

Boldglen Limited

Boldglen Limited Medway Swale

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Boldglen Limited Medway and Swale is a domiciliary care service providing personal care to people living in their own homes. The service also provided personal care to people living in flats within an extra care housing scheme in the borough of Swale. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was providing personal care to 65 people at the time of the inspection.

People's experience of using this service and what we found

People and relatives had positive views about the service. Comments included, "The care I get is very good and really appreciate it"; "My carer really understands how I like things done and she always makes sure that is what I get"; "I think that they do a good job. The most important thing is that she is comfortable and happy with them" and "I would highly recommend them."

We could not be assured new staff were adequately checked to ensure they were suitable to work with people to keep them safe. We found no evidence that people had been harmed however, systems were not robust enough to demonstrate staff recruitment was effectively managed.

There was a quality and assurance system in place and the provider had carried out the appropriate checks to ensure that the quality of the service was maintained. The provider had identified issues relating to people's care and taken action to address these. However, the provider's quality monitoring processes had not identified issues with safe recruitment practice, this is an area for improvement.

Risk assessments were in place to provide guidance to staff on how to support people. These were detailed and clear. However, safe ways of working when pets were present in a person's home were not always listed. We discussed this with the registered manager as an area for improvement. Care plans contained up to date information about people's medicines, as well as their care and support needs.

Prior to people receiving a service their needs were thoroughly assessed. People's oral care, medicines and health needs were included in the information obtained before care packages started to enable staff to provide safe, person-centred care and support.

The provider had an up to date infection prevention and control (IPC) policy. Staff had completed IPC training. Staff had access to enough personal protective equipment (PPE) and wore this to keep themselves and people safe.

Enough staff were deployed to keep people safe. People were supported by regular staff who they knew well. Staff were well supported by the management team. Staff had completed mandatory training.

Care plans were in place which provided a list of tasks for staff to complete. These were person centred and detailed to show new staff what all the tasks were. People and their relatives told us staff knew their needs and preferences well. They told us they had been involved with the care planning process.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 October 2019). We served the provider conditions on their registration after the last inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At the last inspection, we recommended that the provider reviews how to effectively deploy staff to enable them to carry out their duties to meet people's care and support needs and update their travel time practice accordingly. At this inspection we found the provider had acted on the recommendation.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations 9, 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider remained in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe recruitment practice. This service has been rated requires improvement for the last three consecutive rated inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified a breach in relation to safe recruitment practice at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Boldglen Limited Medway Swale

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors, 1 of whom carried out telephone calls with staff. The inspection also was supported by 2 Experts by Experience, who carried out telephone calls with people and 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 March 2023 and ended on 4 April 2023. We visited the location's office on 21 and 22 March 2023. We carried out staff telephone calls between 28 March and 4 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people and 9 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, coordinators and care staff.

We reviewed a range of records. This included 9 people's care records and medicines records. We looked at 4 staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including checks and audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant 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.

Staffing and recruitment

At our last inspection the provider had failed to operate a robust approach to recruitment to make sure only suitable staff were employed to provide care. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Staff had not always been recruited safely. Applications forms had not been checked to ensure applicants gave a full employment history. This was a continued issue from the last inspection. The provider had not always carried out checks to explore staff members' employment history. We reviewed 4 recruitment files for staff who the registered manager had selected as the most recently employed; 3 of the 4 staff application forms had gaps in the employment history that had not been accounted for.
- Interview records did not evidence that gaps in employment had been identified and discussed. The provider could not be assured that all staff were suitable for their roles. We informed the registered manager of our concerns. They updated CQC during the inspection with explanations of the gaps for 1 of the 3 staff members. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states that a full employment history is required.

The failure to ensure staff were recruited safely is a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection, references had not been checked to make sure they were suitable. The referees given by an applicant were employees of the applicant and not their previous employers. At this inspection, employer references had been checked.
- At the last inspection, we made a recommendation about staff deployment. At this inspection, staffing rotas showed that staff had been allocated suitable travel time between care calls. Staff were deployed at the right time to meet people's needs. Staff told us they had travel time allocated between their community care calls. People told us, "The carer is always on time and stays for the full time" and "The carers always arrive on time and they stay for their allocated time."
- People told us they received consistent care and support from staff that knew them well. A person commented, "I see my carer once a day in the morning each weekday. I have just the one carer and no other carer unless she is on leave or ill."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvement was required.

