Direct Source Healthcare Ltd

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

Summary of findings

Overall summary

We inspected Direct Source Limited on 4 and 20 December 2018. Direct Source Limited provides domiciliary care and support for people living in their own homes. Direct Source provides a service to people living in Gloucester, Cheltenham, Stroud and Tetbury. At the time of our inspection there were 22 people who were receiving personal care. The service provided care for people with long term health care conditions, older people, people with physical disabilities and people living with dementia. Care staff provide a service to people who need assistance with aspects of their care including mobility needs, personal hygiene and eating and drinking.

We last inspected the service in April 2018 and found that the provider was not meeting the requirements of the regulations. We therefore rated the service as 'Inadequate' at the previous inspection. We found the provider had not always ensured staff were competent, suitably qualified and skilled to complete their work. There were inadequate and non-existent systems with ineffective leadership to ensure compliance with the legal requirements. All staff employed did not have appropriate security checks in place. Care and treatment was not provided in a safe way and people were not always protected from potential abuse or harm. The provider had not ensured that the care and support people received met their needs and reflected their preferences. People's complaints were not investigated fully.
Following our inspection in April 2018, the service entered Special Measures.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. We imposed a number of conditions on the registration of the location following our April 2018 inspection to ensure the provider made the required improvements. These included seeking agreement from CQC for any new packages of care and providing us with regular service improvement updates. Following the inspection, we met with the provider discuss the actions they were planning to take to meet the regulations.
During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At our inspection on 4 and 20 December 2018, there was a registered manager in post. The registered manager was also the provider. They had appointed a manager, who they were supporting through the registration process with CQC. 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.

Following our previous inspection the provider had implemented systems to monitor and improve the quality of service people received. Some of these systems had been used to drive improvements around the management of people's prescribed medicines. However, some systems had only recently been

implemented and therefore more time was needed before we could ascertain the impact they had on driving the quality of the service. Additionally, some systems required additional work to ensure they were effective.

People and their relatives spoke extremely positively about the care they received and how staff cared for them. They felt their views and concerns were responded to. The provider ensured people's complaints, concerns and views were recorded and acted upon. People felt safe when being assisted by staff and felt staff had the skills and support to meet their needs.

Staff were positive about working for the provider. Staff were being supported to attend and complete training and had access to the support they required. Following our previous inspection the provider had taken action to ensure all staff went through comprehensive checks before they worked with people and that they received training and professional development. Further work, time and consistency was still required in relation to staff training and support.

People's care and risk assessments had been reviewed, however further work was required to ensure that all plans were reflective of the individual person's needs and preferences. Care staff understood people's needs.

People received their care visits as they expected. Care staff arrived when expected and ensured people had their needs met.

We found one repeated breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulation 2009. You can see what actions we 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 consistently safe. People's risks had not always been documented and where risks had been identified there was not always clear guidance for staff to follow.

People now received their medicines as prescribed. The provider ensured staff were of good character before they started working with people.

People felt safe, and staff understood their responsibilities to protect people from abuse.

Is the service effective?

Requires Improvement

The service was still not fully effective. The service had started a system to ensure staff had access to one to one support; however, these were not fully in place. People were supported by staff who had access to the training they needed to meet people's needs.

People received support to meet their nutritional needs and had access to plenty of food and drink. People were supported to make choices and staff had knowledge in relation to the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People were supported by staff who were caring and compassionate. Staff respected people, their families and their homes.

Staff knew people well and understood what was important to them such as their likes and dislikes. People's dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care assessments were not always current or reflective of their individual needs.

The provider responded to changes in people's needs and

wishes and ensured care visits were tailored to their requests.

The provider responded to complaints and people and their relatives felt confident they could raise concerns to the provider.

Is the service well-led?

Requires Improvement

The service was still not well-led. The provider had implemented quality assurance systems however further work was required to ensure these were effective to drive improvements within the service and maintain consistency.

The views of people and their relatives were now being sought and acted upon.

