

Dove Caring Ltd

# Dove Caring Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Dove Caring Limited (the service) was run by a person who was the registered provider. The registered provider was also the registered manager 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.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This is the first inspection under Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection was announced and took place on 2, 15, 16 May 2018. On several occasions we tried to meet with the registered manager at the registered office but she was unavailable due to personal commitments. At the time of our inspection, four people were receiving personal care.

People's needs were assessed, but records to evidence this were not always available in people's homes. Risks associated with personal care were not adequately identified. Appropriate protective measures were not put in place to minimise the risk of avoidable harm. Not all care plans were reviewed and updated regularly to reflect people's changing needs.

The provider could not assure themselves that medicines were being managed in accordance with current regulations and guidance. Care plans were unclear about the level of support people needed with medicines, and there was no system in place to ensure that people received medicines as prescribed.

Although all staff received training to ensure they had up to date skills and knowledge to provide effective care. Staff felt supported but they had not received regular supervision with their manager. All staff had received training in the Mental Capacity Act 2005 (MCA), but not all care staff understood this meant for people.

The provider did not have adequate systems in place to monitor and review the quality of care people received. The provider was aware of these concerns and was developing an action plan to resolve these concerns.

This was a breach of Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance.

Safe recruitment procedures were not followed and appropriate pre-employment checks were not always made. Recruitment files were difficult to follow; however we noted some checks were undertaken to ensure new staff were safe to work in the care sector.

This was a breach of Regulation 19 HSCA (Regulated Activities) Regulations 2014 Fit and proper persons employed.

People were able to make their own choices about their personal care and were involved in planning and reviewing their care. There were sufficient staff to meet people's personal care needs at the time when they needed support. People's nutritional needs were met. Staff worked within the principles of the Equality Act 2010 to make sure their work practice did not discriminate against people. There was no information about independent advocacy services for people to contact.

People were safe. Staff understood their responsibilities in relation to safeguarding but not all were confident in how to raise concerns. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities.

There was a complaints process in place, and people were encouraged to express their views about the service. People and relatives felt confident to make suggestions for improvement of care or raise concerns. People and their relatives felt the service was well-led and staff spoke positively about the support they received from the management.

We found breaches of regulations as a result of this inspection. 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 provider did not operate safe recruitment practices to ensure suitable staff were employed to work at the service.

People were not always supported safely with their medicines.

Staff had received safeguarding training and understood their safeguarding responsibilities. However, they did not always have access to relevant safeguarding information on who to contact when raising a concern.

Risks associated with people's personal care had not always been carried out and were not monitored or reviewed regularly.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff received an induction and relevant training needed to support people effectively. However, staff did not receive regular opportunities to review their work.

People's rights were not always protected under the Mental Capacity Act (MCA) 2005, as not all staff understood how the MCA impacted on people's lives.

Staff worked in line with current legislation to ensure they did not discriminate against people.

The provider ensured people maintained a healthy and nutritious diet.

People had access to external healthcare professionals when needed but information about support in these areas was not recorded.

### Is the service caring?

**Good** ●

The service was caring.

People felt supported by staff who were kind and caring. People were involved in making decisions about their care, and felt supported to remain as independent as possible.

Staff understood and demonstrated the importance of treating people with dignity and respect.

The provider did not have information available to people to help them access independent advocacy and support services.

### **Is the service responsive?**

The service was not always responsive.

Some people's care plans had limited information about the person's preferences. Care plans were task centred and not person centred and had not been reviewed regularly.

People were not always supported to contribute as fully as possible to their assessment and in decisions about the care and support they received.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led

The provider did not have systems and processes that monitored the quality and safety of the service.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and aims of the service.

The provider was not aware of their regulatory responsibilities.

The service did not work in a collaborative and cooperative way with external stakeholders and other services.

**Requires Improvement** ●

# Dove Caring 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 took place on 2, 15, 16 May 2018. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure staff would be available.

Before the inspection we reviewed information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted health and social care professionals, the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home. Prior to the inspection we received some information of concern about the care provided to people and we used this information to assist our planning.

The inspection team consisted of one inspector.

We spoke with eight people in total which included a mix of relatives and people who used the service. We spoke with the registered manager and two care staff. We looked at all or parts of the care records for all people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

# Is the service safe?

## Our findings

Recruitment practises were unsafe. Prior to starting employment, new employees are required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people. We reviewed the recruitment process and found in one staff file no DBS check had been carried out. The staff member had been employed since July 2017. This meant there was a risk the staff member was not safe to work with people who used the service. In addition, two staff had DBS certificates but these were completed in November 2016 and were from their previous employer. We shared these serious concerns with the registered manager and she agreed to take immediate action. The registered manager immediately submitted DBS applications for all three staff. Then confirmed staff without a DBS will not be supporting clients until a clear DBS is received. We received confirmation after our inspection that DBS checks had been submitted.

