Family Care Trust

Community Support Service

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

Community Support Service is a domiciliary care agency which is registered to provide personal care to people in their own homes. The provider of the service is Family Care Trust. At the time of our visit the agency employed 12 care staff and provided a personal care service to 6 people.

We visited the offices of Community Support Service on 26 July 2017. We told the provider before the visit we were coming so they, and staff, would be available to talk with us about the service.

The service was last inspected June 2016 and required improvement in how the provider responded to people's needs and how the service was led. Overall the service was rated as 'Requires Improvement'. During this inspection visit we found the provider had not made all the improvements required and the service continued to have an overall rating of 'Requires improvement.'

Since our last inspection in June 2016 the provider had experienced significant changes and restructuring within their organisation and this had impacted on the systems and processes carried out to monitor the quality of care provided to people. The provider had lost a tender to provide support to people with the local authority in early 2017. This had resulted in several staff leaving their employment and a reduction in the number of people the provider was providing care and support to.

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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had worked hard to stabilise the service, and support people and staff, during the changes.

People told us they felt safe with the staff that supported them. People were supported by staff who knew how to recognise abuse and how to respond to concerns. However, risks in relation to people's care and support were not always assessed and updated, to protect them from harm. People told us they received their medicines as prescribed, however, medicines records were not always kept up to date.

Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service. New care staff completed induction training and shadowed more experienced care staff to help develop their skills and knowledge. Staff completed a programme of training to support them in meeting people's needs effectively.

The registered manager understood the principles of the Mental Capacity Act (MCA) and how to put these into practice. However capacity assessments were not fully completed and lacked detail. Care staff respected decisions people made and gained people's consent before providing care.

There were enough care staff to deliver the care and support people required. People were positive about

the care they received and told us staff were respectful and caring. People said staff maintained their privacy and dignity and supported their independence.

People received a service based on their personal needs and care staff usually arrived around the time expected to carry out their care and support.
Care plans did not always contain relevant information for staff to help them provide the personalised care people required. Although staff said people had care plans in their home, some plans were not up to date and contained inaccurate information.

Some people told us they did not know how to make a formal complaint. However they felt confident in raising concerns with the staff, knowing they would be listened to and concerns they had would be acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. However, we found some of these processes were not regularly carried out. This included reviews of care plans, observations of staff practice and checking and auditing records completed by care staff. The registered manager was talking positive steps to address this.

We found a breach in the legal requirements and regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

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.

Care staff understood their responsibility to keep people safe and to report any suspected abuse. Staff understood risks associated with people's care, but risk assessments to protect people from harm, were not always carried out or updated. There were enough staff to provide the support people required. Recruitment checks were carried out to make sure staff were suitable to work with people. Staff supported people to take their medicines as prescribed but their competency was not consistently checked and medicine records were not always kept up to date.

Is the service effective?

Requires Improvement

The service was not always effective.

Care staff completed training to ensure they had the right skills and knowledge to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005, however, capacity assessments were not fully completed. Care staff gained people's consent before care was provided. People were provided with support to eat and drink, and supported to arrange healthcare appointments if required.

Is the service caring?

Good

The service was caring.

People received care and support from care staff who understood their individual needs and respected people's privacy and dignity. People said care staff were caring and friendly and supported them to maintain independence and remain at home.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care needs were not fully assessed or their preferences taken into consideration when planning their care. People

mostly received support from regular care staff who knew their needs. Most of the time care staff arrived around the times agreed and had sufficient time allocated for calls to meet people's needs. People did not know how to make a complaint but told us they would raise concerns with staff if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well led.

People were satisfied with the service they received. There were systems to monitor the quality of service people received but these were not routinely implemented. The procedures for monitoring staff practice, reviewing care plans and checking and auditing records were not sufficiently robust to ensure people always received a safe, responsive and well led service. The registered manager had been a consistent support to people and staff during the restructuring of the provider's services.

Community Support Service

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 reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority or health who contract care and support services provided to people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR did not fully reflect the service provided.

The office visit took place on 26 July 2017 and was announced. We told the provider 48 hours before our inspection when we would be visiting so they could make sure they, and care workers, would be available to speak with us. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We spoke, by telephone, with two people who used the service and three relatives. During our visit we spoke with the registered manager, the human resources manager and three care workers.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including care workers records of calls, medicine records, quality monitoring checks and complaints.

