

London Care Limited

Comfort Call (Gladstone House)

Inspection report

Gladstone House
Lord Hawke Way
Newark
Nottinghamshire
NG24 4FH

Website: www.comfortcall.co.uk

Date of inspection visit:
10 May 2019
14 May 2019

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04 July 2019

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

About the service: This service supported 30 people who received some element of support with their personal care within their own flat accommodation. This was the service's first inspection under its current registration.

People's experience of using this service:

The provider had not met the characteristics of 'Good' in all areas. This has meant the overall rating for this service is 'Requires Improvement'. We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made a recommendation about how the provider can improve how the principles of the Mental Capacity Act 2005 are implemented in people's care. More information about this is in the full report and can also be found at www.cqc.org.uk

The risks to people's health and safety were not always appropriately assessed to reduce those risks. This included some risks in relation pressure care, medicines and safe evacuation. People's medicines were managed and administered safely; however, robust protocols were not always in place for the administration of 'as needed' medicines. People felt safe when staff supported them in their home. People were protected by staff who understood how to protect them from avoidable harm. There were enough staff in place to respond to people's needs and to keep them safe. The risk of the spread of infection was safely managed. Systems were in place to help the provider to learn from mistakes, accidents or incidents.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; the policies and systems in the service did not always support this practice. People's health was monitored by staff, but this was not always reflected in robust and comprehensively completed records. People were supported to maintain good nutritional health; however, there was limited guidance in place for the monitoring of the diets of people who had diabetes. Staff felt supported to carry out their role effectively and had received training deemed mandatory by the provider for their role. People had access to other health and social care agencies where needed.

People found the staff to be kind, caring and respectful. People were treated with dignity and their independence was encouraged. People felt able to discuss their needs with staff. People's records were stored securely to protect their privacy.

There was an inconsistent approach to the way people's personal preferences and choices were considered when care was planned for them. It was not always evident that decisions made for people were in accordance with their preferences. People's needs were assessed prior to them using the service. Some people received support with rehabilitation with the aim of returning to fully independent living. People had access to information in a format they could understand. Complaints were responded to in line with the provider's complaints policy. People were not currently receiving end of life care.

Quality assurance processes were not always effective in identifying, monitoring and acting on any risks to

people's safety. There was limited involvement of the provider in ensuring the registered manager was carrying out their role effectively. This meant there was limited focus on continued learning, development and improvement. The registered manager had a good understanding of the regulatory requirements of their role. Some people were unaware who the registered manager was; however, those that did, felt they acted on any concerns they raised. Staff felt able to raise any concerns and the registered manager would act on them. The handover process at times was limited in recorded detail about the care people had received.

Rating at last inspection:

This was the service's first inspection under its current registration.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.
Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not consistently responsive.
Details are in our Responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

Comfort Call (Gladstone House)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by an inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. This inspection looked at 30 people's personal care and support who were living in ordinary flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the provider 48 hours' notice of this inspection. This was to ensure that people using the service were aware of our visit and were given the opportunity to arrange to speak with our inspectors at agreed times.

Inspection site visit activity started on 10 May 2019 and ended on 14 May 2019.

What we did:

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection, we spoke with eight people who used the service and one visitor. We spoke with five members of the care staff and the registered manager.

We reviewed a range of records. This included eight people's care records and three staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection, we asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management. Using medicines safely.

