All Care (GB) Limited

All Care (GB) Limited - Hounslow Branch

Inspection report

Quest House
125-135 Staines Road
Hounslow
Middlesex
TW3 3JB

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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

We undertook an announced inspection of All Care (GB) Hounslow on 6 September 2016. We gave the provider 24 hours' notice before our visit because the location provided a domiciliary care service for people in their own homes and we wanted to be sure that someone would be available.

All Care (GB) Hounslow provides a range of services to people in their own home including personal care. People using the service had a range of needs such as learning disabilities and dementia. At the time of our inspection 39 people were receiving personal care in their home. The care was mainly being funded by people's local authority and a small amount of people were paying for their own care.

This was All Care (GB) Hounslow's first inspection at this location since registering on 20 May 2015.

There was no registered manager in post. 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 previous registered manager had left the service in May 2016. An acting manager was running the service at the time of our inspection. They had made an application to be registered and were told that their application was being processed.

Not all the risks to people's wellbeing and safety had been assessed, and there were no detailed person-specific plans in place where challenging behaviour had been identified as a risk.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed. However, the staff did not fully understand and meet the needs of people living with the experience of dementia.

The provider had systems in place to monitor and assess the quality and effectiveness of the service, however these had failed to highlight some of the risks to people's health and wellbeing, and to the staff who provided care to people.

The provider was not always aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and the deprivation of liberty (DoL), and we saw that none of the staff had received training in this. The provider had not ensured that appropriate actions were taken when people using the service had been identified as unable to make decisions about their care.

Care workers received an induction and shadowing period before delivering care and support to people. They received training the provider identified as mandatory, but this did not include training specific to some of the people who used the service such as those living with the experience of dementia.

There were systems in place to ensure that people received their medicines safely and all staff had received

training in the administration of medicines. The manager told us that medicines audits were undertaken in people's homes, however, we did not see any evidence of these in people's records, and there were no recent medicines administration record (MAR) charts at the service for us to look at.

Feedback from people and their relatives was mostly positive, although some people said that care workers were sometimes late. Most people told us they had regular care workers but at the weekends they often had different ones. However, everybody we spoke with said the care workers were very good and that they trusted them.

People's needs were assessed by the local authority prior to receiving a service and support plans were developed from the assessment. Most people told us that they knew and had met the manager or the field supervisor, and had taken part in the planning of their care. Everybody using the service said that they were happy with the level of care they were receiving from it.

There were procedures for safeguarding adults and the care workers told us they were aware of these. Care workers knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's health and nutritional needs had been assessed, recorded and were being monitored. These informed carers about how to support the person safely and in a dignified way.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

We made a recommendation in relation to the training of staff.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the safe care and treatment of people, safeguarding, person-centred care and good governance. You can see what action we told the provider to take at the back of the full version of this 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.

Not all the risks to people's wellbeing and safety had been assessed, and there were no detailed person-specific plans in place where challenging behaviour had been identified as a risk.

There were systems in place to ensure that people received their medicines safely and all staff had received training in the administration of medicines. The manager told us that medicines audits were undertaken in people's homes, however, we did not see any evidence of these in people's records, and there were no recent medicines administration record (MAR) charts at the service for us to look at.

There were procedures for safeguarding adults and staff were aware of these.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had not ensured that appropriate actions were taken when people using the service had been identified as unable to make decisions about their care.

The needs of people living with the experience of dementia and those who lacked the capacity to make decisions were not fully met because none of the staff had received training in dementia awareness and the Mental Capacity Act (2005).

Staff received training the provider identified as mandatory but there was no training specific to the needs of people who used the service, such as those who were living with the experience of dementia.

People's health and nutritional needs had been assessed,

recorded and were being monitored.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the care workers and the senior team.

People and relatives said the care workers were kind and caring and treated them with respect and dignity. Most people received care from regular care workers and developed a trusting relationship with them.

People and relatives were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed. However, the staff did not fully understand and meet the needs of people living with the experience of dementia.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service regularly conducted satisfaction surveys of people and their relatives. These provided vital information about the quality of the service provided.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had systems in place to monitor and assess the quality and effectiveness of the service. However, these had failed to highlight some of the risks to people's health and wellbeing, and to the staff who provided care to people.

At the time of our inspection, there was no registered manager running the service. The acting manager had made an application to be registered with the Care Quality Commission.

People and relatives acknowledged that the service had improved and records confirmed this.