Requires Improvement

Is the service safe?

Our findings

People and relatives we spoke with confirmed people felt safe with the care staff. Comments included, "Most definitely I feel safe. " And, "I feel [person] is safe in their care, I trust the staff implicitly." We asked people and their relatives who they would speak to if they felt unsafe. They told us they felt confident raising any concerns directly with staff, knowing the appropriate actions would be taken.

People were supported by staff who understood how to protect them from the risk of abuse. All the staff we spoke with had completed training on how to recognise abuse. They were aware of the different signs of abuse and their responsibilities to report this to the registered manager. One staff member told us, "Abuse can be many things, verbal, physical and even unsafe handling of someone. I would tell the manager." All staff we spoke to told us they understood they could report concerns directly to the local safeguarding team or the CQC if they needed to. The registered manager understood their responsibility, and the procedure for reporting allegations of abuse to the local authority.

There was a procedure to identify and manage risks associated with people's care. However we saw risks to individuals were not always identified or reassessed when there had been a change in their condition. For example, one person had fallen and sustained a serious injury. Their risk assessment had not been updated to inform staff of the increase in risk and how they could reduce the possibility of the person falling again. Another person's records indicated they had a medical condition that caused them to be short of breath. There was no information for staff on what actions they should take to keep the person safe and support them if they became breathless. This meant the persons health and wellbeing was placed at risk. The registered manager acknowledged that some risk assessments were not in place. The day after our inspection visit they informed us immediate action had been taken to ensure accurate information was in people's care plans to guide staff.

Staff we spoke with knew about the risks associated with the people they supported and were knowledgeable what to do to manage the risks. A staff member told us, "I make sure [person] has their walking frame nearby and ensure their room is well lit so they can see where they are going. When I leave I make sure they can reach everything easily like a drink. That reduces the need for them to walk around and possibly fall."

One person was receiving medication to thin their blood. We could not see a risk assessment to inform staff of complications the person may experience, for example bruising to the skin. However, staff we spoke with told us they would routinely examine the person for signs of bruising, and knew what actions to take to report concerns. Care staff had completed moving and handling training so they could move people safely. A staff member told us when they assisted a person who had mobility issues, "We encourage person to move to the edge of the bed, that way we are not moving or handling them unnecessarily."

Some people had a key safe which care workers could access to gain entry to their home if they were unable to open the door. Care staff were aware of the importance of keeping entry codes safe and made sure following their calls that doors were closed and the home secured. We had been informed by the provider of

an incident involving the loss of information about people's key code numbers. The provider had taken positive action to ensure everyone's key codes had been changed immediately and staff, unfamiliar with a new code, would ring the office to obtain the number. This meant the risk of losing information was reduced because care staff did not take this information out of the office.

There were sufficient numbers of staff available to keep people safe. The registered manager confirmed there were enough staff to allocate all the calls people required and staff, people and relatives told us there were enough staff to meet people's needs.

Staff usually arrived on time and stayed the full amount of time allocated. One relative told us, "We have no problems with that at all." However one person commented that some staff did not consistently arrive at the times they were expected, but the registered manager informed them if staff were going to be delayed. Call schedules showed the allocated times of visits to people and staff recorded the times they arrived and left people's homes, to show they had stayed the length of time agreed. The registered manager told us they checked people's records to make sure staff had visited at the allocated time.

The provider's recruitment process included checks to ensure staff who worked for Community Support Service were of a suitable character. Staff told us, and records confirmed, Disclosure and Barring Service (DBS) checks and references were obtained before they started work. The DBS helps employers to recruit suitable staff by checking people's backgrounds and police records to prevent unsuitable people from working with people who use care services. Care staff confirmed they were not allowed to start work until all the checks had been completed.

During our inspection we looked at how medicines were administered. At our last inspection in June 2016, staff competency was not being checked to make sure they put their training into practice and administered medicines safely. We had also found gaps on people's medicine administration records (MAR) where staff had not signed to record when a person had been give their medicine. At this inspection visit we found some improvements had not been made.

