Age Concern Enfield

Time Out Service

Inspection report

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Date of inspection visit:
04 May 2016

Date of publication:
02 June 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an inspection of Time Out Services on 4 May 2016. This was an announced inspection where we gave the provider 48 hours' notice because we needed to ensure someone would be available to speak with us.

Time Out Services is a domiciliary care service providing personal care to people in their own home. At the time of our inspection there were 11 people who received personal care from the agency.

During our last inspection on 14 October 2014 we found the service was meeting all the regulations.

The service did not have a registered manager. A manager was in place and is in the process of applying for registration. 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.

Some risk assessments were not updated to reflect people's current needs and did not take into consideration people's health needs. When a risk was identified it did not provide clear guidance to staff on the actions they needed to take to mitigate risks in protecting people such as falls and wandering.

People were protected from abuse and avoidable harm. People told us they were happy with the support received from the service. Staff knew how to report alleged abuse and were able to describe the different types of abuse. Two staff were not able to tell us they could' Whistleblow' to external organisations such as the CQC and local authority. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service.
We did not find evidence that people's capacity had been assessed and if consent to care was obtained using the Mental Capacity Act 2005 principles.

Staff told us they were supported by the management team. However, although recent one to one supervision had been carried out, this had not been regular and not in accordance to the provider's supervision policy. We found appraisal had not been carried out regularly.

Staff were being trained regularly. Although training had been provided in safeguarding and MCA, some staff were not aware on how to whistleblow and the principles of the MCA.

Service agreement forms had not been completed with people to ensure that people or relatives were involved in the decision making during the care planning process and agreed with the information on their care plan.

Some care plans were inconsistent and were not completed in full. We did not find that reviews had taken

place to identify if people's care and support needs had changed.

The manager told us people were assessed prior to receiving personal care. We did not see evidence that confirmed if people were assessed prior to being accepted to receive personal care, which reviewed important aspects such as their level of care needs, communication levels, health condition and if support could be offered.

People and relatives told us that staff communicated well with them. However, not all people's ability to communicate was recorded on their care plans.

We found one spot check had been carried out and recorded. However, we did not find if further spot checks were undertaken and documented. There was no information on how often staff had received spot checks.

Quality monitoring systems were in place and the recent results were positive. Results were analysed. However, we did not find evidence that an action plan had been created to continuously improve the service using the results of the survey.

Quality assurance systems were in place. The latest audits identified most of the issues that we found during this inspection. An action plan had been created to address these issues with care plans, risk assessments and consent. The manager told us they were in the process of implementing these changes.

People were supported by suitably qualified and experienced staff. Recruitment and selection procedures were in place and being followed. Checks had been undertaken to ensure staff were suitable for the role.

People had choices during mealtimes and staff assisted with meals in accordance to people's preferences.

There was a formal complaints procedure with response times. People were aware of how to make complaints and staff knew how to respond to complaints in accordance with the service's complaint policy.

People were supported with accessing health care provisions, when required.

People were encouraged to be independent and their privacy and dignity was maintained.

Staff meetings were held regularly.

We identified three breaches of regulations relating to risk management, consent and person centred care. You can see what action we have asked the provider to take at the back of the full version of this report. After the inspection the manager submitted an action plan acknowledging the findings and listing actions that they will be taking to make improvements to 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?

Requires Improvement

Some aspects of the service were not safe.

Some risk assessments were not updated to reflect people's current circumstances and health needs.

People were protected by staff who understood how to identify abuse and who to report to within the organisation. Two staff, we spoke to were unaware on who they could report to outside the organisation such as the CQC or the local authority.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles. There were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Requires Improvement

Some parts of the service were not effective.

People's rights were not being consistently upheld in line with the Mental Capacity Act 2005 (MCA).

Supervision was not consistently carried out with staff.

Although training had been provided in safeguarding and MCA, some staff were not aware on how to whistleblow and the principles of the MCA.

People had choices when staff supported them with meals.

Staff supported people with accessing healthcare provisions.

Is the service caring?

Good

The service was caring.

There were positive relationships between staff and people using the service. Staff treated people with respect and dignity.

