Consummate Care (UK) Ltd

Consummate Care (UK) Ltd

Inspection report

Sutherland House, Suite 6 Business Centre
Matlock Road
Coventry
West Midlands
CV1 4JQ

Tel: 02476638339
Website: www.consummatecare.org.uk

Date of inspection visit:
07 June 2018

Date of publication:
05 July 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 7 June 2018. The inspection was announced.

Consummate Care (UK) Ltd is registered to provide personal care support to people. At the time of our inspection the agency supported 17 people with personal care and employed 19 care workers, including two senior carers. The service is located in Coventry in the West Midlands.

This service is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, people living with dementia, physical and learning disabilities and mental health problems.

Before our visit the provider had told us they had moved the provider's registered address and the location address from which the service was operating. However, our records showed the provider had not completed the necessary forms to add the new location to their registration. This meant the provider was in breach of the condition of their registration that allows them to operate from a specific location. We spoke with the provider who told us they would take immediate action to address this.

The information in this report relates to the service provided from the provider address at Koco Building 15 Arches Industrial Estate, Coventry and not the location, Sutherland House, Matlock Road, Coventry as stated on the front of this report.

We last inspected Consummate Care (UK) Ltd in April 2017 and gave the home an overall rating of 'Requires Improvement'. This was because people's medicines and some risks associated with people's planned care had not been safely and consistently managed. Furthermore, the provider's quality monitoring systems were not effective and did not support continuous improvement. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

We asked the provider to send us a report, to tell us how improvements were going to be made to the service. The provider sent us an action plan which said all actions would be completed by September 2017.

At this inspection on 7 June 2018 we checked to see if improvements had been made and if they were effective. We found improvements had been made and action had been taken in response to the breaches in the Regulation.

The service did not have a registered manager. However, action was being taken to address this. A requirement of the provider's registration is that they have 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.

Improvements had been made to the way people's medicines and risks associated with people's planned care were managed. Risk management plans were up to date and provided staff with the information they needed to safely manage and reduce known risks. Care workers followed the guidance provided and understood how to minimise risks to people's safety.

The management team completed regular checks to monitor the quality and safety of service provided, and encouraged people, relatives and staff to share their views about the service to drive forward improvements.

The provider's staff recruitment systems reduced the risk of recruiting unsuitable staff. People felt safe with their care workers and there were enough care workers to provide all planned care calls, at the times expected and for the length of time needed. The management team and care workers understood how to protect people from abuse and their responsibilities to raise any concerns.

Significant improvements had been made to people's care records. Records were personalised, very detailed and informed care workers how people wanted their care and support to be provided. People and, where appropriate, relatives were involved in developing and reviewing planned care.

Care workers had a good understanding of the needs and preferences of the people they supported. People who required support had enough to eat and drink and were assisted to manage their health needs.

The care manager and care workers worked with other professionals to support people to maintain their health and well-being. People and relatives felt care workers had the knowledge and skills needed to meet their needs.

Care workers received an induction into the organisation, and a programme of on-going training to support them in meeting people's needs effectively. Care workers felt valued and received regular management support through individual and team meetings.

People's privacy and dignity was respected and their independence promoted. The care manager had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care workers sought people's consent before care was provided.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible. People and relatives were satisfied with the service provided and the way the service was managed. People and relatives were provided with information about how to make a complaint. No complaints had been received by the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines and risks associated with people's planned care were consistently and effectively managed and monitored. People felt safe with their care workers and there were enough care workers to provide people's care calls at the times they expected. The care manager and care workers understood their responsibilities to safeguard people from harm. The provider's recruitment systems reduced the risk of recruiting unsuitable staff.

Is the service effective?

Good

The service was effective.

The care manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Care workers worked within the principles of the Act. Care workers supported people with their nutritional needs and to access health care when needed. Staff received induction and training that supported them to meet the needs of people effectively. Staff training was provided by a suitably qualified person.

Is the service caring?

Good

The service was caring.

People told us care workers understood their needs and were flexible in providing their care. Care workers upheld people's privacy and dignity and promoted their independence. People were involved in making decisions about their care and described the care workers who supported them as friendly.

