Tasmiyah Healthcare Limited

The Beacon

Inspection report

The Beacon
Westgate Road
Newcastle Upon Tyne
Tyne And Wear
NE4 9PQ

Tel: 01912425408

Date of inspection visit:
10 October 2018
16 October 2018

Date of publication:
14 November 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The Beacon provides personal care to adults in their own homes. It also plans to provide shorter care packages, such as reablement services, to people who have been discharged from hospital or whose needs have changed. At the time of inspection there were eight people using the service. The majority of people who used the service were receiving end of life care.

This is the first time we have inspected the service.

There was a registered manager in place with suitable experience and knowledge of the service. 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.'

People felt safe and there were risk assessments in place to ensure staff knew how to keep people safe. These were regularly reviewed and information effectively shared where risks changed. Some risk assessments would benefit from more personalised details.

Where staff administered medicines they had been appropriately trained. The majority of people who used the service self-medicated. The documentation and auditing of this aspect of medicines administration was not effective or in line with good practice and required improvement.

We have made a recommendation about the management of medicines.

All staff were aware of their safeguarding responsibilities and demonstrated a good understanding of the risks people faced.

No concerns were raised by relatives or external professionals, with all expressing confidence in the registered manager and the staff they had interacted with.

Rota planning was simple and effective. This information was shared routinely with staff and people who used the service. Out of hours on call arrangements were in place and there was no evidence of any missed calls. There was no clear contingency plan in place should there be a missed call; the registered manager addressed this during our inspection.

There had been no accidents, injuries or safeguarding issues since the service began providing care. The registered manager was able to tell us how they planned to document these instances and to analyse them for patterns or trends. They had not, at the time of inspection, implemented these processes.

There was consistent and effective liaison with a range of external professionals, such as nurses and social

workers, to ensure people's needs could be well met.

Staff were well supported by way of induction, shadowing and training. The registered manager could demonstrate plans for future training and supported staff to pursue career goals. Staff morale was high.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who used the service and relatives praised how staff respected and supported their cultural and religious beliefs.

Continuity of care was strong, with all people feeling at home with care staff and never experiencing a carer they had not been introduced to. A number of care staff spoke Bengali and/or Punjabi, meaning people who used the service, for whom these were there first languages, were able to have in depth conversations with their care staff.

Staff treated people in a dignified manner and feedback was consistently strong regarding how compassionate and patient staff were.

The registered manager planned to send surveys to people who used the service and their relatives, to help gain more feedback about what they could do better.

Care files were brief but well-ordered and logical. The registered manager made some improvements to aspects of the plans we found to be lacking in person-centred detailed. Other aspects of the care plans contained and excellent level of person-centred detail.

People's changing needs were well met and the service excelled in providing end of life care to people in a place they were comfortable. Relatives provided strong feedback in this regard, as did external healthcare professionals who worked with the service.

All people who used the service and their relatives knew how to raise concerns and expressed confidence in the ability of the staff team to address these concerns.

The registered manager led the service well and was receptive to feedback. They were committed to ensuring the service attained compliance with the regulations and that people received a high standard of care. During the inspection they demonstrated a desire to improve aspects of the service in line with good practice.

The culture was one of respecting and valuing people's individualities, including their religious beliefs and cultural differences. The registered manager had ensured that all staff acted in line with this approach and we found this had a positive impact on people's wellbeing.

We found the service was in breach of regulation 17 (Good Governance).

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The management of medicines required improvement and was not always in line with good practice.

People who used the service and their relatives gave consistently positive feedback about the timeliness and professionalism of staff.

There were no late or missed calls.

Risk assessments were in place but would benefit from more person-centred content.

Is the service effective?

Good

The service was effective.

Staff were suitably skilled and experienced and the registered manager planned a range of refresher training.

People's healthcare needs were consistently met through effective liaison with external healthcare professionals.

People were supported to maintain their preferred diets.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives consistently praised the compassion and patience of staff.

People were treated with dignity and respect.

