

Chosen Services UK Limited

# Chosen Services UK Limited

## Inspection report

65B London Road  
Romford  
Essex  
RM7 9QA

Date of inspection visit:  
17 January 2019

Date of publication:  
13 March 2019

### 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?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an announced inspection of this service on 17 January 2019.

Chosen Services UK Limited is registered to provide personal care to people in their own homes. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do, we also consider any wider social care provided. At the time of our inspection, the service provided personal care to 25 people in their homes.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

At our last inspection on 20 November 2017 the service was rated 'Requires Improvement'. We found the service to be in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook this inspection to check if the service had made the required improvements.

Previously, we found that medicines were not always managed safely. Medicine administration records were incomplete as they did not outline the name or the dose of the medicine being administered. This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Safe care and treatment.' During this inspection we found this breach had been addressed.

Previously we found there were insufficient systems in place to maintain an accurate and complete and record in respect of each person. Policies were not always up to date. The systems to manage staff timekeeping was not robust enough to reduce missed and late visits. This was a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Good governance.' During this inspection we found that this breach had not been fully addressed; timekeeping and policy updates were satisfactory, but we continued to find shortfalls in the systems in place to maintain accurate records about people. We also identified two further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that risk assessments were not sufficient and did not ensure people were kept safe from potential harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Safe care and treatment.'

We also found that the service was not obtaining consent to care and support from the relevant person and was not complying with the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Need for consent.'

The service managed medicines safely. There were sufficient numbers of staff employed by the service and people received their care on time. People using the service felt safe with their carers. Recruitment systems were robust and staff had been recruited safely. People were protected from the risk of infection. Accidents and incidents were evaluated to continuously improve the service.

The service completed pre-admission assessments to ensure the service could offer them the best support. Staff undertook regular training and received regular supervision and an appraisal to enable them to provide effective care. We found that the induction process was inconsistent; a recommendation was made to review the induction processes. People were encouraged to live a healthy lifestyle and were supported to eat well and keep hydrated. People received support from various health and social care professionals.

People were protected from potential discrimination. People and their relatives felt involved in the running of the service and could have an input into the care and support provided. People and their relatives told us staff treated people with dignity and respect and were supported to be as independent as possible.

People told us they received care that was person-centred and responsive. Individual care plans were in place but did not always have up to date details about a person. A recommendation was made to ensure people's care plans accurately reflected a person's current situation. Information about people's care was not available in different formats to ensure people with different support knew about their care package. A recommendation was made to ensure the service followed best practice guidance about Accessible Information Standards (AIS). Complaints procedures were in place and records confirmed they were managed appropriately. People told us they knew how to make a complaint.

Feedback was gathered from people, relatives and staff to assess, monitor and improve the quality of the service. Staff felt valued and supported by the registered manager. The service demonstrated an open and supportive culture.

We have rated this service 'Requires Improvement.' 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?

**Requires Improvement** ●

The service was not always safe.

Risk assessments did not accurately reflect people's care and support needs and information on how to manage risks to people's safety.

Medicines were managed in a safe way.

People received visits in a timely manner.

People were protected from potential harm and abuse.

Staff were recruited in a safe way.

People were protected from the spread of infection.

The service learnt from accidents and incidents to ensure there was a cycle of continuous improvement.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Consent for care and support was not being obtained and managed in line with best practice.

Staff did not always receive a consistent induction.

Staff received sufficient training to allow them to support people.

Staff received regular supervisions and an appraisal to ensure they could carry out their role effectively.

People were supported to manage their hydration, nutrition and keep well.

People had access to health and social care professionals.

### Is the service caring?

**Good** ●

The service was caring.

People felt staff were kind and caring and supported them in a compassionate way.

People were protected from discrimination.

People and their relatives were involved in the planning of care received.

People were supported to remain independent and their privacy and dignity was respected.

### Is the service responsive?

**Good** ●

The service was responsive.

People told us they received person-centred care and staff knew about people and their preferences.

Information about people in their care plans was not always consistent or accurate.

People were not supported to receive information in an accessible way.

Complaints received were managed appropriately and responded to in a timely manner.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Quality assurance systems did not always identify the shortfalls we found during the inspection.

People and their relatives spoke positively about the management team.

There was a positive working culture within the staff team.

Feedback was gathered from people, relatives and staff to make improvements to the service.

# Chosen Services UK 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.

We carried out an inspection of Chosen Services UK Limited on 17 January 2019. This inspection was announced and carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone was available to assist us with the inspection.

Before the inspection we reviewed relevant information that we held about the service. This included the previous inspection report, and notifications we had received. Statutory notifications are 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 contacted other health and social care professionals for their feedback.