Is the service responsive?

Good

The service consistently responsive.

People received their care calls from care workers they knew at the times agreed. Care plans were extremely personalised and detailed. Care workers had all the information they needed to

deliver person centred care. People and relatives knew how to make a complaint. No recent complaints had been received.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider was not operating within all the conditions of their registration. The service did not have a registered manager. People and relatives were satisfied with the service provided and the way the service was managed. Care workers felt valued and supported by management team to carry out their roles. The provider's quality systems were effective in monitoring and developing the quality and safety of service provided. Service improvements were made in response people's feedback about the service.

Consummate Care (UK) Ltd

Detailed findings

Background to this inspection

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

This inspection site visit took place on 7 June 2018. The inspection was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure staff and the care manager would be available to speak with us about the service.

This was a comprehensive inspection and was undertaken by two inspectors.

Before our visit we looked at the 'Report of Actions' the provider sent to us after our last inspection in April 2017. This detailed the actions the provider was taking to improve the service. We also reviewed the information we held about the service. We looked at statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our visit we found the PIR was an accurate assessment of how the service operated.

We conducted telephone interviews with 10 people and three relatives of people to obtain their views of the service they received.

During our office visit we spoke with the provider, the director, the human resources officer, the care manager, a senior care worker and two care workers.

We looked at three people's care records and other records related to people's care, including risk assessments, medicines records and daily logs. This was to see how people were cared for and supported

and to assess whether people's care delivery matched their records.

We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We looked at records of the checks the provider and care manager made to assure themselves people received a good quality service, including complaints, medicine records and accident and incident records.

Good

Is the service safe?

Our findings

At our previous inspection 'safe' was rated 'Requires Improvement'. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. This was because some risks associated with people's care had not been assessed. Risk management plans which had been completed lacked the detail staff needed to manage and mitigate risks. People's medicines, and accidents and incidents had not been consistently managed in line with the provider's policy and procedure.

At this inspection visit we found the provider had made improvements in all these areas. This meant the breach of Regulation 12 was removed and the rating changed to Good.

The provider's PIR informed us that since our last inspection, 'All of our service users [people] have assessments in place which identify the needs of the individual and what they would like from our service. These assessments also identify any risks that need to be managed. From the assessment a detailed care plan is produced. This will give a step by step guide to the care worker of what to do and how to do it. It will also detail how to manage risks, in the safest way possible in the community'.

Records we reviewed confirmed this. Risks associated with people's care were assessed and risk management plans provided staff with very detailed information about the actions to take to mitigate risk and keep people safe. For example, one person was at risk of choking. Their plan informed staff about the cause of the choking risk, the action they needed to take to reduce the risk and provided a four step guide, including pictorial guidance, for staff to follow if the person began to choke.

Another person needed specialist equipment to move around their home safely. The risk management plan stated two care workers were needed to support the person to use a ceiling track hoist and sling and instructed care worker when applying the sling that 'one care worker will need to assist me to lean forward whilst the other tucks the sling down my back and under my bottom, once this is under me please put the leg straps under my legs. You may have to encourage me to lean side to side to ensure that the sling is in the correct place'.

Discussion with care workers showed they knew about the risks associated with people's care and how these were to be managed. One care worker told us, "Risk assessments are included in the care plan. They [plans] give you clear instructions about how to manage each risk, for example how to use any equipment, or how to manage any health conditions such as diabetes."

Previously, in April 2017 the provider was not able to demonstrate accidents and incidents were being managed safely and in line with their policy and procedure. This was because there were no records available on the day of our inspection for us to review or information to show accidents and incidents were analysed so any learning could be shared and action taken, where needed, to reduce the risk.

At this inspection we found an accident and incident report book was available in the office and there was a

clear procedure in place to ensure accidents and incidents were reviewed and action taken to reduce the possibility of a re-occurrence. The human resources officer explained 'all issues' were discussed within the management team then shared with staff. They said, "We would discuss it at a team meeting, if it was urgent we would use our group WhatsApp." WhatsApp is a way of sending messages via mobile phones.