People's religious and spiritual beliefs were actively supported and encouraged by staff who understood these needs extremely well.

Is the service responsive?

Good

The service was responsive.

Pre-assessments and ongoing review ensured staff were aware of people's changing needs.

People were supported to maintain interests and activities meaningful to them.

The service provided end of life care in a personalised compassionate manner that enabled people to stay at home where that was their choice.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Auditing systems were not adequate at the time of inspection and required improvement.

Some documentation was not accurate or up to date, meaning the care being given was not always fully reflected in the provider's records.

Staff were extremely positive about the managerial support they received.

External professionals expressed confidence in the registered manager, who demonstrated a passion for delivering a service with a caring, person-centred culture.

The Beacon

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 visited the service on 10 October 2018. We made telephone calls to people who used the service on that day and made additional telephone calls to staff members and external professionals on 16 October 2018. The inspection was announced. We gave the provider 48 hours' notice to make sure that staff would be available at the office. The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is someone who has experienced the type of service we are inspecting.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We contacted four external health and social care professionals.

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.

During the inspection we spoke with three people who used the service and five relatives. We spoke with eight members of staff: the registered manager, the care co-ordinator, the administration officer and five care staff. We looked at three people's care plans, risk assessments, rota and information sharing systems, staff training and recruitment documentation and quality assurance systems.

Requires Improvement

Is the service safe?

Our findings

One person who used the service told us, "They never let us down," whilst another said, "They always arrive on time." Family members told us, "They stay with them for the allocated time, always, and never cut any corners," and, "They are very patient. If [person] is still asleep they let them come around rather than rushing in at a pace."

A number of people who used the service and family members made particular mention of the comfort they felt from being supported by staff who spoke their language. Some people who used the service spoke predominantly Bengali or Punjabi and the registered manager had ensured they were supported by staff who spoke the language. People confirmed this made them feel more relaxed and less anxious about initially meeting, and then receiving personal care from, a new member of staff.
External professionals we spoke with raised no concerns about the safety of the service and expressed confidence in the oversight of the registered manager. A common theme was acknowledging that they were keen to ensure processes were safe and effective before trying to grow the business. One told us, "I'm extremely impressed – they take the time to understand a person rather than rushing things."

We found some of the processes and documentation in place to ensure safety was maintained required improvement. For instance, risk assessments were in place and ensured staff were aware of how to keep people safe, for example when helping them mobilise. We found these risks assessments were however at times lacking in individualised detail, such as how specifically to communicate with the person whilst helping them, and what would put them at ease. This level of detail was in each person's support plan regarding aspects of daily living, but not used to ensure risk assessments were fully personalised. The registered manager acknowledged the risk assessments were brief and committed to improving the personalised nature of them.

We acknowledged there were some detailed risk management documents in place. For instance, one person who had diabetes had a specific plan in place and extremely detailed guidance for staff regarding what a hypoglycaemic episode may look like, how to prevent it and what to do in the event. Likewise, where one person used oxygen we saw there was a detailed plan with pictorial information in place.

When we spoke with staff, they demonstrated a good knowledge of the risks people faced, and how they helped reduce these risks. They confirmed they were given a comprehensive overview of each person's needs prior to delivering care. The required improvements to the risk assessments would however ensure any new staff, and external professionals, had access to clear guidance regarding each person's needs.

Staff worked well with other health and social care professionals, for instance social workers and nurses, to ensure people were kept safe. The registered manager was on call out of hours should staff need additional support. Staff we spoke with confirmed they could seek assistance at any time and that they felt comfortable doing so.
All staff demonstrated a clear awareness of their safeguarding responsibilities and had confidence that they would be supported should they raise any concerns.

Safeguarding refresher training was planned. No safeguarding incidents had occurred since the service had begun and the registered manager therefore had not looked for or identified any concerning patterns regarding staff conduct or practices that may require further analysis. The registered manager did confirm they planned to have a safeguarding log in place, which would record any and all safeguarding incidents and 'near misses.' This would enable them to analyse these over time and look for any patterns or trends that may enable the service to learn lessons.