Care staff told us, and records confirmed, they had received training to administer medicines safely. They went on to say the registered manager conducted 'spot checks' (unannounced observation of practice) to observe them administering medicines. The registered manager told us the observed practice checks of staff were not formally recorded, but they would ensure that these were documented in the future.

We looked at three MAR charts and saw there were several gaps where staff had not signed to record medicines had been given. This meant we could not be certain people had received their prescribed medicines. During our inspection visit the registered manager sent out a communication to all staff to ask them to check all MAR charts and address any missing signatures. Following our inspection visit the registered manager told us they had checked people's daily records and spoken with staff and confirmed people had received their medicines as prescribed.

When we asked people and their relatives whether they received their medicines they told us they did. Comments made were, "I am very pleased, [person] needs their medicine half an hour before food and they always do that." Another told us, "[Person] always gets her medicines on time and they take time to help her." One person told us they were happy with an arrangement for staff to visit in the morning and leave their medication available for them to take later in the day.

One person was prescribed medicine that was given PRN (as required) to reduce anxiety. There was no information for staff to follow to tell them when to give the medicine and how to record if this had been

effective to calm the person. The registered manager told us they would ensure this was put in place. Following our inspection visit they contacted the pharmacist advisor from the local hospital to seek advice on putting a PRN protocol in place.

We had identified the above issues at our last inspection visit in June 2016 and found the systems for recording, checking and auditing medication records were not sufficiently robust. Improvements had not been made and we discussed this with the registered manager. They acknowledged these checks had not been consistently carried out due to the reduction in staff numbers, including the team leaders who previously supported with the checks and auditing.

The registered manager told us their priority had been to stabilise the service following the provider's recent changes. Moving forward, it had been agreed that a member of staff would be tasked once a week to audit MAR charts. A medication audit checklist had been devised for the staff to ensure medications were regularly audited. The registered manager supplied us with a copy of the schedule information and audit checklist following our inspection visit.

There was an emergency contingency plan for staff to follow, for example, bad weather which may impact on people receiving their calls. Care staff were provided with 24 hour support from managers. The provider had an out of hour's on-call system to support staff when the office was closed.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us care staff had the right skills and knowledge to meet people's needs. We asked people and relatives if they had confidence in staff when they were providing support. One person told us, "I think they are very well trained." A relative told us, "I am confident they can turn their hand to anything and do it well."

Staff told us they had completed their required training and felt they had the necessary skills and knowledge to support people safely. We looked at the staff training matrix which showed when staff had received their training and when refresher training was required. However this was not fully up to date. The registered manager showed us individual training records to show staff had completed the required training and told us the matrix would be updated. We identified one member of staff who had not completed their required medication refresher training and the registered manager told us they would address this immediately with the staff member concerned.

Most staff training was via E learning (a computerised learning programme). Staff told us they preferred 'face to face' training which would give them opportunities to ask questions. One told us, "The training is all on line and it's not as effective as having the trainer in the room to ask questions of." The registered manager told us they were planning to access an external trainer so staff could learn in a practical setting, for example how to move and handle people safely and first aid training.

New care staff told us they completed an induction to the service which included shadowing (observing) more experienced care staff. The registered manager told us that new staff completed the 'Care Certificate'. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment.

Staff told us they had supervision (one to one) meetings with the registered manager and unannounced 'spot checks' to check if they put their training into practice. They told us they found the supervision sessions helpful as they were able to discuss concerns or request training. One told us, "I get my supervisions, I can discuss concerns and I have asked to have more training about mental health."

We saw evidence of some staff supervisions; however the registered manager was open with us and told us some had not been formally recorded due to time constraints. They were hopeful once a new team leader was appointed to support them in their role; this would allow more time to record the meetings.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. The registered manager and care staff understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.

Care staff we spoke with had completed training in the MCA and knew they could only provide care and support to people who had given their consent. We asked how they put their knowledge into practice and they told us, "With capacity some people have good days and bad days. We have to be able to support them sometimes with some decisions." And, "It's about a person's choice and if they have capacity to make it, it's their right. However if I felt it put them in danger I would need to act in their best interests." Staff told us gaining people's consent was essential and this might mean someone would refuse care. In this situation staff told us they would try again later, or ask another member of staff to speak with the person. If they continued to refuse they would report this to the registered manager for further investigation. One told us, "It might be they have a urine infection that could be affecting their capacity."