When we visited the service in April 2017 we found people's medicines were not always managed safely. This was because medicine administration records (MARs) had unexplained gaps and management checks of these records had not been consistently completed in line with the provider's procedure. This meant we could not be sure people were being supported to take their medicine as prescribed.

MARs we looked at during this visit had been signed by care worker to show people had received their medicine as prescribed, including creams and lotions which needed to be applied directly to people's skin. MARs had been returned to the office at regular monthly intervals and management checks of individual records completed. For example, one management check dated 23 May 2018 read, 'MAR records fully completed. Recording has improved with more detail'.

Records confirmed care workers received medicine training, which was refreshed regularly and their practice observed to make sure they continued to be competent to administer people's medicine safely. One care worker told us, "I am confident giving medicines as we have training to do this. We also have competency checks to make sure we continue to do this safely." Another care worker explained, "You can only give prescribed medicines if you have had the training to do this. You have to follow the MAR and the care plan..."

People who needed assistance from care workers to administer their prescribed medicines told us they received the support they needed. One person commented, "I've never had a problem with my tablets." They explained staff understood which tablets the person needed to take and when. They added, "They write it down in the book so I know I've had them." However, another person told us they thought 'sometimes' care workers did not accurately record the medicine they had taken. During our visit we were able to review this person's MARs and found they had been correctly recorded.

People felt safe when receiving care and support from their care workers. One person explained they felt safe because care workers understood how to use the specialist equipment the person needed to use move around their home. They told us, "I feel 100% safe." Another person said care workers 'always' locked their front door when they left which made the person safe. Relatives told us they had no concerns about their family member's safety.

Care workers understood their responsibilities to protected people from the risks of abuse. They told us they had completed training which included how to identify potential signs of abuse and the actions they should take if they had any concerns. One told us, "I look to see if there are any signs of abuse, like bruises or changes to people's moods." Another explained, "I would report any concerns to the office staff. Even if the person asked me not to report it I would reassure them that they were safe but tell them I have a duty of care to keep them safe and to report it." Care workers were confident that any concerns reported to the management team would be responded to and reported to the local authority.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care workers confirmed they were not able to start working at the service until all pre-employment checks had been

received by the provider.

There were enough care workers available to support people at the times agreed and people received the support they needed from care workers they knew. One person told us," I have the same girls which I like and they have never let me down." Another person said, "It used to be a worry because you never knew if they would turn up, or who was coming. But that has changed. Everything is fine."

Care workers told us they visited the same people regularly and that their work schedules mainly remained the same each week so they visited people at the agreed time. One said, "I visit the same people so we get to know them really well." Another told us, "I don't drive. I walk so all my calls are in one area. I visit the same people every week."

The care manager told us there were enough staff to allocate all planned care calls. Records showed staff rotas were prepared in advance to ensure planned and unexpected staff absences were covered. The care manager explained if a care call could not be covered by the services staff or management team then cover was provided by an agency worker, who was known to people. They said this was to ensure consistency for people who used the service. They added, "Agency use has really reduced and it's only needed occasionally."

We saw care workers used an electronic system for logging in and out of people's homes. This allowed the office staff to monitor people's call times to make sure care workers arrived around the times they should and stayed the allocated length of time.

People told us staff followed good infection control practice by using disposable gloves and aprons (PPE), when needed. Discussion with staff demonstrated a good understanding of infection control procedures. We saw the monthly newsletter sent to staff reminded them to collect PPE from the office each week.

People's care records included information for care workers about how to reduce the risk and spread of infections. For example, one person's records read, 'It is important that you empty and clean my bedpan after every use. This is to stop the potential spread of infection. You will need to empty this into the toilet and clean it with disinfectant. Please dry this with toilet paper and put it back into the living room."

Good

Is the service effective?

Our findings

In April 2017 we rated 'effective' as 'Requires Improvement'. This was because the provider had not assured themselves staff training was provided by a suitably qualified person. At this inspection we found improvements had been made and the rating was changed to Good.