People had privacy and staff encouraged independence.

Staff had a good knowledge and understanding about people's

background and preferences.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Some care plans were not completed in full and did not detail the support needs of people. Regular reviews were not being carried out to identify if people's needs had changed.

People were not being assessed comprehensively prior to being accepted to receive personal care from the service.

Service agreement forms had not been completed with some people, to ensure that people or relatives were involved in the care planning process and agreed with the information.

People participated in activities.

There was a complaints system in place. People knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Spot checks were not carried out regularly.

Quality monitoring systems were in place for people to provide feedback. The results of the survey were analysed. However, we did not find if the results were being used to make continuous improvements to the service.

Quality assurance systems were in place that identified areas for improvements.

Staff meetings were being held regularly.

Staff were supported by management.

Time Out 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.

The inspection was carried out on 4 May 2016 and was announced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting people's safety and wellbeing.

During the inspection we looked at five care plans, which consisted of people receiving personal care in their own home. We reviewed five staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures. We also looked at other documents held at the service such as quality assurance, risk assessments and staff meeting minutes. We spoke with the chief executive, the manager, a relative and two staff.

After the inspection we spoke with two people, four relatives and three staff members.

Requires Improvement

Is the service safe?

Our findings

People and relatives we spoke to told us they were safe when supported by the service and had no concerns. One person told us, "Yes" when we asked them if they felt safe when receiving personal care from staff. A relative told us, "He does feel safe" and another relative commented, "He feels very very safe." Despite these positive comments we found that some aspects of the service were not safe.

Assessments were undertaken with people to identify any risks such as the premises, wandering, hazards and physical issues. However, in instances when a risk was identified the risk assessment did not provide clear guidance to staff on the actions they needed to take to mitigate risks to ensure the safety of the person. For example, on one risk assessment we found that a person was at risk of wandering but we did not see evidence on how staff should mitigate this risk. The person's care plan listed their support needs such as eating, anxiety and clothing. Under each heading, the plan listed if a risk assessment was carried out, we found that no risk assessment was carried out under any of the headings. The person suffered from a particular health condition that could lead to serious complications; however a risk assessment had not been completed.

We found assessment had not been carried out specific to most people's needs. We found four people were at risk of falling and this was identified in the care plan, for example a person found it difficult to walk after a certain distance or a person had difficulties standing up. However, risk assessments were not completed on how to mitigate these risks, for example to ensure that people were moved safely or supervised when standing up or after walking a certain distance.

Records showed some people had specific health concerns such as dementia, depression and arthritis. Risk assessments were not completed to demonstrate the appropriate management of these risks in order to minimise them leading to serious health complications. One person's care plan listed a person to have a specific health condition and the person also had a particular practise that could severely impact on that health condition. However, no guidance was included on how to mitigate these risks.

One person who took a medicine that could lead to health complications such as skin breakdown due to the medicines side effects. However, we did not see evidence if the person's skin integrity was assessed using Waterlow score to determine the risk level. Without current and accurate assessments of skin integrity, it would be difficult for the service to determine the type of care and treatment needed to prevent serious skin complications.

We did not see any evidence that the assessments involved people and were signed by the people to ensure they agreed with the contents on the risk assessment, and if the risk assessments were reviewed regularly.

We fed this back to the manager who told us that she was aware that care plans and risk assessments will require improvement and assured us that improvement would be made. The manager showed us that these issues were identified in their recent audits and plans were in place to make improvements. The manager showed us a template that will be used for people's care plans, which included risk assessments and review

dates. We had a look at a person's risk assessment that was used under the new template and found that the person was at risk of falls; however, guidance was not provided on how to mitigate this risk. The manager told us that this information will be included.

The above issues related to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff received appropriate training in respect of handling and administering medicines. The staff members we spoke with confirmed that they were confident with managing medicines. People self-administered medicine but were supported by staff to manage and take their medicines on time, while others took them without staff support. People and relatives we spoke to confirmed this. Medicines and recording sheets showed people were given the required medicine at the times prescribed when supported by staff and reasons were recorded if people missed their medicine.