Recruitment and selection processes varied in detail and quality. We did not always see information confirming people had attended interview and saw limited records of notes taken at interview by the registered manager of successful candidates. Not all staff files had photographic identification and details to confirm their addresses. We found that some staff files did not have written references in place or evidence of checks in gaps to their previous employment history.

We concluded the provider did not have safe recruitment and selection procedures in place in line with the regulations. This meant there was a breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Fit and proper person employed.

We reviewed medication administration records (MAR) and noted these were not always completed safely. People that required prescribed topical creams did not always have a MAR record to confirm the creams had been applied. Staff and the registered manager told us they would write this in the summary notes. We explained prescribed medicines all require a MAR record. The registered manager agreed to put this place.

Some MAR forms had the medicines listed in a handwritten format. When this is the case two staff signatures are required to confirm medicines recorded were correct. This is to avoid any errors when administering medicines. Clear guidance for staff when administering medicines was not available. Not all previous MAR forms were available to check if medicines had been administered safely. Protocols were not in place to provide the additional information required about medicines which were prescribed to be given only as needed. The registered manager agreed to add this immediately.

The registered manager shared staff only assist with medication by removing tablets from the blister pack and into a pot. We explained this procedure still required a MAR form to be completed.

The registered manager stated that some people who used the service needed assistance with taking their medicines. We reviewed records to confirm that staff had been observed as competent to support people with their medicines. All staff had attended face to face training on supporting people with medicines. Only two of the four care staff administering medicines had been assessed as competent to administer

medicines. Competency checks were required for all staff that support people with their medicines.

We were made aware by a social care professional that there had been occasions when people had not received their medicines. We would not normally be informed of this unless the medicines missed could cause serious harm to a person if not administered.

We reviewed assessment records in people's care files and most did not contain signed consent that confirmed people had agreed and been involved in their assessment. Some care plans did contain information about people who were at risk of falls, pressure sores and urinary tract infections. However, there was no information available about how to minimise the associated risks.

People did not always receive a safe service. We visited a person in their home to check records and no care plan was available for us to review. The registered manager explained that the care plans were being updated in the office. We explained that care plans should be available in people's home. This is because if a new member of staff was to provide support they would need to read the care plan prior to supporting the person. We were told all documentation was kept on the IT system the service used in their office. The registered manager had difficulty accessing these easily throughout our inspection. When we were able to review the office care files and care files in people's home these did not match one another. This limited the registered person's ability to manage the service effectively. However, we reviewed people's daily records which were available in people's homes and these were being completed regularly. People confirmed they felt safe when being supported by staff because the same staff support them on a regular basis.

Most people's care files did have risk assessments in place which described how to support people safely with their care. Where people received support with personal care activities information was not always detailed in relation to these activities to ensure their safety. There was limited information for staff to follow to reduce risks associated with the provision of personal care. The registered manager agreed to update risk assessments to be clearer and person centred.

Individual risk assessments were recorded to identify hazards within people's own homes. Aids such as a hoist, wheelchair or walking aids were recorded, including how staff supported the individual using the equipment, any risks associated and how to control the risk.

We asked the registered manager about incident records as we had not been notified of any to date. The registered manager confirmed they had had no incidents to report. We reviewed records and some people who were at risk of falls did have reviews of these to make sure the support in place enabled the person to move safely around their home and when out in the community. We also asked people if they had had any incidents or falls that they felt they needed to report. Everyone said they had none and told us they had trust in the staff and registered manager to report incidents if they occurred. There were limited use of systems to record, manage and report concerns about risks and incidents. This resulted in care records not being consistently maintained.

Staff understood the different types of harm people could experience and explained what action they would take to make sure people were safe. Most staff told us they would contact the registered manager if they had concerns some more experienced staff told us they would contact the local authority safeguarding team. Further information on safeguarding including the contact details of local safeguarding authorities was not visible in the office. This would enable staff to access the information quickly and easily in the event they needed to raise a safeguarding concern.

The provider ensured that staff received relevant training and development to assist in their understanding



of how to keep people safe. Staff confirmed they had received safeguarding training and records viewed confirmed this. The service had a safeguarding policy and related procedures with regard to safeguarding people who used the service from abuse.

People told us there were enough staff available and on occasion when staff were late the office would let them know if this was the case. The registered manager would regularly deliver care calls with her staff. People using the service valued this.