People and relatives were confident care workers had the skills and knowledge needed to meet their needs. One person described care workers as being 'on the ball'. They said, "They know exactly what to do." A relative explained they felt the training care workers received meant they understood how to support their family member to manage a specific medical condition. They told us, "It's reassuring because if they have any concerns they call me so I can get the doctor."

The provider ensured staff training was delivered by a qualified trainer. Since our last inspection the provider had commissioned an external organisation to provide all staff training. This included training the provider considered essential when staff started working at the service, refresher and on-going training. Training included, communication, safeguarding vulnerable adults, disability and mental health, and values and principle of care. Records confirmed staff training was up to date.

Staff training records showed induction training for care workers was linked to the Care Certificate. The Care Certificate assesses care workers against a specific set of standards. Care workers have to demonstrate they have the skills, knowledge, values and behaviours to ensure they provide high quality care and support. Inductions for new staff included working alongside an experienced care worker. One said, "I had a good induction when I started. I had a handbook, read the policies and procedures and had training while waiting for my DBS and references to be returned. I shadowed an experienced carer for three days who showed me what to do."

Care workers spoke positively about the training they received, which included training in specific areas related to people's individual needs, such as epilepsy care. One described the training they received as 'very good'. They added, "The [care manager] always says if we need further training to let them know."

The care manager told us they were 'very big' on staff development'. They added, "Offering these development opportunities is one way of valuing and retaining our staff." They explained they were currently, gathering staff feedback so the providers training programme could be further developed. They added, "It's important to listen to what staff say they want and need. Not just for the staff but for the service users [people]."

Records showed care workers had regular individual meetings with the management team to discuss their work and any development needs. For example, one care worker had expressed an interest in further developing their knowledge and understanding of Mental Health. The care manager told us they were looking at enrolling the care worker on a distance learning course to support them to achieve this.

The management team also carried out 'competency checks, to ensure care workers remained competent

to provide the care and support people required. A senior care worker explained these involved observing care workers working in people's homes to make sure they were following policies and procedures and that care workers communicated well with people during the visit. One care worker commented, "We have regular spot checks and get feedback on our practice, both positive and negative. If we need further training [care manager] will arrange this."

People's needs were assessed and documented before they started using the service. The care manager told us, "We always visit service users so we can make sure we have all the information needed to provide a personalised service." They continued, "It's a chance to introduce ourselves, to answer any questions and to check people's preferences."

The care manager explained during the initial visit people were provided with information about the service which included the provider's Equality and Diversity policy. They told us, "It is important that people know we celebrate and respect people's differences."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Discussion with the care manager demonstrated they understood the relevant requirements of the Act. They confirmed no one using the service at the time of our inspection had restrictions on their liberty; however, they were aware of when this may be applicable for people.

Care workers had received training to help them understand the MCA and were clear they should assume people had the capacity to make their own decisions. One told us, "All clients [people] are deemed capable of making decisions unless proved otherwise. If I had concerns about a person's capacity I would let the care manager know who would contact the GP or social worker. They would look to arrange a best interest meeting."

People's care records contained information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who and what decisions could be made in people's best interests.

The care manager told us following a best interest meeting one person's family were administering their medicine covertly. Covert administration is a way of giving people their medicine in a disguised form, for example in food, because they lack the capacity to understand the necessity to take their medicines. The care manager explained whilst care workers did not support the person with their medicine they had requested a copy of the best interest decision. They explained this was a precautionary measure to ensure the correct paperwork was in place should care workers be asked to provide medicine support in the event of an emergency. They told us, "I have been very clear without the right paperwork we would not be able to covertly administer any medication."

People told us care workers sought permission before providing care and support. One person said, "They start by asking me what I would like them to do. They are most polite." Discussion with care workers demonstrated a good understating of the principles of the MCA, including the importance of obtaining people's consent. One care worker explained, "I always ask people if it is alright before I do anything, like, are

you ready for a shower, and would you like your breakfast." At the time of our inspection all people receiving a service were able to consent to their care.