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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 took place on 6 September 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector and an expert by experience carried out telephone interviews with people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of caring for an older person.

Before we visited the service, we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service. 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 looked at the care records of five people who used the service, four staff files and a range of records relating to the management of the service. We met with the acting manager, the operations manager, the field supervisor, the recruitment manager and two care workers.

Following the inspection, we telephoned five people and five relatives to obtain feedback about their experiences of using the service. We emailed three care workers as they were unable to come and meet us during the inspection and obtained their feedback about working for the service. We also obtained feedback from two social care professionals involved in the care of people who used the service.

Requires Improvement

Is the service safe?

Our findings

The provider had created risk assessments for people who used the service. These included the environment, medicines, moving and handling and mental health. However, we looked at the records for five people who used the service and identified some shortfalls. For example, there was no skin integrity risk assessment for a person who was assessed at high risk of pressure sores and no information on how the risk would be managed. We saw that the person was provided with pressure relieving equipment but there was no guidance to ensure that care workers knew how to provide support to this person.

We saw that another person using the service had been assessed at medium risk of aggression and this had been attributed to their condition. The assessor had recorded, 'due to stage four dementia, this cannot be helped'. There were no specific risk assessments carried out and no guidelines about how to mitigate the risk identified. Care records referred to three episodes of aggression towards a member of staff, however, no action was taken at the time of these incidents. We discussed this with the manager who told us that this had happened before they started managing the service and had not been made aware of this. This meant that care workers were not aware of any increased risk in relation to people's specific support needs and how to reduce these risks. This resulted in an increased risk that people's needs may not be met in a safe and appropriate way.

There were very few records of incidents and accidents recorded. The ones we viewed described the incidents but did not contain any actions taken or any plans about how to reduce the risk of reoccurrence. This included the three incidents referred to previously in this section. We raised this with the manager who said they would put a more robust system in place immediately.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were asked if they had ever felt unsafe with the care workers who visited their home. Some comments included, "No, never", "Oh no, absolutely not", "I'm not very healthy and don't always feel safe. But nothing to do with the care", "Never. Excellent help", "No, I don't think so" and "Just that we do not know who is coming in and when. It is very frustrating."

Care workers supported people with either prompting or administering their prescribed medicines. We saw a range of medicines administration records (MAR) charts which had been completed over several weeks, however these were not recent. None were completely accurately and there were many gaps in signatures. We discussed this with the manager who explained that prior to them managing the service, there had been concerns about the management of people's medicines. This had resulted in these concerns being raised with the local authority's safeguarding team and the CQC. As a result, the manager had ensured that all staff received further training in the administration of medicines. We saw evidence of recent training in all the staff files we viewed. The manager told us that staff were now signing appropriately for the medicines they administered and there had been no recent concerns, however we were unable to view these records as they had not been returned by the local authority. There was a medicines policy and procedure in place and

we saw evidence that these were circulated to all care workers by email. Care workers we spoke with were able to describe how they supported people with their medicines and demonstrated good knowledge of the policy and procedure.

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place and staff were aware of these. They told us they had access to the whistleblowing policy. Staff were able to tell us what they would do if they suspected someone was being abused. One care worker said, "Safeguarding is about working in a safe way, not putting people or ourselves at risk. If I had concerns, I would report" and another told us, "I would call the office if I saw something concerning about a client. The office listens to us."

People said that the care workers arrived on time for most of the time. One person who used the service told us, "Once or twice they have been late but as yet, they have not failed to come", and another said, "Yes they are always on time with a few minutes" and a third person told us, "Yes they are usually on time." One relative was not so positive and said, "It's a nightmare. They are always late." The manager told us that lateness had greatly improved since they had started using a new electronic system. The system recorded and reported the start, end and duration of every visit in real time, accumulated the total hours and the real time whereabouts of the care workers. This enabled the agency to take proactive action during instances of late or missed calls. Alarms were raised in real time when the care workers had not logged on. This system provided a full audit trail and a record of actions taken. It was used to audit delivered hours against commissioned hours and to ensure no missed or late visits had occurred.

The manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked closely with the local safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. Records we viewed confirmed this.