- Risks people may face were fully assessed but we found environmental risks were not always safely managed. Safe ways of working when pets were present in a person's home were not always listed. We discussed this with the registered manager as an area for improvement. Risk assessments were in place to provide guidance to staff on how to support people. These were detailed and clear.
- At the last inspection, risk assessments were not in place where people had health conditions and moving and handling risk assessments contained conflicting information. At this inspection, risks relating to health conditions such as diabetes and strokes were in place and assessments provided clear information about how people moved and transferred.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvement was required.

- Medicines were well managed. We were assured people had received their medicines as prescribed. At the last inspection, medicines administration records (MAR) were not completed, and topical medicines and creams were not recorded. At this inspection, people who required support with their medicines had had MARs in place and these included creams and topical medicines. A relative commented, "They encourage [Person] to take his medication and that works well because they don't forget like he does."
- At the last inspection, medicines that should not be given with food or other medicines were being administered at the same time. At this inspection, we found that 1 person's MAR showed they were having their thyroid medicine at the same time as other medicines. Staff were not administering this as the person was self-administering but this had not been identified as a cause for concern. This is an area for improvement.
- Staff had received medicines administration training. The registered manager told us staff had received competency checks following the training and this was then rechecked on an annual basis.

Learning lessons when things go wrong

At our last inspection the provider had failed to make complete, accurate and contemporaneous records of accidents. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learnt. At the last inspection, accident records had not always been made when accidents and incidents had occurred. A relative told us, "[Loved one] did slip the other day when [care staff] was here, so she very cleverly rearranged the shower room and moved the mat to make sure it wouldn't happen again."
- The provider had embedded a new electronic care planning system, which enabled staff to record electronically any accidents and incidents. This enabled the management team to take timely action.
- It was clear from the records what actions had been taken to address the incidents. Newsletters and communications to staff from the management team showed that staff received reminders about accident and incident reporting.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A person told us, "They make me feel safe by helping me into the shower, with the steps and just by being there every morning to make sure I am alive and not at the bottom of the steps on the floor."
- Staff we spoke with were confident they would be able to identify abuse. Staff told us they felt comfortable to report concerns to the provider and the management team. They felt that concerns were taken seriously and appropriate action was taken. Staff knew how to escalate concerns to outside organisations such as the local authority safeguarding team, the police and CQC if necessary.
- The provider had effective safeguarding systems in place to protect people from the risk of abuse. Safeguarding concerns had been reported to the local authority.

Preventing and controlling infection

- Staff followed safe infection prevention and control (IPC) practices. The provider had an up to date IPC policy. Staff had completed IPC training.
- Staff were provided with appropriate equipment to carry out their roles safely. There was a stock of personal protective equipment (PPE) kept in the office.
- People confirmed that staff used PPE. A person told us, "They wear masks, gloves and an apron when caring for me."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure people's care documents were accurately recorded in order to provide consistent care that met people's needs. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had their needs assessed prior to receiving care. These assessments were used to develop care plans and included all aspects of people's care needs. At the last inspection, initial assessments were undertaken with people before they received a service, the information gathered was not always used to develop a care plan where needed and not all areas were assessed.
- At the last inspection, the assessment process did not explore people's gender, nationality or Ethnicity. At this inspection, assessments included people's protected characteristics under the Equality Act (2010). For example, their religion, culture, health needs and their abilities. People's life history and hobbies and interests were also explored.
- Records showed that people and their relatives were involved with assessment processes. A person told us, "My assessment was a thorough one and they stick to it. We do discuss it as time goes by and if things need changing, we do it along the way."

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide staff suitable training to enable them to carry out their roles safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received regular training, support and new staff received a thorough induction. At the last inspection, staff had not completed all necessary training to support people with specific health conditions. At this inspection staff had completed all mandatory training to effectively support people. A person said, "They

[the staff] are well trained I would say and they have just the right skills to be able to look after me grandly."

