

# The Human Support Group Limited

## Human Support Group Limited - Wolverhampton

### 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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 09 November 2017 and was announced. 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. At the last inspection on 04 November 2015 at a previously registered address, we found the provider needed to make improvements in relation to the amount of time given to staff to provide support and the way in which complaints were handled. At this inspection we found that some improvements had been made in these areas, however further improvements were required.

Human Support Group Limited - Wolverhampton is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults, most of whom are aged 65 and over. Not everyone using Human Support Group Limited – Wolverhampton receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service supported 87 people ranging in age, gender, ethnicity and disability.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always receive care and support at the times agreed and some people experienced inconsistencies with staffing which meant they were dissatisfied with the service. People felt safe while being supported by staff and staff were aware of their responsibilities in protecting people from abuse. Risks were assessed and managed to ensure people were kept safe. People received their medicines as prescribed and staff were trained to administer these safely. People were protected from the risk of infection by staff who followed national guidance about infection control. The provider was open and honest when investigating concerns and had developed action plans when areas of improvement had been identified.

Information about people's capacity to make specific decisions had not always been recorded, although staff were trained to ensure people were asked for their consent before care was provided. People's needs and choices were assessed and recorded prior to them receiving care and support. Staff received training and supervision to ensure they were competent to deliver effective and compassion care. Staff worked effectively with other relevant agencies to ensure people's needs were met.

People received support from staff who were caring and kind. People felt that their regular staff knew them well and understood their needs. People were supported to make decisions about their day to day care and support. Where people had specific culturally or religious needs these were identified and supported by staff. People were supported to maintain their independence where possible and staff were described as

respectful.

People received care and support that was planned in a personalised way to meet their individual needs. Any changes to people's needs were communicated with staff who provided support and recorded in people's care records. People were confident to raise concerns if they were unhappy about the service they received and there was a system in place to manage and respond to complaints.

The provider had failed to address some of the concerns identified at the last inspection. Improvements were required to the quality assurance systems to ensure people received a high quality service. People, relatives and staff had been asked to give feedback on the service and the registered manager was working to make improvements to the way in which this feedback was sought. Most people we spoke with were happy with the service they received and staff felt supported by the management team.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

People did not always receive support at the time they needed it from staff who knew them well.

People felt safe while receiving support and staff knew how to identify signs of possible abuse and report any concerns.

People received their medicines as prescribed and staff were trained to ensure people's medicines were administered safely.

People were protected from the risk of infection by staff who followed infection control policies and procedures.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

People's capacity to make specific decisions had not always been recorded and improvements were required to ensure staff had information available to support people to make their own decisions where possible.

People's care was assessed and planned in order to meet their individual needs.

People were supported by staff who had the skills and knowledge to meet their needs.

People were supported to access healthcare professionals when required and the staff team worked with other agencies to ensure people's needs were met.

### Is the service caring?

**Good** 

The service was caring.

People were supported by staff who were described as friendly and respectful.

Staff supported people to make decisions about their day to day

care and support.

People were supported to maintain their independence where possible and staff supported people in a dignified way.

### Is the service responsive?

Good 

The service was responsive.

People received care that was personalised and designed to meet their individual needs.

Where people's needs changed this was recorded and information shared with staff to ensure people received up to date care and support.

Improvements had been made to the complaints system and people knew how to raise concerns about the service they received. Complaints were investigated and outcomes of any investigations were provided to the complainant.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Concerns identified at the last inspection relating to the lateness of people's calls had not been addressed.

Systems were in place to monitor the quality of the service provided however improvements were required to ensure these were effective in identifying areas for improvement.

Most people felt they received a good service.

People, relatives and staff were given an opportunity to share their views on the service.

The service worked effectively in partnership with other agencies to ensure people's care and support needs were met.

# Human Support Group Limited - Wolverhampton

## **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 the 09 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure that someone would be available to meet with us. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has had experience of this type of service. The expert by experience made telephone calls to people and their relatives between 08 and 13 November 2017.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we sent out questionnaires to 50 people who used the service to ask for their views and experiences. We received responses from 20 people. We also contacted the local authority for information they held about the service and Healthwatch, which provides information on health and social care providers. This helped us to plan the inspection.

We spoke with eight people that used the service, four relatives, three care staff, the care co-ordinator, the registered manager and the regional director. We looked at four people's care records to see how their care

was planned and delivered. We also looked at three staff recruitment files to check suitable staff members were recruited, staff training records and records relating to the management and governance of the service.

# Is the service safe?

## Our findings

At the last inspection in November 2015 we rated the provider as 'requires improvement' under the key question of 'Is the service safe?' At this inspection we found the service had made some improvements, however further actions were still required to ensure people received their support in a timely way.