People, their relatives and staff spoke positively about the provider and the improvements they had noticed within the last six months.

Direct Source Healthcare 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 4 and 20 December 2018 and was announced. We gave the registered manager 48 hours' notice of our inspection. We did this because the provider or registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available. The inspection was carried out by one inspector.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. 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 information we held about the service. We reviewed the notifications about important events which the service is required to send us by law. We also spoke with one local commissioner.

We spoke with two people who were receiving care and support from the service and five people's relatives or representatives. We also spoke with six staff members which included three care staff, the manager, an office staff member and the registered manager/owner. We reviewed six people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Requires Improvement

Is the service safe?

Our findings

We last inspected Direct Source Healthcare Ltd, at a different location in Bedfordshire in April 2018. At our last inspection in April 2018, we found people were not always protected from the risk of experiencing abuse and harm, or unsafe care of treatment. Additionally, people's medicines were not managed appropriately and the provider did not ensure people's care visits were effectively organised and monitored. Lessons weren't always used to inform improvements and the provider did not always ensure employed staff were of good character. These concerns were breaches of Regulation 12, 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively.

At this inspection we found the management team had made improvements to ensure the requirements of these regulations were met, however further time was required to ensure these improvements had been sustained. Following this inspection the provider will still be providing monthly updates to CQC on the improvements they were making to support us to monitor the providers improvement actions.

People felt safe when receiving care and support from staff employed by Direct Source Limited. People and their relatives told us, "They look after me so well"; "They keep my daughter safe"; "(My relative) always feels safe with them around" and "I trust them, (relative) is definitely in safe hands."

Following our last inspection, the provider ensured all staff had received further training in relation to safeguarding. Care staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the provider. One staff member said, "First thing I would call the office, let the boss know. I've not had to raise any concerns." Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "I know all the contacts, they let us know during training. I feel confident in identifying and reporting concerns."

The provider had ensured lessons were learnt and communicated following issues raised prior to our inspection in April 2018. They had reflected the action they took following a concern earlier in 2018. The provider stated: "This time we would go straight to safeguarding and the police. Staff have all received refresher training in relation to safeguarding." The provider ensured they were aware of all concerns and relayed to us their understanding of the reporting process. Staff told us they passed all information to the provider to ensure any lessons learnt regarding one person's care and support could be shared to help improve all people's care. For example, staff had identified the need for mobility equipment in one person's home. All staff were informed of this change and any additional actions they could take. One member of staff told us, "We discuss incidents, so we learn and stop it from happening again."

People and their relatives spoke positively about their call times and told us staff came when they expected to and were rarely rushed. Comments included: "They have never me down. They do turn up on time"; "They don't ever appear rushed. They spend time with me talking if everything is done" and "We personally haven't had any problem with them, always here when we expect them to." Relatives told us that when staff were running late, due to emergencies or unforeseen circumstances they were always informed. One relative said,

"They let me know if they're coming late, they're usually always on time."

Care staff told us they had the time they needed to travel between people's care calls, provide their care and spend time engaging with them. Staff spoke positively about having time just to sit with people to protect them from the risks of social isolation. One member of staff said, "We do get time to sit and talk with people." Another member of staff told us, "We make sure everyone has their call, never pushed. At the moment we're okay, if we take on more people, we will need more staff."

Since our last inspection in April 2018, the provider had implemented informal systems to ensure people have received their care calls. They had set up a group messaging system to communicate with care staff and ensure that care staff notify them when they had completed their care calls. One member of care staff spoke positively about the system. They said, "This has helped. We get up to the date information and we can help each other cover calls, for example if there is an emergency we can cover. We make sure no one is missed." The provider was working with local authority commissioners to formalise their electronic care call scheduling and monitoring.

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. When concerns about staff's suitability had been identified during the recruitment process, the provider implemented risk assessments to ensure staff were sufficiently supported and people remained safe.