- ❑ The risks to people's safety were not always effectively assessed and monitored. For example, one person had been assessed as 'high risk' for skin integrity. Their risk assessment stated that their fluid intake needed to be monitored to help staff to identify any concerns with their health. We did not find evidence of this being recorded. Failure to do so could impact the person's health. The risk assessment also stated that staff should record when they had repositioned the person to reduce the risk of the person developing a pressure sore from prolonged body pressure. There was some evidence of repositioning in the daily records. However, the registered manager told us staff should have been completing the person's repositioning charts. This would enable them to check that staff were repositioning the person in accordance with their risk assessment. These records were blank. The records for other people were also blank. Reviews of these care records by senior staff had not identified this omission. This placed people's health at risk.
- ❑ There was contradictory information in a person's care record regarding their diabetes. Parts of the person's records stated they were Type 1 diabetic. This type of diabetes requires a regular injection of insulin at the correct dose to allow sugar (glucose) to enter cells to produce energy. People with Type 1 diabetes can experience a sudden rise or drop in blood sugar levels which can lead to them experiencing a seizure. Care protocols for supporting people who experience these seizures should be in place for staff to follow. They were not. The guidance for staff to follow in relation to this person's diabetes was for Type 2 diabetes. This is normally controlled through medication and/or diet. Therefore, this placed this person's health at risk from unsafe care and treatment.
- ❑ Care plans and risk assessments were not always updated when there was a change in how people's medicines were administered. One person's records stated their relative administered their medication. However, staff were now responsible for administering it due to an increased risk of the person not receiving their medication. This person's care plan also stated that staff should visit at 8.00am to observe the person's blood sugar being taken by their relative. However, records showed that staff were not visiting until after 9.00am and sometimes 10.00am. This meant there were times when staff had not observed this being taken. This could delay any risks to the person's health being identified and acted on.
- ❑ Where people were prescribed medicines to be given when needed, there was an inconsistent approach to how this was recorded in people's records. For example, for some people there were clear protocols for staff to follow before administering these medicines. This included specific signs of a person being in pain or discomfort. However, this approach was not consistent for all people. One person required a laxative medication and stated that staff were to give 'when needed' and 'to monitor [the person's] stool'. There was no guidance on when was the correct time to give this medicine, nor what to monitor once the medicine had been administered. This could result in unsafe administration.
- ❑ People had environmental risk assessments in place which assessed the hazards that could affect the

person's or staff's safety within their home. However, these plans did not always include guidance for staff on how to evacuate people in an emergency. This could place people's safety at risk.

The provider had not ensured that risks to people's safety were appropriately assessed, monitored and managed. This is a breach of regulation 12, safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were happy with the way they were supported with their medicines. One person had been supported to manage their own medicines. They had an electronic system that sent out an alarm when it was time for them to take their medicines. The medicines were then presented to them via the machine. The person said, "I don't mind this, I would probably not remember if it was left to me and the staff sometimes also call on the phone to ask me if I have taken them."
- Where support was provided for people with their medicines, medicine administration records (MAR) were used to record how staff had supported each person. The records we looked at were appropriately completed showing people received their medicines when they needed them.
- Staff who administered medicines had been trained to do so. At the time of writing staff were due for their annual competency assessment. This assessment would enable the registered manager to assure themselves that staff continued to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when staff supported them in their homes. One person said, "I do feel safe, what with gates and the fob keys and all that." Another person said, "I feel absolutely safe here."
- Staff had received safeguarding training. They used this training to help them to identify and report any concerns they had that a person may be the victim of abuse. Staff felt confident reporting concerns to the registered manager. The registered manager investigated any allegations of abuse and ensured the relevant authorities such as the CQC were notified. This helped to protect people from the risk of harm or abuse.

Staffing and recruitment

- Most people told us they felt there were enough staff in place to keep them safe. When people pressed their emergency call bell, staff responded quickly. One person said, "I've got a buzzer and they come quickly when I push it."
- Staff advised that there were occasions when the call bell system can become 'blocked' because it could not cope with the two people calling at the same time. They felt this was a risk because one person regularly pressed their call bell, and this could delay staff responding to people. However, people spoken with told us overall, they were happy with the response time of staff and therefore this risk had minimal impact on people.
- The registered manager told us they had enough staff to cover all shifts. They told us they had regular meetings with the local authority care commissioners of this service and if more staff were needed they agreed this with them. Regular reviews of people's dependency levels were carried out to ensure enough staff were in place to support people safely.
- Robust recruitment processes were followed to ensure that people were protected from unsuitable staff. This included carrying out checks on staff's employment history, criminal record and identity.

Preventing and controlling infection

- People did not raise any concerns with us about how staff supported them with reducing the risk of the spread of infection within their home. Staff were aware of the actions needed to prevent the spread of infection.
- An infection control lead was not currently in place. An infection control lead is someone with appropriate knowledge and skills who will take responsibility for adhering to nationally recognised best practice guidelines. The registered manager told us that whilst staff had received infection control training they

would consider implementing this role to upskill staff and to further reduce the risk of the spread of infection.