At the last inspection people raised concerns about call times and shared with us how staff being late had affected them. At this inspection some people raised similar concerns. A quarter of the people we spoke with raised concerns about the timing of their support calls. One person told us, "The call times can be very late; I have to ring them and chase them up. In the mornings they [staff] wash me, I didn't have a wash for three days last week because it was too late." Another person said, "Sometimes they [staff] are late, sometimes they let me know. I've told them at reviews about the lateness but they've not managed to improve." Some of the staff members we spoke with shared these concerns, and identified that at weekends they did at times struggle to meet the planned call times. Staff told us they felt this was due to there not being enough staff available to work at weekends, so those who did work were under significant pressure. One staff member told us, "Sometimes we are late at weekends, there is not always enough travel time so you know you're not going to get there." Another staff member said, "Sometimes the person you are working with is late, I try and give myself a lot of time, but it doesn't always work."

Some people also raised concerns about the consistency of staff. They told us that sometimes staff they had not met before came to support them. People told us they understood they could not have the same staff for every support call but felt they would like to be informed in advance if there were changes to their usual staff. People told us communication about changes in staffing was not always good and at times this had left people feeling anxious about who would be coming to support them. One person said, "I don't have regular staff, so that's a lot of different people coming through the house. I have told them and things improve for a while, but then it slips back again." We found there were not sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's needs.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were aware there had been some issues with staffing levels and consistency at weekends and the regional director had implemented an action detailing the required improvements. The regional director shared the action plan with us which detailed plans for staff recruitment specifically for weekend working and also required improvements to the staffing rotas to ensure travel time between calls was reflected. At the time of the inspection recruitment for additional weekend staff members was underway.

In their Provider Information Return (PIR) the provider told us they planned to introduce a new quality monitoring officer at the branch, which would enable them to improve the delivery of the service. Improvements were also under way to the number of spot checks that were carried out on staff when working in the community and the registered manager told us this would allow them to gather better quality



information about the timing and length of calls. Most of the people we spoke with felt that although support calls were late on occasion this had not impacted their health or wellbeing.

All of the people and relatives we spoke with told us they were confident they or their family member was safe when receiving support from staff. One person told us, "I feel safe and at ease with them [staff]." Another person said, "Staff are polite and very pleasant, I'm very safe with them, no problems with them." Staff we spoke with were aware of their responsibilities in keeping people safe from harm and knew how to report any concerns for people's safety or well-being. One staff member told us, "If I have any concerns I report them to the office, there are a few people I can speak to. If I felt my concerns had not been followed up I would contact CQC." Staff told us they had attended training in safeguarding which equipped them with the knowledge they needed to protect people from abuse, records we reviewed confirmed this. The provider had processes in place to support staff to report concerns. We found investigations had been conducted in partnership with the local authority where necessary and the registered manager had notified us of any safeguarding incidents as required by law.

Risks to people had been assessed and staff were aware of how to support people to manage any risks to their health, safety and well-being. People told us staff were aware of the risks involved in their support. One person said, "I've had no falls or injuries with staff, they have identified any issues and let me know." Another person shared with us how staff had identified a risk to their physical wellbeing and alerted them so they could take appropriate action. Staff we spoke with were aware of people's risks and knew how to support them safely. One staff member told us, "With new clients we always have to read the care plan, this explains everything. You have to be aware of things like how to support people to move safely and be aware of the hazards within the home as well." Other staff we spoke with demonstrated in their answers to us, their knowledge of people and their individual support needs. We also found risk assessments had been completed for each person's home environment as well as any moving and handling needs. The registered manager shared with us improvements that were currently underway to ensure people's care records gave staff more detailed information about people's needs and any risks. Care records we reviewed which had been recently updated reflected a more comprehensive level of information available for staff to ensure people received support and care that met their needs.

We saw that staff performance was monitored and managed through supervision meetings and spot checks. A spot check is completed by a senior carer observing the working practices of staff. The provider's action plan included planned improvements to the frequency of spot checks to ensure these took place more regularly. People were supported by staff who were safely recruited. Staff members told us they had pre-employment checks, including a Disclosure and Barring check (DBS) completed before they started to work for the provider. DBS checks help employers make safer recruitment decisions and reduces the risk of unsuitable staff being employed. Recruitment records we reviewed reflected the provider had conducted appropriate pre-employment checks and had effective policies and procedures in place to keep people safe.