Staff and the manager were aware of their responsibilities in relation to safeguarding people. Staff had undertaken training in understanding and preventing abuse and up to date training certificates were in staff files. The staff we spoke with were able to explain what abuse is and who to report abuse to. Some of the staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority. The provider should note that two members of staff were unable to tell us the external organisations they could report to if they had any concerns.

People told us that staff were reliable and had no concerns on staff punctuality and the support they received was what they expected. A person told us, "Yes' when we asked if there was sufficient staff to provide personal care. Relatives did not have concerns with staff punctuality and attendance, they told us that on the occasions that staff were late then the service would notify them in advance. The manager told us that they had introduced a phone in system for staff to alert them if they were going to be late or not able to come into work. This enabled alternative arrangements to be quickly made to ensure that the required support could be provided. All of the people and relatives we spoke with felt that they had consistency with the people that provided the care and support, a relative told us, "They [staff] are exceptional." Systems were in place to monitor staff punctuality and attendance therefore the manager would be aware if staff had visited people to provide personal care and if staff arrived and left on time.

The manager said that on occasions such as staff sickness or holidays they had access to bank staff or another member staff would be called to provide cover. This meant that people did not go without the care and support they needed. A staff member told us, "There is enough staff." We saw missed visits had been investigated and appropriate action taken to ensure the risk of re-occurrence.

Records showed the service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. The manager told us staff members do not commence employment until pre-employment checks had been completed. This corresponded with the start date recorded on the staff files. This minimised the risk of inappropriate staff being employed by the service.

Requires Improvement

Is the service effective?

Our findings

People and relative told us that staff members were skilled and knowledgeable. One person told us, "Yes, they [staff] do" when we asked if staff provided good support." A relative commented, "The people [staff] are really good" and another relative commented, "They have always been brilliant." A health and social care professional told us, "In general, I have found my work with Age UK to be of positive nature, they are helpful." Despite these positive comments we found that some aspects of the service were not effective.

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.

We checked whether the service was working within the principles of the MCA.

Training in the Mental Capacity Act 2005 (MCA) had been provided. However, two of the staff we spoke to were not able to explain the principles of the MCA. Staff told us they always asked for consent before providing care and treatment. One comment included "We are meant to explain what we are doing." People and relatives confirmed that staff asked for consent before proceeding with care or treatment.

We did not find evidence that people's capacity had been assessed and if consent to care was obtained using the MCA principles. The care plans did not cover the elements of capacity. For example could the person understand, retain, and weigh the information, and make a decision on the information. On one care plan we found an MCA assessment was required under each care need that listed if capacity was assessed using the MCA principles. However, these sections were not completed. We fed this back to the management team who assured us improvements would be made. After the inspection, the manager sent us an action plan that listed people will be assessed using the principles of the MCA.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The provider's supervision policy stated that formal supervisions and appraisals should be carried out with staff regularly. Appraisals were not regularly carried out with staff and we did not see evidence that formal one to one supervisions were being carried out consistently. We fed this back to the manager who told us that most staff recently had a supervision and showed us evidence to support this, and assured us supervisions will be carried out regularly and appraisals will be scheduled for this year. The staff members we spoke to did not have any concerns with lack of support and were very positive with the support they had from management, one staff member told us, "She [manager] is very supportive" and another staff commented, "She [manager] listens." The action plan submitted by the manager after the inspection listed that supervisions would be carried out regularly.

Staff members we spoke with told us that they received induction training when they started working at the service and records confirmed this. Staff confirmed that the induction training was useful which included opportunities to shadow a more experienced member of staff and look at care plans. This made sure staff had the basic knowledge needed to begin work.

Records showed that staff had undertaken mandatory training before providing personal care and new members of staff had received training in the Care Certificate, which is a set of standards that social care and health workers adhere to in their daily working life. Training included equality and diversity, person centred care, duty of care, nutrition and privacy and dignity. Staff told us that they had easy access to training and had received regular training. One staff member told us, "We do have a lot of training." Although training had been provided in MCA and safeguarding, when we spoke to staff, we found that two staff members were unable to explain to us that they could report abuse to outside organisations. Another two staff were unable to explain the principle of the MCA.