Policies and practices in the service ensured people were protected by the prevention and control of infection. For example staff had received induction and training on infection control and prevention. Staff who supported people with food preparation had received food and hygiene training. This helped to ensure people would be protected from the risks of infections.

## Is the service effective?

### Our findings

Care and support records did not always reflect current evidence based guidance, standards and best practice. The office computer systems used to gather information and maintain records were difficult to access. These records were not always effective in keeping information up to date and available in people's homes.

Information on people's medical history and existing medical conditions varied and was not always clearly presented in care plans. This meant that staff did not have clear and consistent information about people's health conditions. This put people at risk because staff would not know how to identify concerns or deterioration in health, and there was no agreed plan of what action staff should take.

We saw some evidence people were supported to maintain good health and people we spoke with confirmed this. At the front of some people's care plan it contained details of other health and social care professionals involved in supporting people with their health and well-being but information about support in these areas was not recorded.

There was a documented induction process in place for new staff. The registered manager explained that staff would shadow her on care visits and she would then sign them off when deemed competent to lone-work. Records confirmed there was written information to show staff members had fully completed an induction and had been signed off as competent to deliver care to people.

One staff member stated they had completed an induction and described being given a pack which they worked through and was signed off by the registered manager. The same staff member also stated they had received training related directly to the support they provided for one person who experienced dementia. The staff member described how they cared for the person saying, "I sit and talk with them. The role requires patience and understanding. I support the person but also their relative. I am the only carer who visits because the family wanted the same carer and the manager respected this request. It is important to build professional relationships with people because we are entering their homes." This person also said, "When the person starts to get agitated I recognise the signs and we talk or go out for a walk. The things we do help to keep the person calm and happy."

The registered manager told us staff had completed training as part of their role. We saw records that confirmed staff had completed mandatory face to face training. This included safeguarding adults, mental capacity act, moving and handling, food hygiene, first aid and dementia training.

Another staff member told us about their training and said, "I had dementia training and training material to read. I was then tested on my understanding and I was able to demonstrate my learning." They also told us how they had refresher training saying, "I am due to update my moving and handling training."

Staff and the registered manager signed a commitment to supervision but these were not completed accurately. Records we checked confirmed supervision was not always taking place regularly. The registered

manager explained she had completed these but we would need to see these to confirm. We also spoke with staff about this and their responses confirmed supervision was not taking place as agreed in the supervision policy.

Care staff we spoke with confirmed they were issued with employee information and guidance to confirm their roles which they said gave them information about their key responsibilities. Files we checked did not clearly detail these responsibilities and many required updating as most staff were still listed as temporary workers. The registered manager agreed to update these for all staff.

People's told us their nutrition and hydration needs were met and reviewed when required but these was not always clearly recorded. However, people were happy with the assistance staff provided in meal preparation at mealtimes. Not everyone receiving personal care needed support in relation to eating and drinking.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If people living in their own homes are receiving restrictive care that may amount to a deprivation of their liberty, an application must be made to the Court of Protection to ensure that restrictive care is lawful and in a person's best interests.

We checked whether the service was working within the principles of the MCA and found not all staff we spoke with were aware of the MCA and its purpose. People's care records showed that where people lacked the mental capacity to make specific decisions about their care, some documentation had been completed. However, decisions made in the person's best interest were not always signed by all parties involved. We saw some people had a Lasting Power of Attorney (LPA) in place but no record of this document was available in people's care file. A LPA is a way of giving someone that a person trusts, a family member, a solicitor, the legal authority to make decisions on their behalf.

## Is the service caring?

### Our findings

People told us if it was required staff would work extra. One person said, "Staff worked over an hour if need be." This person's care call was funded for an hour, but on occasion the person's support would go over and staff would not leave until the person was settled and comfortable. Another person told us they felt the care provided was, "Excellent care."

In addition to our office inspection we visited two people in their own homes who were being supported by the service. Both people were complimentary of the service provided. One person had been supported for over a year and their relative told us, "These are the best people (service) we have ever had! And this is our fourth care agency."

The registered manager told us that the office was open for people to visit by arrangement and we saw easy access to the office building was available for people who may need additional assistance to gain entry. Facilities were also available to enable people to meet with the registered person in private if there was something they needed to discuss.

The service ensured that people were always treated with kindness. People were consistently positive about the caring attitude of the staff. A relative told us, "[My partner] has had several carers over the years but these carers from Dove are much better than previous carers, so no complaints whatsoever."

From our visits staff involved people in discussions and respected and acted upon decisions they made. People were seen to be relaxed within the company of staff, and appropriate exchange of light hearted conversations that were amusing and friendly were shared.