People told us they received their medicines as prescribed and on time. A relative commented, "Staff do [person's name]'s tablet and complete the chart." Another relative told us, "Tablets are given and all noted down on the sheets." Staff we spoke with had received training in how to support people with their medicines and told us they felt they had the skills and knowledge required to support people safely. One staff member said, "If there is anything new we need to know we get to attend training. I feel confident with medication, the records are easy to understand and complete." We reviewed checks carried out by the care co-ordinator and registered manager and found there were systems in place to identify any occasions where medicines were not given and the reasons for this. These systems and processes ensured people received their medicines safely and as prescribed.

People and their relatives told us they had no concerns with infection control. People told us staff used gloves and washed their hands to maintain good hand hygiene. Staff told us they were provided with gloves and antibacterial gel to sanitize their hands and had received training in infection control; training records we reviewed confirmed this. Senior carers and the registered manager carried out spot checks on staff which included checking infection control standards. This demonstrated the provider had processes in place to reduce the risk of infection.

## Is the service effective?

### Our findings

At the last inspection in November 2015 we rated the provider as 'Good' under the key question of 'Is the service effective?' At this inspection we found improvements were required to ensure information about people's capacity to make specific decisions had been assessed and recorded.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us staff asked for their consent before providing care and support. One person said, "Staff explain what they are doing as they work, involving me in everything." Staff we spoke with understood the importance of gaining people's consent. One staff member told us, "I always ask for verbal consent if people are able to understand. Some people can understand what we are asking but can't respond verbally so we would have other ways of confirming that they are happy. For example, one person puts their thumbs up to let me know they are happy for me to continue."

We reviewed people's care plans and found information that indicated one person lacked capacity to make certain decisions, but this had not been further explored or assessed in accordance with the MCA. For example, the person's records reflected they 'may become confused' but did not offer detailed guidance to staff about how to support the person when making decisions. Staff also shared examples with us of where people they supported required specific support to make decisions, however this information was not always included in people's care plans. This potentially placed the person at risk of being prevented from making their own decisions, where possible. We spoke with the registered manager and regional director who told us that where people had fluctuating capacity they would review people's care needs to ensure staff had information they needed to support people to make their own decisions and ensure staff were acting within the requirements of the MCA.

People and their relatives told us the provider had conducted initial assessments before they began to receive support. This included a care needs assessment to ensure people's individual needs could be met. One person told us, "They came out and agreed it all with me and my social worker and it's been reviewed since, face to face. We had a proper conversation, not just a tick box job." People and relatives told us they felt that staff had the skills and knowledge to meet people's needs. One person said, "The staff are good, everything is done safely. I use a hoist and a sling and staff don't take any chances, they take the time to do things properly." Staff we spoke with were able to share with us the individual needs of the people they supported. One staff member said, "People have their own way of wanting things done and this is important. Where people have their own routines, we have to get to know them and respect them."

We saw that new staff members had completed induction training which included working alongside an experienced member of staff. Staff we spoke with confirmed they were satisfied with the amount and quality of training they received. One staff member told us, "The training is in depth and there is lots of face

to face training, not just online." The registered manager told us there were specific requirements for staff to complete the provider's mandatory training, with additional specialised training available to those who requested or needed it. The training did not include the Care Certificate but we saw the provider's training covered the same principles. The Care Certificate is an identified set of induction standards to equip staff with the knowledge and skills they need to provide safe and effective care to people. Staff also told us they were supported by the provider to undertake nationally recognised qualifications relevant to their role.

Staff we spoke with confirmed they received regular supervision from a senior carer and received feedback about how they were performing in their role. Staff also confirmed that spot checks were carried out on individuals and positive feedback and areas for improvement were shared following these checks. Where problems had been identified through these checks; these were discussed with staff in their supervision meetings.

A small number of people we spoke with received support with their diet and nutrition. Those people told us they were happy with the support they received with meals. One person said, "Staff do my meals, I make the choice and it's always properly done, piping hot." Staff we spoke with were knowledgeable about people's dietary requirements. One staff member told us, "I support one person who is diabetic, so I'm mindful of what food I prepare."

People we spoke with told us they were happy with the support they received to managed their healthcare needs. One person said, "Staff have alerted me when they have seen pressure marks, they call the doctor or the nurse." People's care records reflected the involvement of health care professionals, for example, district nurses and GPs. Staff were aware of people's individual health needs and knew what action to take if they had concerns about people's health. One staff member told us, "In the past I have arrived at people's homes and found that they have fallen. I called for an ambulance immediately." Another staff member said, "I have contacted GP's and district nurses in the past. The nurses record their visits within people's notes, so we can make sure we follow any advice given." Staff understood when it was necessary to seek further or emergency help, which ensured people's health care needs were met.