In the meantime, the registered manager had planned unannounced spot checks of care staff, to assess their timeliness, presentation, professionalism, knowledge and practice. At the time of our inspection we saw these formal spot checks were planned but had not started. The registered manager had met with all members of care staff. They acknowledged they needed to formalise these meetings and conversations into checks of practice, including medicines competence assessments.

All staff had been trained in the administration of medicines. The majority of people who used the service were able to take their own medicines. Family members told us, for example, "They always make sure [person] is on track and doesn't forget to take them." The registered manager had not at the time of inspection ensured medicines administration processes were in line with the most recent best practice guidance, by the National Institute for Health and Care Excellence (NICE). This guidance makes clear that, even where a staff member is prompting a person who is self-administering medicine, staff must document their actions. This was not reflected in medication records at the time of inspection. In the days following the inspection the registered manager reviewed and improved all medicines care plans and ensured staff were aware of the need to document where they had assisted a person to self-medicate.

We recommend that the service consider current guidance on administering medicines to adults in their own homes and take action to update their practice accordingly.

Pre-employment checks were in place, for example Disclosure and Barring Service (DBS) checks and identity checks, to ensure prospective staff did not present a risk to vulnerable adults. Where references had not initially been returned the registered manager had pursued these to ensure they could gain an understanding of the background of prospective members of staff.

Staffing levels were appropriate to the needs of people who used the service and the rota allowed for sufficient travel and handover time. No one we spoke with had experienced a missed call and confirmed staff always arrived on time. The registered manager acknowledged there was at present no formal system in place to manage the risk of missed calls, other than a generic risk assessment they had access to as part of a suite of template risk assessments. Given the small number of calls in place, the majority of which were a number of hours at a time, the risk of a missed call was low. The registered manager however acknowledged the need to have a formal contingency measure in place, which would need communicating with staff and which may come into more use if the service grows.

Good

Is the service effective?

Our findings

People who used the service received an effective service from staff who knew them well and who had the necessary skills and knowledge to support them. One person who used the service said, "They take their time and help me pick out my clothes every morning." One family member said, "They never hesitate to call a doctor if needed and they always let us know about any little changes." Another said, "They are always competent at what they do. They are professionals."

People who used the service felt staff enabled them to have a better quality of life through the support they were given, whether this was doing specific tasks for them, or enabling them to maintain levels of independence. One person told us, "It's a two way thing. If it wasn't for the carers I wouldn't be able to get myself out of bed, in the shower, on the loo, or get out and about." One family member stated, "The one to one care has led to a real improvement in their wellbeing. It's the attention to detail."

People's needs were comprehensively assessed by the registered manager prior to care being delivered. This involved a home visit and compiling information about the person's needs, likes, dislikes, and relevant social, spiritual and medical history. At this point the registered manager liaised with external professionals to ensure they had the most relevant context available. They then formulated personal support plans for each person who used the service. When we spoke with staff they were all knowledgeable regarding these plans.

The provider's Statement of Purpose stated that one aim was to respect people's rights and needs in relation to religious, political and personal preferences. We gathered feedback which demonstrated this happened in practice. Staff were matched to people who they were most likely to understand and be able to empathise with well. People who used the service confirmed they felt well matched to their carer. The registered manager helped to reduce the likelihood of any discrimination or unintended offence by ensuring staff had a comprehensive knowledge of people's needs in advance of visiting them.

All staff told us they were well supported, through an initial induction period and comprehensive introduction to each person's needs, then ongoing refresher training. This included safeguarding, equality and diversity, infection control, fire safety, first aid, moving and handling, Mental Capacity Act and food hygiene. The registered manager had a training matrix in place to chart who required training and when. Staff confirmed the registered manager consistently reminded them when they were due to complete additional training.

Where one member of staff did not have a care background, we saw they were undergoing the Care Certificate and were currently shadowing more experienced members of staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager told us, and staff confirmed, that they had been encouraged on joining the service to let the registered manager know if they wanted to pursue further vocational qualifications, and they would be supported in this.