We reviewed the personnel files for seven members of care staff. We identified some gaps in recording in relation to references and their employment history. On discussing this with the provider, they were able to evidence staff had been recruited robustly. On the 4 December we asked the provider to carry out an audit of staff personnel files to ensure all the required checks they had completed had been recorded. On the 20 December the provider informed us and we checked that checklists had been added to each member of staff's personnel files and any gaps (such as supervisions not being signed by staff, or contact details being different) had been identified and were being addressed.

People's needs had been assessed where staff had identified risks in relation to their health, well-being and their personal environment. These included moving and handling and mobility assessments. People's moving and handling risk assessments gave staff guidance which enabled them to help people to stay safe. Where other risks had been identified, there was not always a risk assessment which reflected the support care staff provided people. For example, staff had assessed the risk to one person in relation to their use of substances and their environment. There was no clear guidance for staff to follow to ensure the person was kept safe and their wellbeing was maintained. Care staff we spoke with were clearly aware of the risks when supporting this person in their home and how they needed to manage these risks to protect the person and themselves from avoidable injury. One member of staff told us, "We encourage them to access support. We have arranged for cleaners to assist, this has improved their wellbeing." We discussed this concern with the provider. They informed us they had implemented new risk assessment templates. They were planning to implement these and review people's care records to ensure they were reflective of people's needs.

Where staff assisted people with their prescribed medicines, there was not always a current and up to date record of people's prescribed medicines, the dosage and potential side effects of the medicine recorded on their care plans. At this time the service was not responsible for organising people's prescribed medicines, and only assisted with prompting people to take their prescribed medicines. We discussed this concern with the provider, who ensured us they would take effective action to review people's care records so they would be current and reflective of people's needs, including people's prescribed medicines.

The provider had not always ensured where risks had been identified regarding people's care and wellbeing, that clear guidance was always available to staff. These concerns were a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where required, people received their medicines as prescribed. Care staff kept an accurate record of when they had assisted people with their prescribed medicines. For example, staff signed to say when they had administered people's prescribed medicines. The provider checked all medicine administration records to identify any concerns in recording. For example, they had identified some gaps in recording and had communicated this with care staff.

People and their relatives told us staff wore personal protective equipment when they assisted them with their care. One person said, "Oh they're always wearing gloves." A member of staff told us they were always able to access equipment such as gloves and aprons from the office and there were always stock available.

Requires Improvement

Is the service effective?

Our findings

We last inspected Direct Source Healthcare Ltd, at a different location in Bedfordshire in April 2018. At our last inspection in April 2018, we found care staff did not always receive the training and support they required to ensure people's needs were met. Additionally, the provider did not have effective systems to monitor staff training and competence. These concerns were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and the requirements of this regulation was met. However further time was required to ensure these improvements were sustained and staff competencies were monitored. Following this inspection the provider will still be providing monthly updates on the improvements they were making.

People and their relatives felt staff were well trained and understood their needs. Comments included: "They always look after my needs. I find nothing wrong with them"; "They are all very good, I feel the staff are well trained, I can't fault them"; "We have a very good care team" and "They are trained to do what they do."

People and their relatives told us that staff had good communication skills and they had no concerns with staff understanding their views. Since the last inspection the provider told us that some staff had left and all staff they employed had good communication skills. The provider informed us that all staff who were recruited would have the skills and ability to effectively communicate with people.

Care staff told us they had access to the training they required to meet the needs of people. Comments included: "I have the skills I need. Just had training on giving medicines. Got everything we need, if we're not sure we can contact (the provider). (The provider) is very fair, they get us what we need and send us on training" and "We've had all the training. We've spent six weeks getting up to speed. I haven't requested additional training, however I know that I can and one or two staff have."