The provider employed enough staff to meet people's needs, and there were contingency plans in place to ensure that staff absences were appropriately covered and people received their care as planned. This was made possible by recording the requirements of the care workers and people who used the service into an electronic staff planning system. The system then enabled the agency to allocate visits to care workers based on their availability.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including references, a criminal record check, such as a Disclosure and Barring Service (DBS) and proof of identity. Care workers confirmed that they had gone through various recruitment checks prior to starting working for the service.

Requires Improvement

Is the service effective?

Our findings

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. None of the staff had received training about the Mental Capacity Act (MCA) 2005, and those we spoke with had very little knowledge about this legislation or their responsibilities.

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. We checked whether the service was working within the principles of the MCA. The manager told us that some people who used the service lacked the capacity to consent to their care and support and their relatives made decisions on their behalf. However they did not know if any of the relatives had Lasting Power of Attorney for health and welfare matters. There was no evidence of any mental capacity assessments or best interest meetings having been undertaken or any restrictions being authorised through the Court of Protection. One care plan we looked at was signed by a relative although the person who used the service had capacity.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that people's capacity had been assessed by the local authority before they started using the service, although we did not see any evidence of these in the records we looked at. They told us that if any changes were identified during people's reviews, they would contact the local authority to ensure that relevant assessments were undertaken. People told us that care workers gave them the chance to make daily choices. One person told us, "They always ask." We saw evidence in the care records we checked that people were consulted and consent was obtained. Most people had signed the records themselves, indicating their consent to the care being provided.

People and their relatives spoke positively about the care workers and the service they received. People said that the care workers knew what they were doing and had the skills and knowledge they needed to support them with their needs. Comments included, "Yes, I think they are doing a good job", "They are quite efficient. I admire what they do", "Some do. You have to explain things to others" and "They just let me get on with things and just help me."

People said that care workers communicated appropriately with them. One person said, "They always tell me what they are doing" and another said, "We have a laugh and conversations." When asked if staff knew their likes and dislikes, one person told us, "Yes I think they do" and a relative said, "When they are here, yes. I think they do."

People and their relatives were happy with the support they received at mealtimes. Some people required support at mealtimes such as warming up already prepared food of their choice. Comments included, "Yes

they cook for me and prepare what I want", "My live-in carer takes care of all the cooking and helps me eat. He is brilliant" and "They get my food. They will make a sandwich and a cup of tea." People's nutritional needs were assessed and recorded in their care plans. This included their dietary requirements and allergy status.

Care workers told us they felt "supported and listened to" by the management team. We saw in the staff files that spot checks were taking place. These included checks on the care workers' punctuality, whether they wore their uniforms and name badges, and if people were happy with the care and support they received. Records showed that all new care workers had received an induction to the service which included the company's policies and procedures and training such as health and safety, infection control and moving and handling. The registered manager told us they had introduced the Care Certificate for new staff. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff had completed the training identified by the provider as mandatory, however there was no training specific to people's individual needs, such as dementia awareness. This meant that staff may not have had the knowledge and skills to deliver appropriate care and support to people who lived with the experience of dementia.

We recommend that the provider seeks appropriate training to enable staff to understand and deliver appropriate care to people living with the experience of dementia.

Care workers were supported through one to one supervision with the manager. We saw evidence in the staff records we checked that issues were raised and discussed. Staff had not yet received a yearly appraisal but the manager told us that this would be taking place this year.

Care workers told us they were able to speak with the senior staff to discuss people's needs anytime they wanted. We saw from the daily care records that any changes to people's needs were recorded appropriately. The manager told us that the electronic system they were using allowed them to input reviews for people who used the service and the system would highlight when a review was due. However this was not always effective and we saw that where a person was identified as having swallowing difficulties, no referral had been made to the speech and language therapy (SALT) team. This meant that we could not be sure people's changing needs were always being met effectively. We raised this with the provider who told us they would address this and were planning to undertake reviews for all the people using the service.

New staff went through an induction period which included being mentored and shadowing an experienced care worker in order for the service users to get used to them and for the carers to learn the job thoroughly before attending to people's care needs. Each mentor was expected to carry out mentoring sessions and submit reports to the manager. This was to assess the level of competence of the care worker and identify any areas of concern. Areas assessed included personal care, record keeping, moving and handling, food preparation, knowledge, communication skills and attitude and initiative. The assessment was evaluated and any concerns and recommended actions were recorded. This included the recommendation for further shadowing for a care worker who lacked confidence.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. People said the carers were kind and caring. Some of people's comments included, "They are never rude and just stay to make sure I am ok", "Absolutely yes, they are kind and caring", "Yes they are kind. Efficient, helpful, caring. They do a good job" and "Overall they do a very good job."