The manager told us that most people did their own food shopping and made their own food or with the support of their relatives and staff supported people with meals when required. The people and relatives we spoke with confirmed this. Records showed some people received support with meals as part of their care package from the service and this was listed on the persons care records. People and relative had no concerns with the support that was provided and confirmed that choices were offered to people when staff supported with meals. One relative commented, "They will ask mum, I have seen them do that." A member of staff told us, "I will go shopping with them and buy the foods they want." The manager told us that they encouraged healthy eating. Staff we spoke with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis.

People and relatives told us that healthcare needs were met. One relative told us, "He [staff] takes us to appointments, he is such a blessing." Most people's care plans listed details of health professionals such as GP and also included their current health condition. The staff we spoke with told us people had access to healthcare professionals particularly if they were unwell. The staff member gave us examples of where they were able to identify if the person was not well commenting such as looking at their behaviour and response. The manager told us that people required limited support with health appointments and people and relative confirmed this. We saw on one person's daily notes a person was not feeling well and the staff member provided support to the person. This resulted in the person feeling better and on another daily record a staff member helped explain the outcome of a GP appointment to the person, when asked.

Good

Is the service caring?

Our findings

The people and relatives that we spoke with were happy with the staff and spoke positively about their relationship with them. They told us that staff were caring, friendly and treated people with respect. One person told us, "Yes" when we asked if staff were caring. A relative told us, "Absolutely lovely, fantastic, so pleased with them [staff]" and another relative commented, "I could not fault them [staff], they are very kind." The staff members we talked with spoke fondly of the people and told us they build positive relationship with people by spending time and talking to them regularly.

We found that most of the care plans completed by the service contained information about the needs of people and the duties required of staff. This enabled staff to support people in a meaningful way that recognised their individuality and preferences.

Most care plans we looked at described how to communicate with people. For example, one person's care plan asked for staff to speak slowly and at a level the person could hear due to the person having hearing difficulties. Relatives had no concerns with staff ability to communicate and told us that staff made use of body language, hand gestures and employed other methods of communication to support people with non-verbal communication to have a voice and maintain choice and control. A relative told us, "Considering he is deaf, they use body language to communicate with him." The provider should note that on one care plan we found a person was 'little hard of hearing/loss of definition' however, no instructions was provided on how staff should communicate with the person. On another care plan we found that the person's communication ability was not recorded. We fed this back to the manager who informed us people's ability to communicate would be recorded along with their preferences on how staff should communicate.

Staff members we spoke with demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff were able to tell us the background of the people and the support they required. Staff told us that they received information on the needs of people using the service and were given time to read people's assessments, care plans and risk assessments. This helped staff to gain an understanding of the needs of people using the service and how best to support them. A relative told us, "They [staff] do provide a good service with cooking and dressing."

People told us that staff understood how to meet their needs and provided a personalised service that promoted their dignity, privacy and independence. Relatives confirmed this. Staff told us they always encouraged people to do as much as they could to promote independence, one staff member told us, "The things they can do for themselves, I will get them to do." A relative commented, "They make her do more, than I can do."

Staff had received training on privacy and dignity as part of their Care Certificate training, this had helped them to understand how to provide person centred care and maintain confidentiality. The staff we spoke with understood that personal information about people should not be shared with others. They told us that when providing particular support or treatment in people's home, it was not done in front of other people that would negatively impact on their dignity. A relative told us, "If they [staff] go to the bathroom to

help my mum, they close the door." People and relatives told us that staff respected people's privacy and would always knock and wait for permissions before entering their room or house. A relative commented, "They do knock on the door and wait for me to tell them to come in. A staff member told us, "I will knock on their door."

The service had an equality and diversity policy and staff members were trained on equality and diversity. The staff member we spoke with told us that they treated people equally; people and relatives confirmed this and had no concerns about staff approach. Cultural and religious beliefs were discussed with people. Their preferences were recorded in care plans. None of the people and relatives we spoke with had any concerns regarding staff approach or being treated unfairly by staff members.