Following our last inspection the service was on screened admissions which meant the provider needed to seek the approval of CQC to ensure staff could meet people's needs before any new care packages were agreed. Due to this requirement staff training had been focused on mandatory training (based on people's needs and the expectations of the provider). The provider had implemented a training matrix to monitor staff training and ensured all staff were completing a programme of training. Since our last inspection there had been no new staff members employed, however the provider discussed the induction programme they had implemented to ensure staff had all the training and support they needed at the start of their employment with Direct Source Healthcare Limited.

The provider had started a programme of supervision (one to one meetings with staff) and staff observation to ensure staff they employed were trained and competent to meet people's needs. The provider had carried out supervisions with some staff, however not all staff had received structured supervision. Staff told us the provider was always approachable with relation to their training needs. Where supervisions had been carried out these had not always been signed by the relevant staff member. We discussed this with the

provider who informed us they would take effective action. One member of staff said, "(provider) does some one to ones. If we're not going too well. When they're in the field (on duty) they talk to us ask us how we are."

While improvements have been made, further work is required to ensure all staff have access effective training, support to ensure their competency to meet people's needs.

Care staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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.

Care staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "It's common sense, you support people to make choices. You do your best to encourage them, however never force them" and "We are supposed to encourage as much as we can. Try and get people engaged. If they don't want something we can't force them. One person will refuse a lot, including tea and sorting their fridge. We work with them, I help them sort their fridge, we explain and we agree with them what we're doing. They accept that."

The majority of people receiving personal care support from Direct Source Healthcare Limited understood the reasons for their care and how it helped them to stay in their own homes; they had the capacity to consent to the care they received from care staff. At our last inspection, there was not always a clear record of each person's consent to care in their care plans. The provider had taken action to ensure people's consent to their care and a record of their capacity to make decisions were in place. The provider had implemented new documents to assess people's capacity and seek their consent. At the time of our inspection the provider was still working to ensure all records were current, accurate and reflective of people's needs.

People told us they were in control of their care and that they never felt forced to do something they did not want to do. Comments included: "They never rush me or do things I don't want them to do. I ask them to do things and they do it. They are always offering"; "They are always talking with (relative) and involving them" and "They never force me."

People spoke positively about the food and drink care staff prepared them. One person who was assisted with their dietary needs told us, "I'm happy with what they provide." Care staff told us how they assisted people and were aware of people's dietary needs and who was involved in the preparation of meals. One member of staff told us, "(person) will often refuse food and drink. However, we always leave them with a drink and a sandwich close by, they always enjoy it". Another member of staff said, "(Person) has meals the family provide. We give them a choice of what's on offer. They will always pick."

People's care records documented the support they needed with their nutritional requirements. For example, one person required support and supervision with their meals as they were at risk of aspirating. Care staff were provided with clear guidance on how to assist this person with their meal, including providing a meal of their preference, to ensure the person's nutritional needs were met.

People were supported to maintain good health through access to a range of health professionals. At the time of our inspection, people receiving care were mainly independent with a number of their healthcare needs. Where people required additional support from healthcare professionals, or required additional

assistance this was clearly recorded on their care records. The provider and care staff worked with healthcare professionals to ensure people's continuing needs were met, this included ensuring correct moving and handling equipment such as hoists were provided.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received and the care staff supporting them. Comments included: "We are very pleased with them, they're very caring"; "We are very happy with the care", "They're always praising them when they come to visit. She's very happy" and "They're really lovely people. They are always happy and smiling."

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's personal histories and what was important to them. They enjoyed their job and were enthusiastic about providing good quality care. Comments included: "It's a good place to work, I live all the service users we work with" and "The care is important for people, to support them in their own homes. The care is about them so we treat them with dignity and respect."

People and their relatives told us they or their relatives were treated with dignity and respect by care staff. Comments included: "They tend to my needs with my respect. They are very careful and gentle with me. They tend to my needs with my respect", "They are always polite and respectful of our home" and "They are very respectful. Always asking me what I need."

People told us that staff were always involving them in their care, often doing extra things to help. For example, one person said, "They go above and beyond. The little things they do in the time they're here really help. There isn't one of the girls I don't get on with. They are all fantastic and have a strong caring culture." Another person told us, "They are very accommodating. It's a difficult job, but they do it well, they are caring, polite and I trust them."