People's nutritional needs were met by care workers if this was part of their planned care. One person told us, "My carer asks me what I would like for my lunch. They remind me what's in the fridge." We saw people's care records included a 'menu plan' which informed care worker of the types of food and drinks people preferred to eat at each meal time. For example, one person preferred to eat fish on a Fridays, enjoyed pineapple chunks at breakfast and fruit cake as a snack. Care workers confirmed they ensured people who required assistance with meal preparation were always offered choice.

People told us they made their own health appointments, but care workers would support them with this if they needed it. One person told us, "I ring the doctor if I need a visit but I know they [care workers] would ring if I asked them." A relative explained, care workers or the office staff telephone them if they were concerned about their family member. They said, "It means I don't have to worry because I know they will let me know if [name] isn't well."

The care manager and care workers worked in partnership with other health and social care professionals to support people. For example, during our inspection we raised a query about the recommendation made by a Speech and Language Therapist (SALT) on one person's file. We discussed this with the care manager who immediately contacted SALT who provided the necessary clarification.

Good

Is the service caring?

Our findings

At our previous inspection we found the service provided was caring, and at this inspection it continued to be. The rating continues to be Good.

People and relatives told us the care workers who visited them were friendly and nice. One person described their care worker as their 'rock'. They added, "I don't know what I would do without her." Another person explained now they had regular care workers they had been able to 'develop friendships'. They added, "It's so much better now. I looked forward to their visits so we can have a chat."

We asked care workers what being 'caring' meant for them. Comments included, "Helping people when they are in need." "Listening to people and giving them time, showing them they are important." "It's not just about providing personal care it's also about reassuring people, getting to know them…" , and "Making sure people are looked after and are happy. To promote their privacy and dignity and support their wellbeing."

Care workers knew the people they supported and understood how they preferred their care and support to be provided. One person told us, "They [care workers] do understand my needs and they are very sensitive when they help me." Another person described how care workers completed all the tasks they needed and also asked if there was anything else the person needed them to do before they left.

People's independence was promoted and the support they received was flexible to their needs. One person told us they had 'good and bad' days and their care workers varied the level of support provided depending on how the person said they were feeling. Another person said, "They ask me every day what I need help with and I choose what I need them to do for me."

Care workers understood the importance of supporting people to remain independent and the positive affect this had on people's wellbeing. One explained a person they visited was able to shower independently and only needed assistance with 'the areas they can't reach very well'. They told us this was important to the person because it enabled them to remain living in their own home.

People's privacy and dignity was respected by care workers. A relative told us their family member could 'sometimes' feel embarrassed when undressing and that care worker reassured the person to make them feel more comfortable. Care workers told us they promoted people's privacy and dignity by ensuring doors were closed and people were covered when they were delivering personal care. One explained how, with the person's consent, they asked any visitors to leave the room before they offered assistance with personal care.

People told us they had been involved in planning and reviewing their care through three monthly face to face meetings and monthly telephone reviews. One person said, "Now I feel very involved, they visit me to discuss everything and ring me every month to check all is well." Relatives told us, were appropriate, they were involved in care reviews. One said, "Yes, review meetings are very effective." Records confirmed this.

People's records held in the office which contained personal information were secured and kept confidential. Discussion with care workers demonstrated they understood the importance of maintaining people's confidentiality.

Good

Is the service responsive?

Our findings

Previously, 'responsive' was rated as Requires Improvement. This was because some people did not receive their care call at the time they expected and people's care records did not accurately reflect their needs, or provide staff with the information they needed to deliver individualised care.

During this inspection we found improvements had been made. The rating changed to Good.

People told us care calls took place at the times they expected and care workers stayed for the agreed amount of time. One person said, "My carers more or less turn upon time unless they get held up at a previous call." They added, "If they are going to be late I get a text message. Things are much better now." Another person commented, "They [care workers] arrive at the same time every day and stay till everything I need is done. Sometimes they stay longer if I need extra help."

Relatives confirmed their family members received their care calls at the times expected. One relative said, "They have a window each side of the call time and mostly this is met." They went on to explain there had been two occasions when care workers had been delayed and they had received a telephone call from the office staff to inform them of this.