Staff told us there were some people whose decision making varied due to their dementia but they were still able to make decisions and choices. The registered manager told us capacity assessments were completed when needed and they would take appropriate action if this indicated more support to make decisions was required. However, care plans we looked at for two people did not contain detailed capacity assessments where required. These would be important to inform staff when the person may be unable to make certain decisions and how they could be supported. One person's records used inappropriate words to describe how they may present, stating they could be, "Argumentative and Opinionated." We discussed this with the registered manager who agreed this was unacceptable and would be amended immediately. They told us the person who had completed the care plan was no longer employed by the provider, but acknowledged this should have been identified during care plan audits.

Most people using the service were either able to prepare their own meals and drinks or family members provided them. People and relatives told us drinks were always left available for people in between their call times. One person told us, "They always ask before they leave if I need anything else such as a snack or drink nearby."

When required staff provided extra support to people, for example one person had recently visited hospital and had been having difficulty eating and drinking. The registered manager told us they were visiting the person the next day to reassess their dietary needs and a member of staff told us, "[Person] hasn't been well. I stayed with her this morning to make sure she finished her breakfast and then phoned the family to update them."

People and relatives we spoke with said they managed their own health care appointments. Staff told us if they had concerns they would contact the person's GP. In an emergency they told us they would dial 999 but would remain with the person until medical assistance arrived or the family attended. One relative told us, "They organise the doctor and take action if she isn't well."

Good

Is the service caring?

Our findings

Everyone we spoke to told us staff were kind, caring and friendly. Comments made were, "Absolutely brilliant, they go above and beyond I think. It's like a close family friend looking after [person]." And, "I am very pleased with the care… they are very thoughtful and kind and nothing is too much trouble."

Staff told us, following the reduction in the number of people they supported; there was more time to spend caring for people. Comments included, "We have much more time now to spend with people." And, "We have loads of time; I was able to stay longer with [person] to support them today." People and staff spoke of a 'family feel' to the care that was provided, and one person told us staff were supporting them for a birthday celebration by 'setting' their hair for them, outside of their allocated call times.

Several staff we spoke with showed emotion over the people they no longer supported who were now being cared for by other providers. One told us, "It's been really hard losing the contract and people we care for, it's been so emotional and we wonder how they are." Staff clearly had close emotional bonds with the people they supported and were committed to providing high quality care to them. One relative told us, "They are so good, they give time and love, isn't that the greatest gift of all?"

People told us staff respected their privacy and dignity. One told us, "They are very respectful, if I am having a wash in the bathroom they wait outside the door, but keep asking if I am okay and do I need their help." Care staff we spoke with told us how they upheld people's privacy and dignity, Comments included, "I always make sure the curtains and doors are closed, I use a towel to cover up parts of the body I am not washing."

The registered manager told us they tried to make sure people were supported by the same team of staff. One person told us they would like to have consistently regular care staff, but they were happy with the support they received and said the staff who visited them were knowledgeable about their needs. The registered manager told us they aimed to schedule regular care staff to people to ensure they received care from staff who they were familiar with.

Relatives we spoke with told us they felt staff had a good understanding of their relative's preferences. One told us their family member liked to have their hair curled after being washed and that this was very important to the person. They told us staff made sure their relative's hair was always styled in the way they liked. Another commented, "They really know what [person] likes, they know all the little things that are important."

Staff told us they spent time getting to know people and their preferences, one told us, "No two people are the same, and you learn little things about people every day." They gave an example of how one person liked to wake very early in the day. Staff had tried to encourage the person to have a lie in, however information gathered from the family informed staff this was quite normal for them and they had always woken early from childhood.

People indicated that the service they received assisted them to stay as independent as possible. One relative told us, "They really encourage [person]." Staff told us it was important to support people to remain as independent as they could be. One told us, "It doesn't matter if it takes [person] an hour to get ready; it's all about their independence." One relative commented, "[Person] looks at the carers as friends and she always smiles when she sees them."