People told us they felt comfortable with care staff and were supported to build positive relationships. People told us they benefitted from good continuity of care. One person said, "I can't grumble at all. I have a good team who really look after me. I am comfortable with them." One person's relative said, "My (relative) has a very good service, they're very good to her. They do extra things and they know her and her needs". They explained how this helped to build familiarity with the care staff and made them feel more comfortable.

Care staff spoke positively about the caring culture the provider promoted. They spoke about how the provider encouraged all staff to spend time talking with people when care had been completed, and if someone refused support, to spend the time engaging them as they wished. They said, "The objective is always to handle what they want and then spend time with them. We're always encouraged (by the provider) to spend time with people. It is important as we may be the only contact they had that day." One person said, "They spend time talking to me, I'd recommend them to anybody."

People were supported to express their views and were involved in making decisions regarding their care and support. One person discussed that their views around their care were listened to and respected. They discussed how the provider involved them in their care and ensured their needs and choices were clearly detailed. They said, "If I ask them to do something, or if there is something that can be changed, they do it."

Requires Improvement

Is the service responsive?

Our findings

We last inspected Direct Source Healthcare Ltd, at a different location in Bedfordshire in April 2018. At our last inspection in April 2018, we found that the service was not always meeting and responding to people's needs. Additionally, the provider did not always effectively respond to and investigate complaints. These concerns were breaches of Regulation 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively.

At this inspection we found the provider had made improvements to ensure people received personalised care. They also ensured people's views and concerns were recorded and acted upon. The provider met the requirements of these regulations. Following this inspection, the provider will still be providing monthly updates on the improvements they were making.

People and their relatives told us the care they or their relative received was personalised to their needs. Comments included: "They talk things through with us, they know me so well"; "They are a good team, they know the support I need, it's no trouble" and "They do a considerable amount to accommodate us."

Care staff clearly understood people's needs, life histories and choices. For example, one member of staff explained how they engaged with one person with their dietary needs when they had identified they had stopped enjoying their food. They said, "We changed up what they are as they were struggling with chewing. We discussed this with the family and we sorted it. She's now eating well. She makes the choices of what she wants to eat, however sometimes she'll tell you she doesn't want to pick and says 'you pick'". We respect this choice." Another member of staff told us how they supported one person with their care. They told us, "They have a particular routine which they like to follow. Things have to be done in a specific way."

However, people's care and support plans did not always reflect the support care staff provided people. For example, care staff, people and the provider told us about the support people had been received which improved their wellbeing or responded to their changing needs. This information was not always documented. For example, where support had been provided to one person who was at risk of substance misuse and from risks to their environment.

People's care plans were not always personalised to their needs. For example, three people's care plans contained information which was not reflective of their needs or choices and contained information which was not relevant to them. For example, providing incorrect information on people's mental capacity and relationship information. We discussed this with the provider who informed us people's care records were being rewritten to ensure they were person centred and reflected the support people received. The provider was ensuring that people's consent to care documents were also completed at this time, to ensure people's care records were current and complete.

People's care records were not always current or reflective of their needs. These concerns were a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us the provider was always accommodating to changes within their care. For example, people and their relatives told us they could contact the provider to change the occasional call time to enable people to go to appointments or family occasions. One relative told us, "I can always ring (provider). They are approachable and flexible to our needs." One person said, "(Provider) is always available to discuss our care with and any changes we need. They are always responsive."

People felt their concerns and views were listened to, acted on and respected. All of the people we spoke with felt confident they could speak with the provider. One relative told us, "They are very quick to sort things out. They make sure care staff get the information." Another relative told us, "Sometimes things need fine tuning. I can always go to (provider), they're a very nice and easy person. They try their best and they always sort things out."

