all issues have been resolved."

Care plans were detailed and person centred. This included background history about the person, what was important to them, their likes and dislikes and information about how they wished to be supported. Care plans outlined outcomes that people wanted to achieve through the care and support that they received. The service had recently introduced electronic care plans which meant that care staff always had access to people's care plans through their hand-held device. This also meant that all changes or actions would be immediately updated on the system so that care staff had access to the most up to date information about a person to ensure the provision of care that was responsive to the person's needs. In addition to as required updates taking place the service carried out regular reviews of care plans on a six monthly basis.

Care staff demonstrated a good understanding of people's needs and requirements and understood the importance of delivering person centred care. Care staff explained, "We treat each person as an individual. We ask what they want, involve them and we speak to the relative to get information about the person" and "Everyone has different needs. We support them based on their needs."

People and relatives told us that they knew who to speak with if they had any concerns or complaints to raise and were confident that these would be dealt with appropriately. One person told us, "They [office staff] understand if you've got a problem and try to sort it out." A relative stated, "Anything at all and the office would deal with it I know. We have no complaints."

All complaints received had been clearly documented with details of the complaint and the actions taken to resolve the complaint. The service had received 11 complaints since the last inspection which were about a variety of issues such as missed visits, lateness, carers not staying the full allotted time and people receiving care from too many different carers. Each complaint had been dealt with according to the provider's complaints policy with a written response provided to the complainant detailing the provider's findings, an apology and a resolution to the complaint. The registered manager was well aware of the concerns and complaints that had been raised and the emerging themes which the service was learning from and implementing processes for improvement.

Is the service well-led?

Our findings

At the last inspection in December 2016 we found minor issues around the timely completion of spot checks and the service did not have a 'log in' system to monitor care staff arrival and completion of care calls. As such we found significant gaps found in auditing of staff performance and checks to ensure staff attendance at care visits. We also found that although the registered manager checked care plans for accuracy and that they were current, the auditing of care records had not identified the gaps in risk assessments we found at the inspection. Where we found these minor concerns in relation to management oversight we did not feel at that stage that this met the threshold of a breach of regulation.

However, during this inspection we found that audits still did not identify the issues that we found. The registered manager told us and we saw some records confirming that there were a number of systems in place designed to check and monitor the quality of care that people received with a view to learning and implementing the required improvements. These included care plan checks, quarterly spot checks of care staff during care delivery, review of daily care notes and the review of medicine administration records.

Care plan checks were not always recorded and had not identified the issues we found during this inspection about risk assessments. We also found that the review of daily records and medicines administration records had only recently been completed on the implementation of the electronic care plan system and had not picked up the issues we found in relation to care staff not fully completing the MAR. In the absence of recorded audits for care plans we were unable to ascertain that the provider and registered manager had identified the concerns that we identified as part of the inspection process around the lack of individualised and personalised risk assessments.

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

Where issues were identified by the provider's internal processes, around poor recording on care notes details of the actions taken had been recorded.

Following the inspection the registered manager confirmed and evidenced the significant steps they had taken to address the concerns we had identified. This included the implementation of individualised risk assessments and robust audits of medicines administration.

People and relatives feedback was obtained through the completion of six monthly customer surveys. The most recent survey had been sent to people and relatives in January 2018 and the service was waiting for completed surveys to be returned so that an analysis of the results could be carried out. The service also monitored the quality of care provision through regular phone calls to people and relative and spot checks. Most people and relatives we spoke with confirmed that they had completed a survey in the last three months and that they also received phone calls to monitor the care and support that people received. One person told us, "I have received calls from the manager to check if everything is alright, I would phone her if I had a problem but have never needed to." The service also kept a record of compliments that they had received from people and relatives. Comments seen included, 'I am so impressed with the care and

dedication shown by the carers' and 'Just to let you know that the ambulance crew commented on how good the carers were.'

The service strived to work towards ensuring that they delivered high quality care and support that was safe and responsive of people's needs. People and relatives knew the registered manager and the staff working within the office. One person told us, "[Registered manager] is very considerate, I have had a meeting with her and my relative recently about a memory test. I am 100% happy with the care and service." Relatives described office staff as, "good at their jobs; lovely; efficient; polite helpful and friendly." Relatives also told us that a recently appointed manager had made a point of introducing herself to them and people and had organised meetings to review care plans.

Care staff were also positive about the registered manager and office staff and told us that they felt appropriately supported in their role and that the registered manager was always available and approachable at any time. Feedback from care staff included, "I like the family orientated bit about the company", "[Registered Manager] is a good manager. She is fair. Anything to sort out they will sort out" and "Good manager. Helpful and approachable."

Care staff told us that they were supported through a variety of processes which included supervision, appraisals, ad-hoc one to one meetings, staff meetings and email updates. The registered manager explained that they tried to organise monthly staff meetings where possible and then quarterly also sent out the email updates so that staff who had not been able to attend the meetings got regular information updates. Topics discussed at staff meetings included training, the new electronic care system, medicines management and policies. Email updates seen also included information on the same topics.

Care staff told us that staff meetings gave them the opportunity to share practices with other care staff and the management and learn from each other. Care staff also felt confident in raising any concerns or making any suggestions and felt that their voice was listened to. The service had also recently carried out a staff survey exercise. Responses received had been positive. The registered manager had developed a plan detailing some of the comments that had been made with details of actions taken as part of a lessons learned process.

The registered manager told us that they always worked in partnership with the local authority by attending provider meetings and training sessions where providers from the locality were invited to engage with the local authority and each other in order to learn and share experiences and practises. In addition to this the service also engaged with social workers, district nurses and a variety of other health care professionals to ensure people received the appropriate care and support that they required.

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 Risk assessments failed to provide staff with guidance on how to mitigate people's known individual risks.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits of the service failed to identify issues found during this inspection. The registered manager and provider did not have adequate oversight of the service.