The provider had submitted a Provider Information Return (PIR). A PIR is a form that 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.

Before the inspection we spoke to four people who use the service, four relatives and four staff.

During the inspection we spoke to two staff. We reviewed documents and records that related to people's care and the management of the service including three care plans, three staff files and quality assurance records.

After the inspection we received additional documents to review including the business plan and policies and procedures.

# Is the service safe?

## Our findings

At our previous inspection on 20 November 2017 we identified the service was in breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Safe care and treatment.' We found that medicine administration records (MAR) did not contain details about the specific medicine administered. This made it difficult to know exactly what medicine was given to the person as there was no corresponding list of medicines to be administered.

We found this breach had been addressed and medicines were managed safely. People confirmed they were supported to receive their medicines in a safe way. One person said, "Yes [staff] do help me with the drops for my eyes." Another person said, "[Staff] remind me and prompt me."

We checked four people's MAR and found they provided clear guidance and sufficient information for staff to ensure they could manage medicines in a safe way. There were instructions on how to identify the correct medicine, and to remind staff to ensure the medicine had not already been given before administering. There was also clear guidance on how to record any medicines that had been given. Records also gave the name of the medicine, the dose to be given and the frequency of the medicines required. Allergies were clearly listed and the MAR had been completed accurately.

Staff we spoke to demonstrated a clear understanding of how to manage medicines safely. One staff member said, "We follow what is on the MAR chart." Another staff member told us, "Yeah, I administer medication. I have had training. We put tablets in a cup with our gloves on. I record everything and give it as it says on the MAR chart." This showed the service had robust systems in place to ensure people were receiving their medicines in a safe way.

At our previous inspection on 20 November 2017 we found the risk assessments were not always sufficient. We recommended the service seek advice and guidance from a reputable source, about the management of individual risks to people using the service.

During this inspection, we still found risk assessments were still not sufficient. For example, one person's risk assessment says they were at risk of falls on a weekly basis but the last fall that was recorded was in June 2018 and the risk assessment had not been updated since October 2017. It is therefore unclear what support this person needed with their mobility and the management of falls. Another person's risk assessment said the person experienced, "Memory loss and disorientation," but there were no further details provided. This person's risk assessment then stated, "[Person] can focus and complete task and is alert. Can recognise family member, friends and carer." On one person's medicines risk assessment, information included the person self-medicates. However, there was no further information about the medicines they took. The person's records also showed that the person had signed a consent form for staff to supervise this person in taking their medicines.

The lack of details and contradicting information means that people may not always receive consistent care that will ensure they are protected from potential harm. We spoke to the registered manager about this; they

said, "We changed the risk assessment, it needs to be more consistent, we need more detail. We have improved but there is more we can do." This showed that the systems in place to oversee the management of risk were not robust and the service could not ensure people were kept safe from harm as some staff, including new or agency staff, may not have sufficient information to ensure people were safe at all times.

The provider had failed to do all that was reasonably practical to assess and manage risks to people's health, safety and wellbeing, which placed people at risk of potential harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Safe care and treatment.'

At our previous inspection on 20 November 2017 some people told us that staff were not on time for visits and the service were not aware of any missed visits. We recommended a more robust system be implemented to monitor late and missed visits.

During this inspection we found that people and their relatives were happy with the time management of their visits and did not tell us staff were late. One person said, "Mostly on time, [staff] is very good. Timekeeping is one of the better things." A relative told us, "[Staff] are never late. They are always here bang on the dot. They send the same carer a lot which helps." One staff member confirmed, "We try to make sure we send regular people who are used to the client's routine." We reviewed the staff rota and found that staff were given time in between visits for breaks and travel. We looked at records for the previous six months and found there had been no missed calls. This shows that the service was managing timekeeping. As a result, people are more likely to feel safe and secure as they can trust the service to provide safe care and support consistently.

People and their relatives told us people felt safe when receiving care and support. One person said, "I feel safe when [staff] are there." A relative told us, "Yeah [person] feels safe." Staff demonstrated an understanding of safeguarding and how to protect people from potential harm and abuse. One staff member said, "You protect people, you report anything." Another staff member told us, "I would call the agency, I would record what is happening down to make sure things are evidenced." There was a safeguarding policy in place and training records confirmed all staff were up to date with their safeguarding training. This meant there were sufficient systems in place to ensure people were kept safe from harm.

Staff records showed that pre-employment checks had been completed to ensure staff were suitable for the role of providing care and support to people. The Disclosure and Barring Service (DBS) is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. Pre-employment checks such as DBS checks, references, employment history and proof of identity had been carried out as part of the recruitment process. This shows the service could be assured that staff employed were of good character and suitable to carry out the role to ensure people always received safe care.