## Is the service caring?

### Our findings

At the last inspection in November 2015 we rated the provider as 'good' under the key question of 'Is the service caring?' At this inspection we found the service had remained 'good.'

Feedback received from people and relatives reflected that staff members were caring and kind and people received the help and support they needed. People also told us that staff were patient and treated them with respect and dignity. One person said, "I feel safe and at ease with the staff, they are chatty and it's nice when they call in." Another person commented, "I was on the floor once when staff arrived, they knew what to do and stayed with me." Although staff were sometimes late, people told us they still took the time required to support them and they did not feel rushed. Staff told us they felt they had a caring approach and that this was maintained by understanding people's needs. One staff member said, "I support one person who is not good in the mornings, so I take this into consideration and think about how I greet them when it's early."

People we spoke with told us they were supported by staff to make choices for themselves, for example choosing which clothes to wear or what they would like to eat. People's care plans included information about what they could do for themselves as well as the areas they required support with." Staff were also able to tell us how they supported people to maintain their independence where possible. One staff member said, "If people can do things for themselves then we encourage them. I find if I stick to the person's routine this makes it more likely they will do little things for themselves, as they know the order in which things are happening."

We saw that people were provided with a 'service user guide ' which contained contact details for the office and out of hours numbers, the complaints policy, as well as information about people's care needs. The regional director explained to us that they had recently completed a process to ensure information held in people's home's was up to date and contained the current office address. They also said this information was made available in an accessible format, where required.

People and relatives consistently referred to the way in which staff respected their homes and family life, by being considerate in their homes. One person told us, "Staff support me to have a shower; this is done safely and with dignity. The staff are polite and respectful." Staff told us they were aware of the need for confidentiality and ensured people's information was held securely and information was only shared with the person's agreement.

People described staff as thoughtful and told us staff would often do little things that made a difference to the quality of the service they received. This typically included the value of small things such as staff spending time to talk with a person or using humour to brighten someone's day. One relative commented, "Staff have supported us for around five years now, they are reliable and have become like a family."

Staff we spoke with shared examples of how they treated people with respect and maintained people's dignity. One staff member said, "I always talk to people as I'm supporting them, I think this gives them

confidence in me. I share what I'm about to do to make sure they are ok with it."

Staff were able to share examples of how they ensured a person's dignity and privacy was maintained. For example, one staff member told us, "I always close curtains and doors to protect people's privacy and during personal care I keep people covered as much as possible, this maintains their dignity."

## Is the service responsive?

### Our findings

At the last inspection in November 2015 we rated the provider as 'requires improvement' under the key question of 'Is the service responsive?' Improvements were required to the way in which the provider dealt with complaints. At this inspection we found improvements had been made.

Following the last inspection an action plan had been developed to ensure changes were made to the way in which complaints were handled. The registered manager told us they had improved the way in which any minor concerns were recorded to ensure appropriate action could be taken to resolve people's concerns at the earliest possible stage. The service now used what they called 'grumble sheets' to log any low level concerns or comments made during phone calls. The registered manager told us this helped them monitor information given to staff members and ensure people received a response to any issues raised. Most of the people we spoke with told us they had not had reason to complain about the service they received. Those people who had complained about staff practices felt this had been dealt with to their satisfaction. People were less confident that their concerns about the timing of calls at weekends had been addressed; however the registered manager was in the process of making improvements to address these concerns. One person told us, "We would tell them if there was a problem, they [staff] know us and how to deal with things."

We reviewed information held about complaints at the service and found there was a complaints policy with clear timescales for responses to any complaints received. The complaints we reviewed had been dealt with within the provider's specified timescales. We saw that concerns noted in a recent satisfaction survey had been identified and a full investigation had been carried out. Where the investigation had concluded improvements could be made these were clearly detailed and an apology was included in the provider's response to the complainant. Details of any further action to be taken and any 'lessons learned' were also included in the response, for example closer supervision or increased spot checks, as well as changes to staff training.

People and relatives we spoke with told us they felt people's individual needs were being met. One person said, "As time has gone on I've needed a bit more support. We have not increased the number of calls, just the length of time the staff are here". People and relatives confirmed they had been involved in the initial assessment process to establish how care and support would be provided. We saw that assessments had been carried out and care plans written to reflect people's individual needs. Where people had specific cultural or religious needs these were recorded. Care plans were individual to the person's care and support needs and contained some information about the person's life history. The registered manager told us there had been some recent improvements made to the documents used for care planning and risk assessments and care plans we reviewed that had been recently updated contained more detailed information and guidance for staff.