We saw a letter from a healthcare professional commending staff in how they supported one person making the transition into their new home. Staff had used the person's own furniture and personal items to recreate how their previous bedroom had looked. This was done to make the transition smoother and help the person feel more comfortable in their surroundings and maintain their independence.

Requires Improvement

Is the service responsive?

Our findings

There was a mixed response from people when we asked if staff arrived on time. Most people told us staff arrived around the time expected, however one person told us. "They seem to come at different times, usually within the hour of my call." We asked if they had regular staff and they told us, "It would be nice to have the same carer because you build relationships, but I don't always get that." They went on to say this had not been discussed with the registered manager. However other people told us staff arrived on time, one relative told us; "I have no issues."

Everyone we spoke with told us staff stayed the allocated time and sometimes longer, to ensure all personal care was given. Staff we spoke to told us they would contact the office if they were delayed so the registered manager could inform people. Everyone we spoke with confirmed this, one person told us; "They tell me if the carer is going to be late."

Care staff told us they were mostly allocated to support people on a regular basis. As four people receiving support lived together in a communal setting, staff adopted a team approach to provide the care. The registered manager told us this was to provide more individualised care and support around people's preferred routines. Staff were provided with a call schedule each week advising them of the call times for people and who they would be supporting the following week. The registered manager told us, "I try to allocate the same staff to people to provide continuity."

People, and relatives, told us their support needs had been discussed and agreed with them when they started to receive care from the service. At our last inspection visit in June 2016 staff told us not all people they visited had a care plan in their home. When we asked staff had this improved they told us these were now in place.

We asked the registered manager if the care plans had been reviewed and updated as required following changes in people's condition. They were open and transparent and told us they were not happy with the standard of some. They told us, "I am looking to re do the care plans. I don't think they are person centred enough. More detail is needed, such as, what type of soap a person may prefer, or when they would like their hair washing."

We looked at three care plans and found they lacked detailed information about people and how they liked to receive their care. There was little information about people's personal preferences for receiving their care. For example one person's plan stated, 'Likes a bath'. However there was nothing further recorded for when they would like to have one or how often. Although care plans had been 'reviewed' we found inaccurate and out of date information. For example, one person's care plan contained the wrong address and had not been updated following a fall where they sustained a serious injury. Their care needs had not been reassessed following this and risk assessments had not been updated.

Information in some care plans detailed the person's medical condition but did not inform staff how to support people safely. For example, one person had digestive problems, there was no guidance for staff on

how to position the person to keep them comfortable, or to monitor if they were eating and drinking enough to maintain their health and well-being.

The registered manager told us they had not carried out recent audits of care plans and agreed some of the information was not accurate or up to date. They told us they would review them all immediately to review the care plans. They would ensure accurate information was recorded and there was clear guidance for staff to follow. We received confirmation from the registered manager the next day that they had visited two people and were planning to visit others to complete the remaining care plans.

The staff we spoke with had good knowledge of the people they supported. They were able to tell us in detail how people liked to receive their care and when there had been changes in their condition and support needs. One told us, "We learn about people from families over time and we spend time with people. We get to know them and what they like."

Staff told us they were kept updated by the registered manager of changes in people's needs. One told us, "Communication is really good. The manager calls us to update us if there are changes." Staff recorded in people's daily communication books about the care people had received and the registered manager sent out memos to staff to inform them about important updates. We were aware one person had recently returned from hospital, staff confirmed they had been informed by the registered manager that the person was home, and that they required an additional call to check on their health and wellbeing.

We asked people if their care was reviewed regularly. Some people remembered having reviews but not recently. One person told us, "I don't remember about any review." Relatives also told us they could not recall having a review of their family members care but one told us, "Staff do tell me things and keep me regularly updated; they are very open with me." Another relative told us how impressed they were that staff had kept them fully informed when their family member had been unwell. They told us, "They are really good staff, they gave me daily updates about how [person] was doing."

We looked at how complaints were managed by the provider. People told us if they had any concerns they would speak to staff. Although most told us they did not know how to make a formal complaint one told us, "I have no contact with the manager but staff address any concerns I have." Staff told us they knew to take details of any complaints or concerns made and would forward them on to the registered manager on a 'report back form'. They said these would be reviewed by the registered manager who would take the necessary actions required. Information on how to complain was provided to people in their care records. At the time of our inspection visit no complaints had been received.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection visit in June 2016 we found the service was not consistently well led and required improvement. At this inspection visit we found not all improvements had been made and the service still required improvement.