People and their relatives confirmed staff ensured people were protected from infection. One person said, "[Staff] wears gloves and foot covers." A relative told us, "All of that is fine, yeah they sort it." Staff told us they were provided with the appropriate equipment; one staff member said, "I use my gloves, I wash my hands properly to the elbow, I turn my gloves inside out when taking them off." Another staff member told us, "Yes, we always put on gloves, we always wash our hands before we deliver any care." The service had an infection control policy in place, and records confirmed that people were supported in a way that managed the prevention of cross-infection. This showed there were sufficient systems in place to reduce the risk and spread of infection.



We saw there had been no accidents or incidents since our last inspection. We saw previous reports were completed by the registered manager when an accident or incident occurred. These files asked for a description of the incident, the action taken and the outcome. This demonstrated that the service had systems in place to ensure people would receive a responsive approach to an incident, and that 'lessons learnt' would be reviewed to ensure continuous improvement.

## Is the service effective?

### Our findings

The service was not always seeking people's consent to the care and support they received in the appropriate way, which meant people did not always know about their care package and the support they were receiving.

We found that where people had capacity to consent to the care and support provided, they were not signing the consent forms; instead relatives were signing for them. There was no information to evidence that people had agreed to their relatives signing for them. In other people's care plans, information about their capacity to give consent to their care and support differed throughout. For example, one person's care plan said, '[Person] observed as having capacity and [person] communicated views and wishes well' but then says, '[Relative] makes all decision.' Therefore, it was not always clear who was able to make decisions for themselves about care and support. We could see from people's care plans that some people may potentially lack the capacity to provide consent for care and support but there were no records to evidence this. The registered manager told us they were unaware of the procedures to follow. Mental capacity assessments and best interest decisions had not been carried out or recorded by the registered person.

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.

However, relatives confirmed that staff asked for consent before providing care and support to people. One relative said, "[Staff] always ask permission first." Staff demonstrated an understanding of the MCA and how to ensure consent to care and treatment was always sought. One staff member said, "We tell [people] what we want to do, or what we are doing."

This meant that the service was not always obtaining consent in line with the MCA. As a result, staff might not always be communicating with people, and people might not be fully aware of the care package and the details of the care and support they were receiving. This demonstrates a breach of Regulation 11 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Need for consent.'

At our previous inspection on 20 November 2017, we found that not all staff were up to date with essential training including moving and handling and safeguarding. We recommended the provider sought a more robust method of keeping staff training up to date.

During this inspection, we found there was an audit plan in place for management to know when training was due. All necessary training was covered during a staff member's induction and then as part of their ongoing professional development. Staff completed annual training on topics including manual handling, medicines, safeguarding and infection control.

People and their relatives felt assured that staff received adequate training. One person said, "[Staff] are good." A relative said, "[Staff] are trained well, the agency has understood the needs of my [relative]. The carers have been trained to use the new equipment."

Staff confirmed they received regular training. One staff member said they had learnt about, "Mental capacity, safeguarding, medication, report writing." Another staff member told us, "I have done lots online. We have done so many. We have a dementia patient [and have completed dementia awareness training]." This showed staff were provided with opportunities to learn and develop in areas that were relevant to their work, to be able to effectively support people.

The registered manager told us all staff completed their induction before being able to work independently. Staff told us they found their inductions into their role helpful; one staff member said, "I went to the office, and the homes. I was shown around, shown how to support people. I learnt what people like for their breakfast and lunch." Another staff member told us, "We talked about safeguarding, we learnt to report things to the office straight away."

We reviewed induction records and found that it was not always clear what the induction schedule was and what the expectations for new staff members were. Different staff members had received different inductions. This made it difficult to ensure all staff received the same induction into the service and to monitor when each part of the induction had been achieved. This could lead to inconsistent care and support being provided to people. We recommend the service reviews best practice guidelines to ensure they have a robust induction system in place.

Staff told us, and records confirmed they received regular supervision. One staff member told us, "We talk about the clients, how am I coping and how are the clients coping and updates on the family and if they are happy." Another staff member said, "Yeah, I get regular supervision with my manager. We talk about things in the job, upcoming things, any concerns." We saw that staff who had been employed for over one year had an annual appraisal. This demonstrated that staff received support from the management team to ensure they could provide effective care.

The service completed pre-admission assessments to capture information about people's needs before they received support from the service. They asked questions about people's physical and mental health, independent living and community skills and social relationships. The service also used information from other health professionals. This information allowed the service to identify people's support needs and to ensure they could provide effective care and support for each person.