- Staff were observed by the management team while carrying out care in people's homes. Regular spot checks and planned observations were undertaken by the senior staff. Staff had the opportunity to meet face to face or by phone with a senior staff member on a regular basis to discuss their personal development and highlight any areas of concern or good practice.
- New staff received an induction which included shadowing more experienced staff for a period of time until they were confident. Initial training was completed to make sure they had the basic skills to support people. The registered manager told us that once induction was completed staff were signed up to complete qualifications in health and social care.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At our last inspection the provider had failed to provide care without the consent of the relevant person. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

We checked whether the service was working within the principles of the MCA.

- Staff worked within the principles of MCA. At the last inspection, there was a lack of awareness and understanding about MCA. At this inspection, the management team had a good understanding and knowledge of the MCA.
- At the last inspection, consent forms had not always been completed. At this inspection, people had capacity to make their own decisions and had signed consent forms consenting to care and support. A person commented, "Of course I can make my own choices. I say if I don't want to get up or have a shower or whatever I do or don't want to do, and they let me decide and be independent."
- Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear and offering different items for their foods. A staff member said, "I talk with them and ask them if they'd like me to do each thing, such as put cream on their legs. I respect their decisions."

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

- People's nutrition and hydration needs were met. People and relatives said they were happy with the support they received. A person said, "They always make me a breakfast of my choice. They will also leave a sandwich for my lunch."
- Those people who did need staff assistance chose what food they wanted from their own store of food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people needed support to access healthcare this was in place. Staff called an ambulance, accessed medical support via 111 and referred people to the GP as needed. Staff were clear about the action they would take when a person presents as unwell. There were clear records when actions had been taken, referrals had been made on to healthcare specialists when required.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative told us, "If she is unwell or even off colour a bit they will let me know or call a nurse for her."
- The service worked with others to ensure people were appropriately supported. There was clear and regular communication between the service and social workers and commissioners to keep relevant people informed of changes and concerns.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and respected. People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. People and relatives told us they found staff to be kind and caring. A person said, "[Staff member] is very respectful and will always chat to me to keep me up to date with things."
- Staff members showed warmth and respect when talking about the people they supported. A person commented, "They are so kind, I can't tell you what a relief it is to have them visit."
- Staff referred to people by their preferred names. Care records reflected this. Staff knew people well, there was positive interaction between staff and people. People told us the staff were kind and friendly.

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

- Staff supported people to make decision about their care. A staff member told us, "I offer the person to wash parts of their own body. Quite a few people are quite independent with washing they just need prompts and encouragement, I help people do the parts they can't reach, one lady is now cooking her own meal at night." Other staff detailed how they encouraged and supported people to be involved and engaged in their care.
- People told us their views were listened to. People said, "I appreciate the way she chats to me as she does work which makes me feel human"; "They are so good talking with me and running through what's what, I simply could not do without them"; "They never rush me into things and always let me take my time" and "She knows how important certain things are to us and always respects that."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible and had their privacy and dignity respected. Staff encouraged people to self-care and lead their care and support. A relative said, "[Person] is trying to be as independent as he possibly can, so if they wash him, he insists on shaving himself."
- Staff treated people with dignity and their privacy was respected. A person told us, "They are always very careful to protect my pride, my dignity and my blushes."
- Staff detailed that when they provided people with personal care, they ensured curtains were closed, doors were shut and people were supported to cover up. Staff told us, "We ensure we address them by their name or a name of their choice. We cover them, not exposed during personal care, close the door, do not talk too loud."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people's care documents provided all the information needed to provide consistent care that met their needs and preferences. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Care plans were in place which met people's assessed needs. Staff had clear guidance about what they needed to do if a person became unwell. However, we did find that people's oral health care plan did not make clear if people needed to be supported with dentures or their own teeth. At the last inspection, people did not have care plans in place in relation to their assessed needs. For example, around diabetes, oral health care, or epilepsy. At this inspection we found all care plans were in place.
- Care plans were in place which provided a list of tasks for staff to complete. These were person centred and detailed enough to show new staff what all the tasks were. A staff member said, "The 'tell us about me' section of the care plan provides really clear information about the person, and it includes how they like their drinks."
- People and their relatives told us staff knew their needs and preferences well. They told us they had been involved with the care planning process. Care plans promoted independence. A person commented, "The care plan was made with my input at the beginning and is something that is changing as time goes on."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information in the service was available in a variety of formats to meet people's communication needs. The management team told us they offered people the opportunity to receive the customer guide and other information in alternative formats, such as in a larger font, different languages and easy read. At the time of the inspection, no one required this.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A person told us, "I would call the office to complain and speak to the manager if I wasn't happy."
- The service treated all concerns and complaints seriously, investigated them and learnt lessons from the results, sharing the learning with the whole team and the wider service. Where people and relatives had made formal complaints, these had been logged and investigated in line with Boldglen Limited Medway Swale's policy. Letters of apologies had been sent when required.