Learning lessons when things go wrong

- ☐ There was a process in place that ensured accidents and incidents were investigated. Post-incident reviews were carried out to help the registered manager to identify any trends or themes with the aim to reduce recurrence.
- ☐ Where needed, referrals had been made to other professionals such as occupational therapists, falls teams or other relevant agencies to obtain assessments of people's mobility. This helped to guide staff to reduce the number of incidents that occurred and to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance.

- ☐ 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.
- ☐ There was an inconsistent approach to the way the principles of the MCA were used to determine people's ability to consent to decisions. Some people's records stated that relatives had Lasting Power of Attorney (LPA) to make decisions on their behalf. An LPA is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them to make decisions or to make decisions on their behalf. However, evidence of this was not always available in people's records. Therefore, it was not clear whether the relative acting on behalf of their family member had the legal authority to do so.
- ☐ For example, one person had dementia and their records stated their family member had LPA, but decisions had been made, with the family member with no evidence of LPA being provided.
- ☐ Another person's records stated that although they had the ability to make their own decisions; there was no recorded evidence of them consenting to the use of bedrails. This is a potentially restrictive practice and could impact the person's liberty.
- ☐ In other people's records the MCA had been applied appropriately and had been used to assess their ability to consent to specific decisions about their care.

We recommend the provider ensures that all staff review the principles of the Mental Capacity Act 2005 to ensure a consistent approach in their application.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- ☐ Staff had access to national and local best practice guidance and assessment tools which were in place to support them with providing people with effective care and support. However, staff did not always use these effectively. There were examples in people's records of documentation such as repositioning charts and fluid intake monitoring which were blank. This could impact on the registered manager's ability to assess people's on-going health needs and to quickly respond to any changes.
- ☐ People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination.

Supporting people to eat and drink enough to maintain a balanced diet.

- ☐ Where people required support with their meals, the type of support they needed from staff was recorded

within their care records.

- ☐ Where needed, assessments of people's nutritional health had been carried out to inform staff of the risks to people's health and what action they needed to take to reduce that risk. This included the use of supplements to increase the calories in food to help people who were at risk of weight loss and malnutrition.
- ☐ There was limited information in people's records about how to support people with their diet if they had diabetes. There was some dietary information guidance recorded in care plans; however, this was generic and not always specific to each individual person. It is important to include clear guidance in relation to people's diet. For example, to reduce the risk of them experiencing a diabetic seizure due to too high or too low blood sugar.

Staff support: induction, training, skills and experience.

- ☐ People and relatives felt the staff had the skills and experience to care for them or their family member effectively. One person said, "This place could not be any better than it is, it is like a five-star hotel. The staff are really good, and they look after you, just like you would want them to."
- ☐ Staff received training the provider had deemed mandatory for them to carry out their role. Staff felt well trained and supported by the registered manager. They received regular supervision of their practice. This would ensure staff continued to provide effective care in line with current best practice guidelines and legislation.
- ☐ New staff completed a detailed induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This meant people received care and support from well trained, competent and experienced staff.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ People had access to their GP and other healthcare agencies to support them with receiving consistent and timely care. When people moved to other care providers or required a stay in hospital, sufficient information was available to support a smooth transition between services.
- ☐ Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies alongside care staff.

Supporting people to live healthier lives, access healthcare services and support

- ☐ People's daily health and wellbeing was recorded in their daily running records and there was evidence of appropriate referrals to health and social care services when needed. Any areas of concern were reported immediately by staff to the registered manager or senior care staff and they were acted on accordingly.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People and their relatives praised the approach of staff. They found them to be kind and caring and ensured they or their family member were well treated and supported. One person said, "The staff are really kind and caring", this person continued to give us an example where they had felt the staff had gone "above and beyond" what they expected from them. This had a positive effect on the person.
- ☐ People's diverse needs were discussed with them when they first started to use the service. Where people had religious beliefs, staff did all they could to support people with practicing their chosen religion. For example, people were supported to attend a religious service provided by a visiting priest.
- ☐ Staff told us they enjoyed working at the service. One member of staff told us they enjoyed providing care and support that helped to improve people's lives. People told us they had formed positive and meaningful relationships with staff and they enjoyed their company. It was clear that people were well treated when staff supported them within their home.