People told us they were supported to keep hydrated and to eat well. One person said, "[Staff] know what I need, they cook for me, they know the food to avoid." A staff member told us they, "Always leave [people] with a drink nearby and a snack at times, if they want." Records confirmed that staff were guided on how to support people during mealtimes. One person's care plan said, 'Food must be in small pieces and must wear apron while eating and it takes longer to eat at times, risk of choking, must be supervised.' This shows people were supported with their nutrition and hydration.

Relatives told us that the service worked well with other health and social care professionals to provide support to people. One relative said, "If my [relative] asks the carer to call the GP, they will do it for [person]." Staff confirmed they communicated well with other professionals and recognised the importance of this. One staff member said, "I get on well with [doctors and nurses]. I go [person's] GP, get the prescription, pick up the medication from the pharmacy and take it to the client." We saw records to confirm that where appropriate, the service was referring people to other health and social care professionals. This shows

people were supported to access health services to ensure they were in the best of health.

# Is the service caring?

## Our findings

People and their relatives told us that staff were kind and caring. One person said, "I am happy, [staff] is very kind." Another person told us, "[Staff] is a sweetheart. I am very pleased, [staff] is very sweet and very kind. When I am upset, [staff] tries to comfort me."

Staff were able to give us examples of how they provided emotional support to people; one staff member told us, "[Person] is bed bound. I will always greet [person] and check how [person] is. We always leave [people] happy." This shows the service ensured people were treated with compassion and emotional support when providing care.

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against and all people were treated equally. One staff member said, "I would support anyone, I don't judge people. I am there to help." Another staff member told us, "I have to respect [people's] wishes, and who they are. I would support [people] and respect them, whoever they are." The service had an equality, diversion and inclusion policy that promoted a service where people are protected from, 'Unfair treatment and promotes a fair and equal society.' This showed that the service worked in a kind, and caring manner to ensure people received support that met their needs in a non-discriminatory way.

People and their relatives told us they had seen the care plans and were involved in discussions and reviews of the care and support people received. One person said, "Every 6 months, yea, [staff] do ask." A relative told us, "[Staff] work closely with me and [family]. My [family] is quite heavily involved." Staff confirmed they supported people to be actively involved in writing their care plan and ensuring they were happy with the care and support provided. One staff member told us, "I read [care plans], yes. We do them together with the person and family and the manager. They are good. They are very helpful, they allow me to understand the [person] properly."

Records confirmed that people and their relatives are supported to express their views and make decisions about the care provided. One person's care plan said, '[Relative] tries best to ensure the carers understand [person's] needs. Any changes the [relative] informs the carers.' This shows that people and their wishes and preferences about the care they receive are well considered and documented to ensure care is person-centred.

People and their relatives told us people were supported, where possible, to remain independent. One person said, "I like to do my own washing up and cooking, but if I needed help [staff] would do it." A relative told us, "[Staff] try to give [person] as much independence as possible. For example, if [person] can take own glasses off, they will encourage [person]." People also told us they felt staff treated them with dignity and respect. One person said, "Yes, they do (respect me)."

People felt staff treated them with dignity and respect. One person said, "Yes, they do (respect me)." Staff demonstrated an understanding of how to maintain privacy and dignity, one staff member said, "I do

respect people, [person] only tells me to come in to [person's] room when [person] is ready." This shows the service was working to ensure people's privacy and dignity was promoted.

# Is the service responsive?

## Our findings

At our previous inspection on 20 November 2017, we found support plans listed tasks that needed to be accomplished, without stating how people preferred their routines or what outcomes they wanted. We recommended best practice guidelines were sought that addressed this.

We found that care plans included information about people's preferences. For example, one person's care plan said the person prefers female carers only. Another person's care plan guided staff to communicate to a person in a person-centred way, '[Staff] needs to speak slowly, clearly and a bit loud for [person] to understand.'

Staff demonstrated an understanding of how to provide care that met people's preferences. One staff member said, "[Person] likes to tell me stories about when [person] was young and [person] likes watching old cowboy films. I make sure [person] can do this." This showed the service was providing care that was person-centred and accommodated to people's needs.

People and their relatives told us people received personalised care that met their needs. One relative told us "[Support is] very personalised, tailored. [Staff] know [person] well, to know what [person] needs. Verbal communication is barely there; but you get to know [person] and signs. [Staff] are good at this." Another relative told us, "English is not [person's] first language, they send in [carers who speak other relevant language]." This showed the service were providing care and support in line with people's needs and preferences.