Care workers confirmed that care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. The service carried out random spot checks, reviews and telephone calls. They indicated that people and their relatives were happy with the service and the support they received.

Most people we spoke with said they had regular care workers and had built a good rapport with them. However, some told us they had different care workers to support them. One person said, "There are no issues. During the week we have the same carers. Weekends there is often change. They are not always very confident." The manager told us they tried to provide the same care workers to people but it was not always possible.

Care plans indicated that people were treated with dignity and that staff respected their human rights and diverse needs and people we spoke with confirmed this. One person said, "Oh yes. Very respectful" and a relative told us, "I would say they are respectful and caring. There can be issues with new carers." Details of the support required for one person included, "Carer to encourage, support and assist [person] with outside activities like shopping" and another said, "Great patience and understanding required." People told us they were involved in discussions about their care and support, and had signed to give consent for their support. One relative said, "My [family member] has had a recent review, she has regular reviews. Yes I believe people's views are respected."

Care workers we spoke with told us they cared for people and treated them with respect and dignity. Their comments included, "I like to make people feel safe and comfortable", "I just close the door, close the curtains and I explain what I am going to do" and "I cover private areas with a towel and protect their dignity."

During the initial assessment, people were asked what was important to them. Religious and cultural needs were recorded. We saw one care record where a person had requested a care worker of the same gender as themselves and were receiving this service. The operations manager told us that where possible, based on people's preferences or needs, the most suitable care workers were allocated.

Requires Improvement

Is the service responsive?

Our findings

Most of the care plans we looked at contained instructions for care workers and had been developed from the information gathered from the general needs assessments. However, there was evidence that staff did not fully understand the needs of people living with the experience of dementia, and were not always meeting their needs. For example, the 'mental health' section of a care plan was left blank apart from a comment which said, 'None is applicable because the person has stage 4 dementia'. None of the staff had received training in dementia and did not fully understand the needs of people living with this condition. This meant that people living with the experience of dementia did not always receive care and support according to their individual needs.

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

Other care plans we looked at were based on people's identified needs, the support needed from the care workers and the expected outcomes. Most people told us they had taken part in the planning of their care. However, some were unsure. People's comments included, "We had someone in about three weeks ago, but we haven't received a copy so the care plan book has not been updated yet", "We have had a recent assessment" and "I can't recall." People added that they were happy with the care they were receiving from the service.

People described a variety of support they received from the service. Those asked thought that the care and support they received was focussed on their individual needs. One person told us, "My carer does all my shopping. She always ask if there is anything else I need." However, one relative said, "No, the management is not responsive."

All the people we spoke with told us they had a daytime contact number of the office and an out of hours number which they would use if they had concerns or worries. One person told us they knew how to raise concerns, but had not needed to. They said, "I have not really had to express a concern so it is not applicable."

We looked at a sample of daily care records of support and found that these had been completed at every visit and described a range of tasks undertaken, including information regarding people's wellbeing, social interactions, or anything relevant to the day. We saw that records were written in a person-centred way showing respect and care for the person receiving support. Written comments we saw included, "I had a nice chat with [person]", "I made [person] comfortable" and "I assisted [person] with a massage with oil then made her breakfast." We saw comments added by a relative which included, "Thank you" and "Great job ladies!"

There were processes in place for people and relatives to feedback their views of the service. Quality questionnaires were regularly sent to people and their relatives. These questionnaires included questions relating to how people were being cared for, if their care needs were being met and if the carers were

reliable and punctual. Relatives were also asked if they were happy with the service, and had the opportunity to add comments in a separate box. We viewed a sample of 25 questionnaires returned to the service. These indicated that people were happy with the service. Comments included, "Good service, good carers", "I would like to say special thanks to all the care staff." Many of the questionnaires we looked at indicated that the service had gone through a difficult period but this had improved. Comments included, "Beginning was very bad but has improved a lot since the office staff has changed", "There was a period when everything went wrong but it is better now" and "Everything went wrong about two months ago but now it is good. I am happy with the carers."

Care workers were expected to report any concerns about people's health or any changes to their conditions. We saw an email to all staff from the field supervisor reminding them of the procedure for this. Care workers we spoke with confirmed that there was good communication within the service. One care worker told us, "Overall, yes there is transparency at all levels."