Staff showed a good understanding of people's individual needs, preferences and what was important to them. This showed us that staff knew and understood the people they were supporting well. However, care plans in people's home did not contain this level of detail, as they were very task focused. We shared this with the registered manager who had agreed to update these immediately. We received confirmation after our inspection that updates of care plans had been started.

One staff member explained that English was not their first language but had worked in the health and social care sector in their country. The staff member explained they had a three month induction process and was always supported by the registered manager on their visits. Class room based training that was completed was done with the aid of translation service which enabled the staff member to successfully complete the core training required. We observed the staff member providing care to people and found them to be both caring and aware of people's preferences.

However, when we spoke with the staff member and their role it was clear that they would benefit from some additional support to reduce some of the language barriers they may experience in their role. None of the people we spoke with raised any issues about this worker, rather all were complimentary.

We noted that the registered persons and care staff understood the importance of promoting equality and celebrating diversity. People we spoke with confirmed staff respected their spiritual and cultural needs.

People did not have access to information on how to access independent advocacy services. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager agreed to add this to the service user guide book.

People's privacy and dignity were respected. People told us that the staff addressed them in the way they preferred. Staff understood the importance of caring for people in a dignified way and supported people to remain independent. They were able to describe to us how they respected people's privacy and dignity when providing personal care. An example shared was staff ensured people were covered and curtains were closed whilst assisting them with personal care.

A care staff member we spoke with told us that they had received guidance about and understood how to correctly manage and maintain confidentiality. We noted the care staff member understood the importance of respecting people's private information and they confirmed they only disclosed it to people such as health and social care professionals on a need-to-know basis.

All of the information about how the service was run was stored in the registered person's office in a room which was kept locked. Most of the care record information was stored on a computer which was password protected so that only authorised persons could access this. However, we noted some of the information was being kept in a lockable cabinet in the office which was open. The registered person assured us they locked all lockable storage securely at the end of each day when the office was closed.

## Is the service responsive?

### Our findings

The care plans we looked at did contain information about people's needs but limited information about preferences for care. When we observed people being supported in their home staff knew people's preferences when it came to their care and support. This was mainly due to people receiving care from the same staff who were familiar with people's needs. People valued this and put them at ease as it avoided having to repeat themselves to new staff. However care records did not evidence this information so if a new worker was to cover at short notice this information would not be available in the person's care file.

During a visit to a person's house we observed that the main carer [partner] required to attend a health appointment but could not leave his partner alone in their home. Even though staff had finished their visit they offered to wait with his partner whilst he went to his appointment. This was not part of their contracted hours but showed us the service responded flexibly to people and their carer's needs. The relative on his return told us, "They [service] are fantastic like this and always try to be flexible with me."

The registered manager told us reviews of care were carried out according to each person's needs but on average were completed every three to four months. A staff member told us, "The manager calls in to check if everything is okay and to get feedback from the family and me about the care and if anything is needed." The registered manager showed us some records that showed reviews had taken place but no confirmation that this was done with the person or their relatives. This meant there was a risk people were not always being fully involved in the arrangements for their care or discussing any changes needed regarding the care they received.

Some people's care files had copies of assessments carried out by the local authority before they moved to the service, but others did not have this. People's care plans were limited and task focused. Care plans also lacked clear information of who had been involved in creating and updating the plans.

A person told us, "The same staff come on weekdays and the manager comes on the weekend." People told us they were regularly supported by the same staff and one person said, "They [staff] give me everything I need." People told us they could choose if they preferred to be supported by a male or female member of staff, but this was always recorded in care plans.

The registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. Furthermore staff were sensitive to the support people may need to follow their chosen lifestyles if they were gay, lesbian, bisexual or transgender.

The registered manager was not aware of the Accessible Information Standard which came in on 1 August 2016. This Standard made sure people who have a disability, impairment or sensory loss get information that they can access and understand from their service provider in the format they need. People we spoke with did not require information in alternative formats.

The service had been delivering support for over 16 months and had received some feedback forms from

people receiving support. Four feedback forms had been completed and a person wrote 'The [registered] manager would respond to any concerns if they had any.' Another person wrote, '[Staff] Look after me very well. Help me in any way they can. Thank you [registered manager's name].'

People and relatives told us they were able to provide informal feedback about the service when the registered manager came around or when talking with staff. We reviewed complaints and we were told two had been received this was not logged in the complaints file, but could be accessed on the office computer. We saw the registered manager went out to visit the person to manage the concern and used email to communicate one of the outcomes using the provider's complaints policy and procedure.