However, some details in people's care plans were not accurate. For example, people were referred to as, 'Mr' instead of, 'Mrs', there were incorrect initials and people's age had not been updated alongside care plan reviews. This meant that people's care plans did not always accurately represent a person. A recommendation was made to follow best practice guidelines and ensure documents accurately reflected a person.

We found that the service was not working in line the Accessible Information Standards (AIS). Organisations that provide NHS or adult social care must follow the AIS by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint as well as explain their care and support. This service was supporting people living with dementia and people who had other communication support needs. The registered manager confirmed that there were not any accessible versions of documents available for people. This meant that people would not always be able to know about the care they were receiving or raise a complaint about the service. A recommendation was made to follow best practice guidelines and ensure documents were made available in line with AIS.

The service had a complaints policy in place and records confirmed complaints were managed appropriately and responded to in a timely manner. People told us they knew how to make a complaint

and had confidence in the service to respond to these appropriately. For example, one person told us, "Not [any complaints] about this carer. But in the past, I have and they got me a new carer." However, as not all people had access to a complaints system in a way that met their needs, this meant the service could not be sure all people felt able to make complaints and therefore the service was not able to fully learn and develop.



## Is the service well-led?

### Our findings

At our previous inspection on 20 November 2017, we identified the service was in breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Good governance.' We found shortfalls in medicine management, risk assessment, care planning and training systems, which had not been fully addressed by the governance structures in place.

During this inspection we found that these failings had not been fully addressed. We found the systems that had been established to monitor the quality and safety of care and support provided were not always effective. Although the registered manager and management team completed quality assurance audits including care plan reviews and home visit spot checks, the shortfalls we found during our inspection on risk assessments, care plans and consent had not been identified.

Firstly, we found that risk assessments remained insufficient. People's risks and support needs had not been fully assessed and it was not always clear what people's individual care and support needs were and how staff were to support them. The provider had failed to implement sufficient improvements in this area since our previous inspection to assure us that people would be cared for safely. This shows that people continued to be at risk of potential harm.

Secondly, we found that the service had not obtained consent from people in an appropriate way. It was not clear if people had capacity to consent to their support package. Furthermore, where it seemed that people did not have capacity the service had not carried out best interest meetings or sought MCA in line with best practice guidelines. This meant that people might not always be aware of their care package and staff might not always be communicating with people receiving care. This shows that the governance systems had failed to highlight these areas of concern.

The above evidence demonstrates that provider had failed to ensure that systems and processes were operated effectively to assess, monitor and improve the quality of care provided at the service. This shows the culture of the service was not always well-led and there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Good governance'.

People and their relatives spoke positively about the registered manager. One person said, "Very kind, yes, very nice and helpful." Another person said, "They are a whole lot better than any other care company I have had."

People and their relatives told us they were regularly contacted to provide feedback about the service. One person told us, "[Management] ring me on a pretty regular basis to ask if I am okay and happy with my carer." Another relative said, "We give lots of feedback, they are receptive and they do it (the changes we have asked for it)."

The service also gathered feedback through annual written surveys and quarterly telephone surveys. We reviewed the feedback gathered and found that people and their relatives found the service to be positive and of good quality. One person said, '[Staff] always helpful, polite, able to answer my questions.' Another

person said, '[Staff] always arrives and leaves on time, treats me with dignity and respect, acts professionally, wears gloves and aprons.' The registered manager told us they read through all feedback and advised if they received any feedback regarding a change to the service they would analyse this and action it to ensure they were continuously improving. This showed that the service was committed to ensuring that all people receiving care were provided with opportunities to provide feedback to ensure there was a culture of continuous improvement.

Staff told us they felt well supported by the management team. One staff member said, "[Registered manager] listens, if anything happens, she helps." Another staff member told us, "Oh yeah, very well. They are very good, they are very supportive. If I ever had a problem or ask them any questions they always answer. I am happy working with them."

Staff attended quarterly team meetings. Records confirmed that the team discussed topics including equal opportunities, professional boundaries, managing complaints and the importance of reading and following care plans.

Staff had opportunities to provide feedback about the service and their role through an annual survey. Records confirmed that the most recent feedback from staff was positive. One staff member said, 'The induction course gave me information and skills needed for the job.' Another staff member said, 'The managers are supportive and helpful.' This showed that staff felt well supported and there was a positive working culture which led to improvements the delivery of care for people.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people lacked the capacity to consent to the care provided, mental capacity assessments and best interests decisions had not been carried out or recorded by the registered person.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Effective systems were not in place to ensure people's risks were assessed and recorded.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective systems were not in place to ensure the safety of the services provided to people.</p>