The provider had experienced significant changes since our last inspection visit and had recently lost a contract with the local authority in early 2017 to provide care. This had resulted in the service losing several staff members and the restructuring of the provider's senior managers. The registered manager told us this had impacted on them personally as they had lost both team leaders who had provided support in the running of the service.

They told us this had resulted in systems and processes to monitor the quality of the service not consistently taking place. At our last inspection visit in June 2016 we found the auditing of records of care calls and medication records was not sufficiently robust. Work books (records staff completed during the call) were returned to the office when completed, however these books were not being checked to make sure care staff had delivered all the care required. Returned medication records (MAR) were also not being checked or audited.

The registered manager acknowledged the gaps in MAR chart records and the inaccurate care plans that we had found, had not been identified. They told us, "I am managing the best way I can. I have had to prioritise to ensure my clients and staff are taken care of. We have had to regroup as a team." They told us this had resulted in the audits not being consistently carried out or recorded, as they had focused on maintaining the service provision to people and supporting the staff.

The registered manager and provider understood their responsibilities and the requirements of their registration. For example they understood what statutory notifications where required to be sent to us and had submitted a provider information return (PIR) which are required by Regulations. However we had not been notified of one incident and the registered manager acknowledged this was an oversight.

This was a breach of Regulation 17 HSCA RA Regulations 2014.

People and relatives said they were happy with the service they received and thought the service was well managed. Comments included, "I am happy and so are the staff. If it wasn't well led the staff would be sad but they remain friendly and open." And, "They have sorted lots out in the last 12 months and I think made big improvements."

The registered manager told us they had worked hard to provide stability to the service in a traumatic period and had tried to ensure there was minimum disruption or impact to people they supported and the staff.

All the staff we spoke to told us the registered manager had provided consistent support and assurances during the changes. Comments made were, "It's really lovely now. The provider and manager are great and the communication is better. They are brilliant." And, "The manager is really lovely, very supportive. They will bend over backwards to help me. They send texts to say thank you. I feel appreciated."

The registered manager was committed to ensuring people received a high quality of care and support. They told us, "It will take time to move forward. I want to know I have the right resources in place to give good quality care. We already do, but I want staff to give the care they would expect for themselves."

All the staff we spoke with shared the visions and values of the registered manager and told us there was a strong team spirit. One commented, "We have reached a big turning point and we are getting used to the changes. We are a supportive team to each other and you can always get help and advice."

The registered manager and staff we spoke with said they were proud of the service provided, one staff member commented, "We are a great team, we work well together…I love my job."

The registered manager told us they promoted an open culture by encouraging staff to raise any issues of concern. They said there were opportunities for staff to do this at any time, by phoning or visiting the office, through one to one meetings or through team meetings. Staff we spoke with confirmed this and told us they felt able to voice concerns and ask questions in the meetings and were confident they would be listened to.

We looked at the minutes of a meeting held in March 2017 and saw the registered manager had acknowledged staff may be feeling apprehensive following the changes in the service. They commended the staff's approach and team work during 'a traumatic time' and encouraged them to discuss any issues they had.

People and relatives gave us mixed views about being asked for their opinions of the service or completing an annual survey from the provider. Some could not remember but told us staff did ask them if they were happy with the service provided. The registered manager told us they were preparing to send the next questionnaires to people in August 2017.

The registered manager was open and transparent about the challenges the service had faced in the recent months and the difficulties they had faced in losing staff members and maintaining the service. They told us they would now be able to focus on improving the auditing of the service and monitoring the quality of the care provided following the service stabilising.

The provider's finance manager told us, "There has been a huge upheaval. The service is more manageable now; we need to grow slowly for sustainability. We are looking for a team leader to support the registered manager." They went on to say, "The registered manager is very caring and we are a great team. We have quality staff here."

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 17(1) The provider did not continually assess, monitor and improve the quality and safety of the service. 17(2)(a) The provider had failed to monitor the quality and safety of the service provided.