One person told us she had recently raised a concern with the registered manager about a staff member insisting on her having hot meals for lunch. This person told us she was, "Totally capable of making such decisions myself." The registered manager spoke to the staff member in question and an apology given to the person. The person was satisfied with the outcome of their complaint but we could not see any records that confirmed this.

Even though people and their relatives felt able to raise concerns people did not have a copy of the provider's complaints policy and procedure in their homes. This meant some people may not have known how to raise a complaint if they wished to do so.

The service did not currently support anyone that required end of life care. The registered manager confirmed she was aware of national good practice guidance and professional guidelines for end of life care and would provide this if required.

## Is the service well-led?

### Our findings

On several occasions we tried to meet with the registered manager at the registered office but she was unavailable due to personal commitments. A final date was given and we were able to access the registered office to carry out of duties under the Health and Social Care Act 2008.

The local care commissioners' report from their contract and quality monitoring visit in 2017 identified several concerns. Some of the concerns were around limited documentation in care files, staff not receiving effective support in their roles and the lack of quality audits. We spoke with the registered manager about our findings regarding lack of risk assessments for personal care activities. They acknowledged that this had been identified by the local authority, and that they had not always completed and reviewed risk assessments in relation to personal care. This put people at risk of avoidable harm whilst receiving personal care. The provider had failed to act on feedback they had been provided with to ensure people's safety.

The provider did not clearly audit the record keeping arrangements for the administration of people's medicines. Instead, they relied on staff to report any issues or concerns relating to the management of people's medicines. This meant poor practice around medicines could not be identified or remedied quickly. This put people at risk of harm from the unsafe management and administration of medicines, as the provider could not assure us that people were supported to have their medicines as prescribed. There were ineffective systems in place to ensure that the administration of medicines was done so safely.

The provider did not have a regular and sustained system in place for auditing daily care records, so there was a risk that poor care or gaps in planned care could not be identified and remedied. Reviews of people's care were not always carried out and recorded in a timely manner.

The provider's records did not demonstrate that staff supervision was consistently in place in accordance with their policy. For example we reviewed four personnel files and saw limited records of supervision.

We spoke with the registered manager about these issues, and she acknowledged the concerns we raised. She agreed to address them and take steps to improve management systems at the service to better assure that good quality care was delivered by staff who were regularly supervised.

The registered manager did not always clearly understand or follow their duties and responsibilities in relation to the requirements and provisions placed on them by the Health and Social Care Act (HSCA) 2008. We checked our records and the records at the office and we were told that no notifiable incident notifications were sent in about important events that happened at the service. The manager told us about a safeguarding incident relating to a person's care, which they had reported to the local authority as a safeguarding concern. Records confirmed this. However, CQC did not receive a notification relating to this.

Governance and performance management was not reliable and effective. Systems had not been regularly reviewed. Therefore, quality assurance systems were not robust enough to identify the issues we found during the inspection. There was little or no evidence of learning and reflective practice. This meant that the



provider could not take appropriate action to improve the service.

We concluded the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation.

People and their relatives felt the service was managed well and knew who the registered manager was. One person said, "I think it is very well managed." A relative commented, "I met them [registered manager] when they came and did the assessment. Any contact I've had has been positive." A relative said "[The registered manager] always responds to any query."

People and their relatives felt confident to make suggestions about improving the service, or to raise concerns. They also felt that any feedback they gave was taken seriously and acted on by the provider. One person said, "They find out what I need and use it to improve how they do things." A relative said, "We have a dialogue, which has helped the service improve as it has gone on." Unfortunately care records did not show evidence that these discussions had taken place. The registered manager agreed to start keeping a record of these discussions.

Staff told us they felt supported by the registered manager and their peers. They felt able to raise concerns about care or suggest improvements to the service. One staff member said, "[The registered manager] is very fair. She will pick up on issues and tell me straight away; she's very fair about this."

All staff spoke positively about working at the service and working for the provider. One worker said about the registered manager that she was, "Really very good. When I need something she is very friendly and helpful." The same worker went on to say, "I am excited about this job. Everyday! [excited about coming to work everyday]."

Some staff were aware of the whistle blowing policy and procedure, others were not sure of the policy. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff said they would not hesitate to use this policy if required. We shared this with the registered manager and she confirmed to make sure all staff could access this information in a format accessible to them.

No concerns had been raised by external healthcare professionals about the service. There was no information about external networks the service was a member of or had attended. Working with external stakeholders and other services in a collaborative and cooperative way can promote and develop good practise.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems established or operated effectively to assess, monitor and improve the quality of the services. Regulation 17 (1), (2)(a), (b), (c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We concluded the provider did not have safe recruitment and selection procedures in place in line with the regulations. Regulation 19 (2)(a).</p>