Since our last inspection the provider had kept a record of any concerns they had received and recorded this on a concerns logs. The majority of these concerns had not been raised as a complaint, however the provider had ensured they had been acknowledged and responded to ensure client satisfaction and ensure improvements were made. For example, one person had raised a concern about one member of staff who did not perform the care to the person's expected level (not offering a drink, or encouraging a wash). The provider ensured this was acted upon and carried out a supervision with the staff member to address their performance. The providers complaints log enabled them to identify any potential trends in concerns (such as if a specific member of staff was involved).

Requires Improvement

Is the service well-led?

Our findings

We last inspected Direct Source Healthcare Ltd, at a different location in Bedfordshire in April 2018. At our last inspection in April 2018, we found that the provider did not always have effective systems to monitor the quality of the service people received. Additionally, the provider did not notify the CQC of all notifiable events. These concerns were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Registration Regulations 2009 respectively.

The provider was motivated and committed to improving the service. At this inspection we found the provider had made improvements and had implemented systems to monitor the quality of the service they provided and ensure people's needs were met. A number of these systems had just been implemented and further time was required to evidence consistency.

The provider had implemented an action plan following our last inspection. At the time of our inspection the provider was still working to this action plan and providing monthly updates to CQC as part of their registration conditions. This action plan covered all areas where shortfalls had been identified during the inspection and following their own quality assurance systems. The provider had set a completion date for this action plan for the end of February 2019. Each action had been allocated to a key person and actions taken had been detailed, such as ensuring all staff had received safeguarding training, as well as safeguarding information booklets.

The systems the provider operated enabled them to ensure staff received the information they required and that people received their care calls and the level of care they needed. As the service was only providing care and support to 22 people, systems the provider used were effective in maintaining day to day control. The provider was working with the local authority to implement recognised electronic call monitoring system. A care co-ordinator from the service was going on training with the local authority with the view of the provider starting this system by February 2018.

Since our last inspection the provider audited daily care and medicine records made by staff when assisting people with their care and support. The provider reviewed the records to ensure they were reflective of the support people received. These records were referred to in supervisions and a summary of the provider's findings were recorded and communicated to staff.

Care staff told us they had the support they required, however felt the service needed to be more organised if they started supporting more people. One member of staff told us, "Things could be organised better, however they are acting on things. We are learning and developing all the time." The provider understood the need to further develop their systems in line with changes to their business model and the number of people they provided care and support to. The provider was seeking support from local authority commissioners and other healthcare professionals to develop their systems.

The provider had employed a new manager who they were supporting to become registered with CQC. The provider had identified the need for this appointment to provide an extra level of management and

experience to the service. The provider was working with the manager to focus on the action plan, which included ensuring people received their medicines as prescribed, staff had effective training and support and people's care records were current and reflective of their needs.

People and their relatives spoke positively about the management of the service. Comments included: "I have no problems with the service, please tell them how good they are"; "We're very pleased with the organisation. I'd recommend them to anyone" and "I know I can always ring (provider) they are so approachable and sort things out." The provider carried out call monitoring to seek people and their relative's views. The provider had plans to carry out a quality assurance people of people's views regarding the quality of the service. Additionally, the provider was carrying out customer satisfaction surveys when people had started receiving support from Direct Source Healthcare Limited.

Care staff told us that the provider ensured they had the information they required. The provider used a messaging system to ensure staff received information as soon as possible. This enabled staff to have up to date information on people's needs and any changes or identified risks.

People and care staff spoke positively about the caring culture the provider instilled in the service. People told us staff were encouraged to spend time talking to them and meeting their needs. Staff told us the provider supported and encouraged them to engage with people and promote their social wellbeing and needs.

The provider ensured they notified the CQC or any events which were notifiable, such as allegations of abuse or serious incidents. Since our last inspection we had identified no concerns regarding the notifications we received from the provider.

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 17 HSCA RA Regulations 2014 Good governance The provider did not always ensure an accurate record of people's care and support was maintained. Regulation 17 (2)(a)