Requires Improvement

Is the service responsive?

Our findings

We asked people and their relatives if they found the service provided by Time Out Services to be responsive to their needs. People and relatives spoken with confirmed the service was responsive and that staff were attentive to their family member's needs. A person told us, "He [staff] has helped me tremendously." One relative told us, "They [staff] are very responsive" and another relative commented, "Very attentive, they [staff] go out of their way." A health and social professional commented, "They [staff] very responsive to the needs of our residents."

The manager told us that people were assessed before being offered a service in order to ensure the service could cater for their needs. We did not see evidence that confirmed if people were assessed in respect of important aspects such as their level of care needs, communication, health condition and if support could be offered. The manager told us they speak to people and their relatives in detail about their condition and needs in order to ensure people get the right support. These discussions lead to a decision about if the service could provide the required support. However, this was not recorded on an assessment form that covered important aspects on people's needs and preferences. The manager assured us that the service will comprehensively assess people prior to making a judgement on whether to provide personal care.

Care plans included details of people's support needs, sensory abilities, manual handling assessment, communication, personal hygiene, medical history and mobility. We did not find evidence that showed if people's support needs were regularly reviewed to ascertain if people's condition or support needs had changed. For example, on one care plan we saw that the care plan was completed and staff members and the person signed the plan on 19 March 2014 under the 'service agreement' section. However, no further reviews had taken place since to identify if that person needs and preferences had changed to ensure person centred care was being delivered. In another two care plans the service agreement did not include when the care plan was completed and if further reviews had taken place.

Records showed that some care plans were inconsistent and some plans were not completed in full. In three care plans, there was a 'known medical history' and 'religious and cultural needs', which was completed listing people's health conditions and if people had any religious or cultural needs. In the remaining two care plans, this was left blank. There was a 'Brief history of clients life' and 'leisure and topics of interest, hobbies and activities' section that provided details of people's background and upbringing. This helped staff to understand people's preferences and interests and helped develop positive relationships and provide personalised care. We found this was completed in the three care plans we looked at but had not been completed in the remaining two care plans. One care plan described that a person would need support with orientation throughout the day and the plan listed the person would need prompts and support where needed. However, the plan did not include when support would be needed and at what stage, such as when going outside or when moving around the home.

Care plans for managing and supporting people with specific health conditions such as depression, arthritis, behaviours and limitations caused by dementia, were not recorded. Therefore, staff did not have the information from which they could deliver personalised care.

This was a breach of regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We found limited evidence that showed people had been involved in the care planning process and being involved in the decision-making process to identify their care and support needs. The manager told us that people and their relatives were involved in the care planning process and relatives confirmed this. Records showed that one person was involved in service planning and decision making and had signed the service agreement to evidence agreement. The remaining care plans did not evidence if people were involved in the care planning process and the service agreement section had been left blank and reasons were not included if person or their relatives were involved in the planning of care. We noted that the new care plan included service user involvement ensuring if people were satisfied with the care and support plan signing to evidence agreement. We looked at the new care plan for one person and found the service user involvement section had not been completed and signed by the person or relative to evidence involvement.

Staff told us they get time to provide person centred care. The manager told us that they always provided staff time to provide person centred care and also build good relationship with the people they supported. Staff confirmed this, one staff member commented, "We have adequate time to sit with them and have coffee" and another staff told us, "I am not rushed." Relatives confirmed this and told us that staff were not rushed and were able to enjoy spending time with people and stay for long periods if required. One relative told us, "My husband likes stained glass, so he [staff] went to the library and got books for him on this, in his own time. I was really impressed."

There was a daily log sheet, which recorded key information about people's daily routines such as behaviours and the support, provided by staff. The staff member we spoke with told us that the information was used to communicate between visits on the care people had received.

There was a section in the care plan that listed people's hobbies and activities. Staff were able to tell us about the things people liked. A staff member told us, "I do quizzes with him." Relatives told us that staff members participated in activities with people, which included taking people to a day centre managed by the provider which offered recreational activities for people. We observed that staff of Time Out Services participating in activities at the day centre. One relative told us, "He [staff] will take him to the day centre and entertain him, which is something I cannot do."