The rota was planned with no gaps and evidence that people received support from a consistent team of staff. The rota was currently shared with staff and people who used the service on a weekly basis but the administration officer confirmed this would be moving to monthly, as the majority of care packages in place had a stable staff team in place from the outset. People we spoke with confirmed they received this information.

We saw that regular formal supervisions had not yet taken place. The registered manager confirmed one of the reasons they had recently employed a care co-ordinator was to assist with this aspect of the work. When we spoke with staff they confirmed they had been well supported by the registered manager, although not through formal supervision meetings. A supervision is a meeting between a staff member and their manager, to discuss performance and any training needs or concerns. Staff said, for example, "[Registered manager] is brilliant – they are always available and really helpful." One external professional told us, "They really seem to care about their staff – it's refreshing."

The service did not currently use new technologies to enhance the delivery of effective care but the registered manager stated they would consider implementing an Electronic Call Monitoring (ECM) system when the service grew. An ECM allows office staff to accurately record when staff have arrived at a person's home and when they leave.

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 whose records we reviewed, and whom we spoke with, had capacity to make decisions. We checked whether the service was working within the principles of the MCA, and saw care documentation did not always evidence consent being sought in care records. The registered manager committed to improving this immediately and, during the inspection, improved the content of care plans to ensure they more clearly reflected the fact that people had consented to their care and treatment. When we spoke with people who used the service they confirmed staff were polite and respectful at every visit and ensure they were comfortable with and consenting to all aspects of care.

People were supported to make their own meals, or staff prepared meals where this was required. As with the matching of staff to people's needs more generally, we found in this regard the registered manager had also had regard to ensuring there was a positive understanding and respect for people's diverse preferences. For instance, one person who favoured eating fresh chapatis was supported by staff members who knew how to make these. One person told us, "They always ask me what I'd like to eat and they make it fresh." Care plans in relation to nutritional preferences were detailed and individualised. For instance, one person liked to have a cup of ginger tea – we saw this was clearly documented down to the detail of which mug should be used.

Good

Is the service caring?

Our findings

We received a range of positive feedback from people who used the service about the caring nature of staff. People said, for example, "They are very kind and gentle," and "They are always lovely and smiling." Relatives told us, "They are so considerate and caring," and "We are always listened to as a family and they really care about how [person] is doing."

One external professional told us, "We have spoken with some of the family and patients and the feedback has been really good. The care team are very accommodating, polite and well trained." Another professional told us, "They are very good and they do go above and beyond to make sure the little differences are made."

We found feedback was particularly strong regarding how staff ensured they understood and acted of people's religious and cultural beliefs. For instance, one professional said, "The person I work with feels very comfortable and I think that is because they have done everything to make them feel that way. Whenever they want to go to the mosque staff go with them and the staff understand their faith. There are no difficulties in terms of staff causing unintended offence as they really know what is important to (person) and their religion."

One relative told us, "Each morning when they come to see our loved one they shake his hand, greeting them with the religious greeting and introduce themselves." Another said, "They sit with my loved one and listen to Qur'an tilawat. They also help them face the Qiblah so they can read their prayers." The Qur'an is the holy book of Islam. Tilawat are recitations of various sections of the Qur'an. This meant staff not only had regard to people's protected characteristics, but also actively participated in people being able to celebrate them. People's protected characteristics are set out in the Equality Act 2010.

This respect for and knowledge of people's religious and cultural beliefs was a core theme of feedback we received from people who used the service. It was encouraged by the registered manager, who was passionate about people receiving care from staff who understood their cultural needs. Staff were therefore given the time to understand and help enable people's religious and cultural beliefs and this had a demonstrably positive impact on people's wellbeing. One relative said, "There isn't even a language barrier and they accommodate everything she needs."

One professional told us, "I've dealt with services in the past that pay lip service to the cultural side of things or don't understand it, but [registered manager's] service really is different. It's a service the area has been crying out for."