End of life care and support

- The service was not providing end of life care at the time of the inspection.
- The management team understood that if people's health deteriorated, they would seek advice and guidance from healthcare professionals to ensure people had the right care and support at the end of their lives. Staff had completed end of life care training.
- Some discussions had taken place with people and relatives to look at end of life wishes. Some people had consented to DNACPR (do not attempt cardiopulmonary resuscitation) with their GP or consultants.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the 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; Continuous learning and improving care

At our last inspection the provider failed to have effective systems in place to check the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made enough improvement and they were no longer in breach of regulation 17. However, further improvements to quality monitoring processes were required.

- Since our last inspection the service had improved their quality and monitoring systems, but further improvement was still needed. We found a continued breach of regulation with regards to safe staff recruitment which the audits and checks in place had not identified. Audits undertaken of staff recruitment files had not always been carried out, it was unclear who had undertaken them and when. Gaps in employment had not been identified through the audit process.
- The provider had policies and procedures in place to manage and operate the service. The registered manager explained all staff had access to these as they were available to them in the office, they could also be emailed to staff and plans were in place to make them available online. Policies and procedures were also reviewed in the induction process.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider and registered manager understood their role and responsibilities and had notified CQC about all important events that had occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive staff culture at the service. People and relatives were complimentary about the culture and transparency of the service. A relative commented, "The manager is approachable, friendly and helpful ... They [the staff] couldn't do a better job if they tried."
- People and relatives had made compliments to the service. A compliment had been received in a review. The person reported that their regular carers were very good. Their relative also said carers let them know if their loved one needed anything and they were "great at communicating."
- Staff told us there was a positive culture. A staff member said, "Everyone is nice and friendly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
- Investigations carried out by the registered manager showed that people and their relatives were fully informed and received outcomes from investigations.

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

- The provider engaged with staff, people and their relatives, and involved them. Office based staff told us regular staff meetings took place. Staff gained support and information via group chat. The registered manager also sent frequent newsletters to inform staff of important information and reminders. Staff told us they had access to a member of the management team outside of office hours through the on-call service.
- People had been contacted by the management team in regular telephone monitoring calls and via feedback surveys. People and relatives said, "They seem to call at about 6 monthly intervals to check things are going ok" and, "I have regular surveys by post which I send back. They also visit me to do regular care reviews to make sure I am getting the support I need."
- Staff gave us good feedback about communication. Staff working at the extra care service said they got good communication and there was a communication book in place to pass on important information. A staff member said, "We get newsletters every month, if important things happen, we have a staff meeting, we get emails in between times and have the staff WhatsApp group chat."

Working in partnership with others

- The provider and registered manager had worked closely with health care professionals such as community nurses and people's GPs, as well as people's social workers. The management team had worked consistently in partnership with people and their relatives to ensure people had the best outcomes.
- The provider and the registered manager had kept up to date with the local and national developments within health and social care. They had taken opportunities to update their skills and knowledge to benefit the experience of people using the service. The registered manager had registered with forums and events hosted by the local authority and Skills for Care.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Registered persons had failed to operate effective recruitment procedures. Regulation 19 (1)(2)(3)