Supporting people to express their views and be involved in making decisions about their care.

- ☐ People told us they felt able to express their views about how they wanted staff to provide care for them. One person, who had an issue with one member of staff's approach when caring for them, reported this to the registered manager and it was dealt with quickly. They felt their views had been respected.
- ☐ The registered manager told us they took people's views about their preferred staff members into account when planning rotas. They acknowledged some people and staff had a better rapport than others and they used this information to help people feel comfortable with the staff who supported.
- ☐ Care records contained some evidence of involvement of people and/or their relatives in the regular review of their care plans. Changes to people's care, such as alterations of the times they wanted staff to call had been made where required.
- ☐ Information about how people could access an independent advocate was provided. Independent advocates listen to, support or speak up for people on their behalf when needed. Specialist advocates help make best interest decisions for people who are unable to make decisions themselves because of their mental capacity and/or health condition. This ensured that people were offered support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were treated with dignity and respect by staff. One person said, "I feel that I am always treated with respect and dignity." People's privacy was respected. We observed staff knock on people's doors and wait to be asked to enter before going in.
- ☐ Care records contained guidance for staff on how each person wished to be supported with their personal care to ensure their dignity and privacy were respected. Staff spoke respectfully about the people they

supported and could explain how they ensured people were always treated with dignity and respect. When we observed staff interacting with people, they did so respectfully.

- ☐ People's care records contained some guidance for staff which explained each person's level of independence and what they could and could not do for themselves. Staff could explain how they supported people with personal care and encouraged them to do as much for themselves as possible.
- ☐ People's care records were treated appropriately to ensure confidentiality. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Attempts had been made to provide people with personalised care and support. However, we noted that there was an inconsistent approach to how this was implemented and recorded within care plans. For example, one person's care plan stated they would like two showers per week, but their daily records showed that staff were asking the person's relative whether they thought the person needed one. It was unclear from the person's records whether the person themselves had been given the choice and the opportunity to make the decision.

- ☐ Another person who enjoyed going out and taking part in activities, on occasions, had their activities cut short at the request of their relative. Staff told us they adhered to what the relative requested to avoid "any challenging behaviour" from the relative. However, not enough had been done to support both the person, and the relative, to find a compromise that did not impact on the person's well-being. This affected their right to follow their own interests.

- ☐ In each care record there was a section called 'My life' to inform staff about each person's life history. However, the rest of people's care plans did not contain more personalised information such as their goals and aspirations and the support they wanted from staff to achieve them. Records were task based, with limited personalised information recorded. This could affect people's ability to lead their lives and be cared for in their preferred way.

- ☐ Despite these issues, people felt well supported by the staff. They felt staff understood their needs and knew them well. They welcomed their approach when providing care and felt comfortable discussing their personal choices and preferences.

- ☐ Prior to people using the service, an assessment was carried out to ensure their needs could be met by staff. The initial assessments we looked at were detailed and contained enough information that enabled staff to provide people with individualised care. Staff had a good understanding of the people they cared for and knew their individual needs and preferences.

- ☐ Some people stayed at the service for a few days or weeks. This was to help rehabilitate them from a stay in hospital and to assess whether they were able to return to their home, remain with the service with some staff support, or, to move to permanent residential care. Care records for these people were detailed and included guidance for staff on how they needed to be supported with regaining their independence. People spoken with who were receiving support with their rehabilitation praised the approach of the staff who supported them. This meant people were given the opportunity to regain their independence.

- ☐ The provider had identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. This included providing people with access to records in larger fonts to improve their ability to read care policies and other important documents.

Improving care quality in response to complaints or concerns

- ☐ The provider had the processes in place to act on any complaints that had been received. People told us they had not had cause to make formal complaints; however, one person did state that when they had raised an issue that was affecting their well-being, this had been resolved for them.
- ☐ We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy. Staff told us they would report any concerns to the registered manager and encouraged people to speak with the registered manager if they had a complaint. They told us they received feedback from the registered manager about things that needed to improve or any changes to their care.