People had evidently been involved in the planning of their own care, from initial discussion at assessment to ongoing review. Each care file contained at the front a document which listed any ongoing queries from either people who used the service, family or external professionals. This meant there was an accountable and easily accessible approach to ensuring the views of those who had input to people's care was documented.

The shortest visit the service currently delivered was one hour. Whilst the registered manager did not know what care packages they may support in the future, they confirmed they would not ordinarily provide calls of less than thirty minutes. "You cannot meet a person meaningfully in this time," they told us. When we spoke with people who used the service they confirmed staff always stayed for the planned duration of the call and took an interest in them. The National Institute for Health and Care Excellence (NICE) recommends that care at home providers should aim to keep calls at thirty minutes as a minimum, as this helps improve the continuity of care people receive. The registered manager had ensured the service had acted in line with this good practice.

Continuity of care was a strength of the service according to people we spoke with. No one we spoke with had experienced a stranger arriving to provide care and all people and relatives we spoke with confirmed they had built a strong rapport with their carers.

Staff demonstrated a strong awareness of people's needs, as well as an understanding of what was important to them and how best they could build a rapport and communicate well with people.

No one who used the service at the time of inspection used an advocate but we saw the service user guide set out how to access advocacy services. Additionally, we saw evidence the registered manager had ensured relatives had been able to play an active role in supporting people who used the service to make decisions.

Good

Is the service responsive?

Our findings

We found staff worked well with each other and with people and their families to ensure people got the care and support they needed. People's needs were assessed prior to using the service and then reviewed at three monthly intervals, or when needs changed. People and their relatives confirmed they were always invited to contribute to these reviews and that the staff and the registered manager were responsive to their needs. One relative told us, "The care plan is discussed with my loved one and I. Both of us are always able to express our views and concerns."

Care planning was sufficiently detailed to instruct staff about the core areas people needed help with, but also a good level of information about their likes, dislikes, and other relevant information. People were supported to pursue interests meaningful to them, such as attending a local mosque to pray, watching and talking about Bollywood movies, and reading the Qur'an.

An external professional who worked closely with the team told us, "I have found them really helpful. Talk about responsive. Everything we have asked of them, within reason, they have bent over backwards to do."

The registered manager told us they planned to hold yearly surveys of people who used the service although, given the fact a number of people who used the service were receiving end of life care, they would review this again. We saw a range of feedback had been compiled when compliments had been received, and this demonstrated high levels of satisfaction from either people who used the service or their relatives. Representative comments included, "We are so grateful for all the love and care with which [person] was made so comfortable to the end," and, "The exceptional care given by yourself and your girls enabled [person] to stay at home."

This was another consistent feature of feedback, that the service enabled people nearing the end of their lives to remain in their own home, where they were most comfortable. One external professional told us, "[Registered manager] and the team are very accommodating, and have taken several care packages from us for end of life patients. All the packages that we have passed over have allowed patients to be cared for in their own homes." They commended the thoroughness of the work of managerial and care staff at the point they took over care packages and expressed confidence in the ability of staff to meet people's changing needs.

Where people were nearing the end of their lives the service was able to comfort them and provide consistent, compassionate support in their home. All staff we spoke with either came from having experience of end of life care, or else confirmed they were given comprehensive support from the registered manager. They told us, "It's a difficult thing, every time, but it's not unexpected and the manager makes sure you are comfortable dealing with it. They really care about their staff as well as the people we care for."

Each person who was receiving end of life care had been invited to have a discussion about their religious and cultural preferences in this regard, for instance what arrangements were in place for making sure their body was cared for in a sensitive way in keeping with their beliefs. The registered manager improved these

care plans during the inspection as we found some could be more detailed in terms of person-centred content. In practice, the care staff who cared for each person knew their individual needs extremely well and the improvement of the care plan content was to ensure documents reflected practice. Also, should there be a need to have new staff involved in the care package, they would have reference to clear guidance.