Most people told us their care workers were allocated sufficient time to carry out their calls without having to rush. One person said, "Yes, they have enough time and we get a good chat in as well." In contrast, another person said they felt their care call could be rushed and more time was needed. However, the person told us the care manager was addressing this.

Care workers felt they had sufficient time allocated for each care call and had flexibility to stay longer if required. One care worker told us, "If a service user needed something we would do it before we left. We make time."

We looked at call schedules for the three care workers we spoke with. These showed care calls were allocated to the same people at the same time each day. We found travel time was included on the rotas so care workers were able to arrive at people's homes around the time they were expected.

Previously, when we inspected the service in March 2016 and April 2017 we identified some required care plans had not been completed. Care plans that had been completed were not up to date and did not contain the detail care workers needed to provide personalised care.

During this inspection we found significant improvements had been made.

Care plans we reviewed were extremely personalised, up to date and provided detailed step by step guidance for staff to follow to ensure care and support was delivered in line with people's preferences and wishes. Information included people's cultural backgrounds, religious and spiritual beliefs and life style choices. Plans contained additional guidance about how to support people to manage specific health

conditions such as diabetes and epilepsy. The director told us, "Since our last inspection care records have really improved." They added, "Now I am positive carers would know exactly how to provide care, in the way the service user wanted from reading the care plans."

Care workers told us they read people's care plans and were alerted to any changes to people's needs via a telephone call or at team meetings. The care manager explained the chosen method of communicating with care worker was dependent upon how urgently the information needed to be shared. They said, "If something has happened, like a new medicine has been prescribed we telephone the staff."

We looked at how complaints were managed by the provider. People told us they knew how to make a complaint because information about how to complain was provided when the service started. People and relatives told us they had no cause to complain but would not hesitate to contact the care manager if they needed. One person said, "I believe [care manager] would deal with things." Discussion with care workers demonstrated they would support people to make a complaint or share any concerns. One told us, "If anyone had a complaint I would ring the office."

Records confirmed the provider had not received any complaints during 2018. Four complaints logged during 2017 had been managed in line with the provider's policy and procedure.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The care manager was familiar with the framework and told us information was available to people in different formats, for example large print and further formats were being developed.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspections in March 2016 and in April 2017 we rated this key question as 'Requires Improvement'. We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. This was because the provider and previous registered manager had not always met the requirements of their registration and had not ensured people's care records were kept up to date. Furthermore, the provider's quality monitoring systems were ineffective and did not support the services continuous improvement.

At this inspection we found some improvements had been made to support the removal of the regulatory breach. For example, the provider had met the legal requirements to display the services latest CQC rating in the office and on their websites and had sent statutory notifications to inform us about important events that had occurred and the service.

However, the rating remains 'Requires Improvement'. This was because we found the provider was operating outside the conditions of their registration.

Prior to our inspection the provider had informed us, via telephone, they were moving the service to a new office (location). However, at the time of our inspection visit the provider had not made a timely application to add the new location to their registration which is a legal requirement. This is the second occasion the provider has moved location before applying to add the new location address to their registration.

We discussed this with the provider who explained they had submitted an application but this had been rejected because the service did not have a registered manager. This meant although the provider was able to demonstrate they had attempted to add the new location to their registration they were in breach of a condition of their registration. The provider gave assurance they would resubmit the application and following our visit confirmed this action had been completed.

Since our last inspection the previous registered manager had left the service. The provider told us they had actively sought to recruit another manager but despite making two appointments this had proven unsuccessful. This meant at the time of our inspection visit the service did not have 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.' However, the provider told us the care manager was in the processing of submitting an application to registered with us and since our inspection visit they have confirmed this application has been submitted.

The service had a clear management structure. The care manager was part of the management team which included the provider, a director, and a human resources recruitment officer. The care manager told us they felt supported by the management team and the provider who was responsive to their suggestions for change. They said, "[Provider] is here every day and helps me as much as they can." They continued, "We all

work together to support each other. We are a small, good team. The provider commented, "[Care manager] is very committed and has made all the improvements."