End of life care and support

- ☐ End of life care was not currently provided by this service. The registered manager told us they would discuss this aspect of care with people to ascertain if they had any specific wishes should they suddenly be taken ill. However, due to the type of service provided end of life care would not be provided staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility. continuous learning and improving care.

- ☐ The provider had not ensured that robust and effective quality assurance processes were in place to assess, monitor and act on the on-going risks to people's health, welfare and safety. People's records were also not always comprehensively completed and accurate. Risk to people's safety and the continued monitoring of these risks were not always effectively completed. There was not a consistent approach to the implementation of the principles of the Mental Capacity Act 2005. Records did not always state who had the legal right and responsibility to make decisions for people who used the service. The provider's quality assurance and monitoring processes had failed to identify these issues, which have been referred to throughout this report. We could not be assured that the quality assurance processes that were in place were used effectively to identify and then reduce the risk to people's on-going health and safety.
- ☐ The registered manager told us they had received limited input from the provider in terms of monitoring their performance and the performance of the service. The registered manager told us they had received one audit of their service by the provider in the past year, but they have not yet received the results. They told us this made it difficult for them to act on any recommendations to improve the quality of the service people received. They also felt they had not received the support from the provider they needed to run the service effectively and to monitor people's care experience. This has contributed to the issues we have described throughout this report.
- ☐ On 11 March 2019, the Local Authority commissioners of this service carried out a full audit. The service scored 62% which meant improvements were needed. An action plan was in place to address these issues. The registered manager told us they had acted to address some of the issues highlighted but acknowledged that progress was "slow". However, concerns with the way the principles of the MCA were implemented, approaches to person-centred care and the monitoring and assessment of risk were issues that we still found during our inspection. This meant not enough timely action had been taken to act on recommendations to aid continuous improvement, learning and development. This could impact the quality and safety of the service people received.

The provider had not ensured that robust and effective quality assurance processes were in place to assess, monitor and act on the on-going risks to people's health, welfare and safety. This is a breach of regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and other visitors gave a mixed response when we asked them if they knew who the registered manager was. However, people did tell us that this had not impacted on their experience of using the service. People would recommend this service to others. One person said, "This place is lovely; as to who the manager is I don't really know, but the carers are ever so good." A visitor added, "This is a wonderful facility there is nothing like it where we live." Another person said, "I see the manager in passing... If someone needed looking after – I would definitely recommend this place."
- Staff understood their role and how they contributed to providing people with the care they needed. Most staff told us they were happy in their role and felt the registered manager supported them appropriately. One staff member commented that the registered manager had acted on concerns raised about the performance of a staff member. They praised the swift action they had taken to resolve the issue before it affected people using the service.
- Regular staff meetings were held to ensure staff were aware of any issues that could affect them and impact on the people they cared for. Staff spoken with told us they found these meetings valuable.
- Handovers were completed in between shifts. These meetings were held to ensure that any known risks or concerns that had occurred on a shift were handed over to staff for the next shift. We noted some of these records were comprehensively completed. However, others were blank. The registered manager told us only serious risks were included on these handover shifts. However, they acknowledged that the handovers were an opportunity to also share positive information or any minor concerns that people may have. The registered manager told us they would review this process to ensure staff were kept aware of a wider range of feedback about the previously completed shift.
- The registered manager had a clear understanding of their role and how they contributed to ensure regulatory requirements were met. The registered manager understood the requirements of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager would continue to operate in an open and transparent manner.
- The registered manager was aware of their responsibility to explain decisions that were made about people's care and where needed, to apologise to them and/or their relatives when mistakes were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff felt able to give their views about the quality of the service provided. Where they had concerns, they felt able to raise these with the registered manager and were confident they would be acted on. One person told us they had raised an issue with the registered manager and they had dealt with it quickly and to a satisfactory conclusion.
- People had their care and support needs discussed with them formally at least once every month. This process was in place to enable staff to act on people's concerns or changes required to their care.
- Staff felt able to give their views. They felt their views were respected and acted on.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide care and support for all.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that the risks to people's safety were appropriately assessed, monitored and managed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that robust and effective quality assurance processes were in place to assess, monitor and act on the on-going risks to people's health, welfare and safety.</p>