The approach to end of life care, as described by relatives and staff, matched the commitment set out in the provider's statement of purpose. That is, to ensure people could be care for in a place of their choice, to have involvement in decisions and to be respectfully supported in their physical, emotional, social and spiritual needs.
We found evidence in compliments cards and 'thank you' letters that staff had acted in line with people's wishes as they neared the end of their lives and were assured that the registered manager ensured this continued.

No one we spoke with raised any concerns about the service. One relative told us, "They would listen to me if I wasn't happy with something" and all people we spoke with were confident they could raise concerns with the registered manager if needed. There was a complaints process in place, which was in the service user guide each person received.

Requires Improvement

Is the service well-led?

Our findings

Some processes and the governance of them, which should have been in place by the time of the inspection, were not. These included staff supervisions and clear auditing processes. The latter in particular needed work to ensure the service was prepared for growth. At the time of inspection there was no formal auditing of medicines practices and, whilst the service had only been delivering care for a matter of months, and while the majority of people were self-medicating, there was a risk that poor practice could go unnoticed and potential improvements could be missed. We found no evidence of any medicines errors being made but the registered manager was not able to demonstrate adequate quality assurance and oversight of medicines administration systems at the time of inspection.

We also found there were a number of areas where additional details in care files should have been in place, and appropriate auditing could have identified these areas. For instance, details regarding people's ability to consent and that they had consented and details in people's personalised support plans about their end of life care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Whilst we did not find any detrimental impacts on people who used the service (in fact, feedback was extremely positive), the provider needed to ensure they had in place suitable systems to ensure adequate oversight of all aspects of the service.

The registered manager assured us medicines audits would be implemented urgently and audits also put in place for the monitoring of care files, safeguarding incidents, accidents, incidents and complaints. Again, whilst none of these incidents had as yet occurred, the registered manager was not in a position to analyse any such occurrences as they did not have adequate auditing systems in place. In the days following the inspection the registered manager demonstrated that they had reviewed current best practice regarding medicines administration and incorporated this into practices.

They also demonstrated prompt improvements to documentation in other areas we had identified, such as the documentation of consent. The registered manager was keen to improve the service and welcomed feedback. One external professional told us, "[Registered manager] is very passionate about their agency and staff," whilst another said, "They take on board advice, they're keen to learn and improve things."

The registered manager had worked well with external professionals to date and we received positive feedback from a number of them.

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 registered the service with CQC a year previously and demonstrated a commitment to making improvements and a strong understanding of people's needs. They could demonstrate that they were unwilling to take on numbers of care packages until they were confident the systems and staff in place were fully equipped to do so.

The registered manager was not aware of some instances of current best practice at the time of inspection, for instance the processes that would be required should a decision need to be made in someone's best interests, and the guidance from the National Institute for Health and Care Excellence (NICE) regarding medicines administration.

Subsequent to the inspection the registered manager confirmed they had refreshed their knowledge of best interests decision making and could demonstrate they had incorporated NICE guidance into the improvements they had begun to make. They also demonstrated they had signed up to alerts from the Social Care Institute for Excellence (SCIE). The SCIE aims to improve the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice.

The registered manager was receptive to our feedback and demonstrated a passion for ensuring the service was fit for purpose.

The registered manager had made appropriate notifications to the Commission and was aware of their responsibilities in this regard.

The atmosphere in the office was polite and positive. All staff we spoke with were complimentary about the support they received from the registered manager, and that they were always available and approachable. One staff member said, "They are a really fair boss and they lead properly – they are clear about how they want things done." Another said, "They have been very accommodating with being flexible with my shifts and I feel I can go to them with any issues."

Morale was high and all staff we spoke with shared the values set out in the provider's statement of purpose, a key principle of which was, "Respect for intrinsic worth, dignity an individuality of the client's racial identity and cultural heritage." We found numerous examples of this being successfully delivered by staff. The registered manager had successfully embedded a culture that respected and valued people's individual cultural and religious beliefs and factored those in to the day to day care support they delivered.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have in place adequate quality assurance processes to ensure medicines administration and other practices were appropriately and consistently scrutinised.