Records showed one complaint had been made by people or their family members. This was investigated and appropriate action had been taken. People and relatives told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. One person told us, "I'm very happy with [staff]." A relative commented, "I cannot fault them" and another relative told us, "She [family member] reports no issues whatsoever." When we spoke to the staff member on how they would manage complaints, they told us that they would record the complaint and inform the manager.

There were compliment cards and letters from relatives and people thanking staff for looking after their family members. Compliments from one person included, "I am so happy with his [staff] support and the support I get from all of you.' A relative compliment included, 'I would like to thank you for all the care, help and support shown to my mother."

Requires Improvement

Is the service well-led?

Our findings

We asked people and their relatives if they found Time Out Services to be well led. People and relative spoken with confirmed they were happy with the way the service was managed. One person told us, "Very happy with them [Time Out Services]." A relative told us, "I am quite happy with the service. It is a good service overall" and another relative commented, "Absolutely fantastic, so pleased with them [Time Out Services]." Staff told us they enjoyed working for the service and morale was high. One staff member told us, "I love my job" and another staff commented, "I love the people and what I do."

The manager told us she had started carrying out spot checks, which included observing staff when they were caring for people to check that they was providing a good quality service. The results were communicated to staff. We saw evidence that a spot check was carried out with one member of staff. The spot check was carried out as part of the Care Certificate training that the member of staff was working towards. However, we did not find evidence that showed spot checks were being carried out regularly and information on what percentage of spot checks had been done or what was still outstanding. Keeping comprehensive records of spot checks is important to keep track of the number of checks undertaken. They can help identify areas of improvements or best practise that can be used in staff supervision and appraisals for continuous improvement. The manager told us that spot checks will be carried out regularly and sent us an action plan after the inspection confirming this.

The service had a quality monitoring system which included questionnaires for people who received personal care from the service. We saw the results of the recent questionnaires, which included questions around staffing and the quality of the service. The overall feedback was positive and the results were being analysed. Comments made by people in the survey included, 'Because of Age UK Enfield I am now able to go out twice a week, knowing my husband is safe and well looked after. Thank you.' A relative comment on the survey included, 'Staff look after my husband so well, he always looks forward to his visits weekly.' The provider should note that we did not see if an action plan had been created using the results of the survey to make continuous improvements to the service. This is important to ensure high quality care was being delivered.

We saw that an audit was undertaken by management that highlighted area's that required improvements. We saw that the audit recently highlighted that care plans, training and risk assessments required improvements and an action plan had been created to implement changes to address these issues. The systems in place enabled the manager to identify and address shortfalls and continually improve the service for people if required.

People and relatives had no concerns about the management and leadership of the service. They expressed the view that the manager was very approachable and always listened to their views and concerns. Those who had dealings with the manager also described her as approachable and open to suggestions. The manager understood the specific needs of individuals using the service and had built up a positive relationship with them and their family members. One relative told us, "She [manager] is most friendly and supportive person" and another relative told us, "She [manager] is lovely, approachable." A person told us,

"She [manager] is nice."

Staff confirmed that they were always able to contact a member of the management team. Staff spoken with were very enthusiastic about how much they enjoyed their work. One staff member told us, "I love it [job]." Staff told us that they were supported in their role, the service was well-led and there was an open and transparent culture where they could raise concerns with management and felt this would be addressed promptly. One staff member told us, "She [manager] will listen to you, she is very good" and another staff commented, "New management, very willing. They are enthusiastic. [Manager] goes above and beyond"

Staff meetings minutes showed staff discussed people who receive a service, team working, activities, confidentiality and concerns were addressed as a team and relevant action was taken if required. Minutes of the meeting were recorded for staff to read if required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Assessments of the needs and preferences for care and treatment were not carried out in full for some people that used the service. Assessments were not regularly reviewed throughout people's care and treatment. (Regulation 9(3)(a))

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005. (Regulation 11(1)(3))

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users (Regulation 12(1)(2)(a)(b))