In April 2017 we identified audits and checks to monitor the quality and safety of the service provided were not always effective. This was because audits had not been regularly completed and those which had been completed had not identified shortfalls we found during our inspection.

At this visit records showed the management team regularly completed audits of the quality and safety of the service provided. These included checks to ensure care records were up to date, recruitment was safe and medicines were being managed and administered safely. Where the need for improvement had been identified action had been taken. For example, an audit of 'daily notes' (completed by staff at each care call) dated May 2018 highlighted some care workers had not recorded enough detail to give a clear picture of each care call. This had been discussed with the care workers concerned and was being monitored by the management team.

The care manager maintained an action plan where a need for improvement had been identified. They told us, "[Previous manager] devised the plan which I have been reviewing and updating as well as adding my own ideas." They explained this had included, developing a newsletter for people and staff and introducing an employee of the month initiative. We saw these actions had been completed which showed continuous improvement was being made.

Previously, the provider had not ensured people and relatives were invited to share their views about the service provided and areas where improvement could be made. At this inspection people and relatives confirmed they were encouraged to provide feedback through an annual questionnaire, three monthly face – face review meetings and monthly telephone calls. One relative told us they had recently completed a 'quality survey'. When we asked if they had identified any areas where the service could improve, they responded, "No, at the moment there are none."

We saw the provider's 2017 quality survey had been analysed and feedback used to shape and improve the service. For example, 58% of people said they were able to independently access the local community and maintain social contact with family and friends. The provider had recognised this meant some people were at risk of being socially isolated and had informed care workers of the importance of encouraging social interaction with people at each care call. Daily records included details of social interaction that had taken place during care visits.

People and relatives were satisfied with the service they received and the way the service was managed. Comments included, "[Care manager] is lovely. I can telephone at any time if I want to talk to her and she visits me.", "I am very happy with everything. All my carers are good. ", and "Things seem organised. I have no concerns. There is always someone at the office if you call."

People told us they felt communication from, and within the service had improved. One person commented "It's so much better. If the girls [care workers] are held up I get a text to let me know what's happening and the girls seem to know what they are doing in advance." They added, "That's a real improvement." A relative described communication with the service as 'fine' and said they had 'frequent' contact with the care manager to discuss 'how things were going'.

Care workers told us they enjoyed working for Consummate Care. One said, "I love working here. Moving here was the best thing I did. People we visit, staff I work with and the office staff are all lovely." Another explained care workers were asked for their opinions about what was working well or what could improve.

They added, "I think they [management] are very good, you can have your say at meetings and they listen…" Minutes of meetings confirmed these were regularly held and gave staff an opportunity to discuss issues important to them.

Care worker told us they were supported and felt valued by the management team. One said, "They [management] are really good, they are always there for you, all of the office staff are including [provider]." Another told us a member of the management team was 'always' available including outside of normal office hours so care workers could seek support, advise or guidance. They told us the 'out of hours' system worked well.

The care manager recognised care workers contributions through the presentation of an 'employees of the month' certificate following nominations from people, relatives and other staff. One care worker commented, "I think carer of the month is a very good idea. I was carer of the month in February, I got flowers and chocolates, I was so happy." The care manager told us, "It is really important to me to show staff they are appreciated and valued. I know how it feels not to be." They added, "If they feel appreciated you get the best from them, which important for the service users and staff."

The care manager told us this was their first management position and explained how they were further developing their knowledge of current social care issues and regulatory requirements, including the creation of a folder containing a range of information which they described as, 'bedtime reading'. The care manager had also attended training to develop their understanding of legislation and inspection processes. They were also a member of a registered manager forum and a forum for services we had rated outstanding. They told us, "I have a head full of ideas. The forums are a really good way of getting advice and guidance. Especially if I'm not sure about something."

We asked the care manager what they were proud of about the service. They responded, "I am proud of our carers and the calibre of our staff. One walked for over 35 minutes in the snow to make sure they got to a call." They added, "I am proud of the feedback we have received as we've improved and that we are getting to where we want to be. An outstanding service."

During our inspection we found the care manager had driven improvements and was motivated to continue to improve the service. They told us, "We are aiming high. There are stars to be reached."