The provider also carried out telephone surveys to obtain feedback about the service and the care workers. Questions included punctuality of the care workers, their attitude, any complaints or concerns and if people were treated with dignity. We viewed a sample of nine surveys completed in July 2016 and saw that people were satisfied with the service.

The service had a complaints policy and procedure in place. This information was supplied to all people using the service. One relative told us they had made a complaint in the past and things had improved quickly. Records of complaints indicated they were taken seriously and responded to appropriately. This included one person who had complained about a missed visit. We saw that the provider had sent a letter of apology to the person offering a full explanation and details of the actions taken to prevent reoccurrence, such as the introduction of a new electronic call time monitoring system.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had put in place a number of different types of audits to review the quality of the care provided. However, audits relating to the care and welfare of people using the service had failed to highlight that there were no specific support plans in place for some of the risks identified during people's assessment.

The provider had not identified, managed and mitigated risks to people. We identified a range of issues included the lack of specific risk assessments and care worker training. These had not been identified by the provider using their existing processes. The provider had also failed to follow up on some issues identified. This included failure to make appropriate referral for a person with swallowing difficulties.

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

Most people we spoke with told us they had met members of the senior team and had contact with them. Some people said they had met the manager although they were not sure if they were the current manager. Most people and their relatives said they had met senior staff during spot checks. Comments included, "In the beginning they did come in", "Yes, I think I have met the senior staff", "No. I would not know the manager. Senior staff came round in the beginning", "No, not the manager, but I have seen the field supervisor a couple of times" and "Yes, the manager came in recently."

Most people and their relatives were positive about the quality of the support they received from the service. Their comments included, "They try to be as obliging as possible. They are familiar with my background", "It's ok. They are ok", "It is fine. They do a good job", "They do what is needed, it's fantastic" and "I like the majority of people that come in. They just get on with things." However some people did not agree and thought the service needed improving. Their comments included, "They should get their act together. Too many staff who don't always know what is what and don't take notice", "Too many staff changes. Visits are not always well spaced because of staff shortage. They are too close together" and "There is an erratic nature within the agency. Would prefer a bit more stability. The agency went through a bad patch but it is better now. More humans available to answer questions. If you can get through."

We spoke with a social care professional who told us that they had found some issues with the service during a visit three months' ago, but this was improving now that the management had changed. Our inspection confirmed that improvements had been made and were ongoing. This showed that the provider took concerns seriously and ensured that appropriate actions were taken to improve the service.

The field supervisor was involved in audits taking place in people's homes. They included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. We viewed a sample of audits which indicated they were thorough and regular.

The manager had been running the service since June 2016 and had made an application to be registered

with the Care Quality Commission (CQC). They were supported by an operations manager who also joined the service in June 2016, a recruitment manager and a field supervisor. They told us that the manager was approachable and supportive and they felt that the team worked well together.

The manager told us they had attended regular meetings organised by the local authority. They also ensured they kept themselves abreast of development within the social care sector by accessing relevant websites such as that of the CQC. They held a qualification in Health and Social care at level 4 and were in the process of achieving level 5.

The manager informed us there were regular team meetings. Records we viewed confirmed that these were regular and included topics such as training, safeguarding, accidents and incidents and current issues regarding staff and people who used the service. We saw evidence that a recent safeguarding concern had been discussed with care workers.

The management team communicated regularly by email with all the care workers. This was to inform them of anything relevant to their job, any identified concerns and advice and information. For example, where the electronic monitoring system identified that some care workers were not staying for the full allocated visit time, we saw an email to all staff about this which included the actions the service would take if this happened again. This showed that whilst staff were supported and valued, concerns about care practices were addressed appropriately. Staff told us they felt supported by the management team and found them supportive and professional. Care workers told us, "I feel totally supported", "Yes they do listen" and "I feel supported by the managers."

Some people told us that they had been asked their views about the quality of the service that was provided. A relative confirmed that they were regularly consulted and gave feedback about the service. One person said they had completed a survey but this was mainly 'tick box'. They told us, "It's much better to speak direct."

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 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not always meet their needs or reflect their preferences Regulation 9 (1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for people using the service. Regulation 12 (2) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not follow a best interest process in accordance with the Mental Capacity Act 2005. Regulation 13 (4) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively to assess, monitor and

improve the quality of the service or mitigate risks to people who used the service.

Regulation 17 (1), (2) (a) (b) and (c)