Not everyone we spoke with could recall a review of the care being provided, but some people confirmed they had taken place. One person told us, "They come out to do a review and an annual assessment." We reviewed people's care records and saw that reviews had taken place and where people's needs had changed their care plans had been updated to reflect their current needs. Staff we spoke with confirmed any

changes in a person's health would be notified to them by the care co-ordinator and any changes they identified during a support call were recorded to ensure other staff members were aware.

In their PIR the provider told us they had identified that only a low percentage of people and relatives were responding to their satisfaction questionnaires and they were looking to improve on this response rate. During the inspection visit the registered manager told us they were looking to introduce more telephone contact with people and relatives to check if they were happy with the service they received.

At the time of the inspection the service was not supporting any people who were at the end of their life. However, we spoke with staff who demonstrated an understanding of the importance of people's preferences and choices to ensure their end of life care was managed in a sensitive and dignified way.



## Is the service well-led?

### Our findings

At the last inspection in November 2015 we rated the provider as 'good' under the key question of 'Is the well-led?' At this inspection we found the service had not made improvements in all of the areas of concern identified at the last inspection, therefore the provider has now been rated as 'requires improvement' in this key question.

Since the last inspection the provider had developed an action plan to drive improvements across the service and address the concerns identified. During this most recent inspection although we found there had been improvements to the way in which complaints were now handled, we found the concerns raised by people in relation to the timing of their calls had still not been resolved. A quarter of the people and relatives we spoke with expressed serious concerns about staffing consistency and the lateness of their calls, while others commented that staff were sometimes late, but felt that this was not detrimental to their health or well-being. Although recruitment was underway at the time of the inspection visit and the registered and regional director had identified improvements were required, there had still been a significant amount of time since the last inspection, during which time people continued to receive delayed or late support visits.

In their PIR the registered manager told us they had received complaints about the timing of calls and was working with the care coordinator and the staff team to improve communication with people. Their plans included ensuring people were notified when staff were going to arrive later or earlier than planned and had stressed to staff the importance of notifying the office if they were running late. However, despite this, people we spoke with remained dissatisfied with the timing of their calls.

There were systems in place to monitor the quality of the service provided to people; these included spot checks on staff practices, medication administration records checks and reviews of people's care plans. However these checks had not identified the issues we found at the inspection. For example, improvements were required to the way in which the provider complied with the requirements of the Mental Capacity Act (MCA) to ensure any decisions made in people's best interests were clearly recorded.

Although the provider had made some improvements since the last inspection the systems in place were not effective in assessing, monitoring and improving the quality and safety of services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared our concerns about the timing of people's calls with the regional director who told us their priority was to support the registered manager to recruit skilled, experienced staff who could work at weekends. They hoped this would ensure people received the support they needed when they needed it.

Staff we spoke with told us that 'on the whole' they felt supported by the registered manager and confirmed staff meetings took place every few months. We saw the provider had kept a record of staff meetings and minutes were available to staff. Staff told us they were confident to raise concerns with the management team. One staff member said, "I'd be very happy to share my views and the manager is really approachable. There is a suggestions box, which is new. I haven't used it yet. They do try, but I think they could do more."

Staff we spoke with told us they felt supported by the registered manager and the management team, although some staff felt improvements could be made in relation to the timing of calls and staff travel time between calls. One staff member commented, "I am happy working here and you are supported. I think the coordination of calls could be better as I sometime feels it puts too much pressure on staff." Staff were also asked to complete feedback surveys on their experiences of working for the provider.

With the exception of call times and staff consistency, people and relatives we spoke with told us they were happy with the service provided. One relative said, "It's a good service, staff are cheerful and they brighten up the day." In their PIR the provider told us, 'We encourage positive and negative feedback...this is essential for us to learn from our mistake and improve the service provided. Satisfaction surveys are sent to all our service users twice a year'. Some of the people we spoke with confirmed they had received and completed surveys and we saw evidence in people's care records that feedback was sought from people and their relatives during reviews. Where issues had been identified, for example with staff practices, they had been dealt with and where appropriate, staff changes had been made.

There was a registered manager in post who took responsibility for the overall management of the service, supported by the regional director. The provider had completed our PIR and the information contained within it reflected what we saw during the inspection. The provider had notified us about events that they were required to by law.

It is a legal requirement that the overall rating from our last inspection is displayed on the provider's website and we found it was also on display within the office. Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.

We saw from people's care records and through talking to staff there was an effective working partnership between the provider and other agencies. Information was shared between agencies as and when necessary to ensure people continued to receive their individualised support. For example when it became necessary for people to access additional support to manage their healthcare needs.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to establish systems or processes to assess monitor and improve the quality and safety of the services provided.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed to meet people's care needs.