Anaya Corporation LTD

Kare Plus Portsmouth

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

This inspection took place on 27 September 2018 and was announced. Kare Plus Portsmouth is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger adults who may be living with a disability or sensory impairment. At the time of inspection, the service was delivering personal care to 48 people living in their own homes.

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

This is our first inspection of the location since registration.

People's medication records did not always reflect that they were administered safely. It was not always clear that people received their medications as prescribed. Risk assessments did not always provide sufficient information to provide direction for staff, or information about how to reduce risks.

The registered manager conducted some quality assurance audits to monitor the running of the service. However, these were not always affective and records didn't always reflect these had been completed to monitor, assess and improve the quality of the service being delivered.

People and their relatives gave us mixed responses as to whether they felt staff had the skills and knowledge to support them. We made a recommendation about staff competence, skill and experience.

People and their relatives gave mixed feedback regarding whether they knew who was coming to provide care and whether they received the consistency of the same staff. We made a recommendation about the consistency of staff deployed to care for people.

People told us they felt safe. There were systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

Staff felt confident to use the whistleblowing policy if required and felt management would act on concerns.

The provider had continuity plans in place to ensure that people's support needs would still be met in emergency situations. Infection control policies and procedures were followed to ensure the control of infection.

Staff received an induction and ongoing training, to help them meet and understand the care needs of the people they supported.

People's nutritional needs were catered for and the level of support provided was dependant on people's abilities. Staff told us how they worked alongside people to prepare their own meals where they were able.

There was a complaints process in place and when there was a record of a complaint, the provider had taken action that was appropriate.

Staff had a good understanding of people's needs and were kind and caring. People told us that they were treated with dignity and respect.

The registered manager and the management team strived at creating an inclusive environment to strongly encourage staff, people and their relatives to be involved in the service.

We identified two 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.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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's medication records did not always reflect that they were administered safely. Guidance was not always available where people were prescribed 'as required' medication.

Records did not always reflect how the service was meeting people's specific health conditions. Staff were not always aware of how to support people with their specific health conditions.

Staff understood their responsibilities to keep people safe from abuse.

Staff felt confident to use the whistleblowing policy if required and felt management would act on concerns.

There was sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's needs were assessed for staff to support them effectively.

Staff enabled people to access health care services when needed.

People were supported with their food and hydration where needed.

Staff sought people's consent prior to supporting them.

Is the service caring?

Good

The service was caring.

People spoke positively about the staff who supported them and described them as caring.

People were treated with dignity and respect and were

supported to maintain their independence.

Staff enabled people to express their views and to make decisions about their support.

People's confidential information was stored securely.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and any changes to care needs were reviewed on a regular basis.

People were supported by staff who were aware of their preferences and how they wished to be supported.

People and their representatives were able to raise any concerns or complaints if they needed to.

Systems, policies and procedures were in place should any person need end of life care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audit systems to monitor quality and safety were in place but they were not always effective in highlighting the issues which needed to be addressed.

Staff felt supported in their role and were complimentary of the registered manager.

There was not effective oversight of late and missed visits. People told us staff did not always arrive on time.

People told us they were always asked to provide feedback about the service.

The provider had informed us of incidents as required by the regulations.

People, relatives and staff were complimentary about the service.

Meetings were held where good practice was shared.

Kare Plus Portsmouth

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 27 September 2018 and it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office to assist with the inspection.

The inspection was carried out by one inspector and an Expert by Experience (ExE). Our expert by experience had knowledge about the care of older adults in the community.

Before the inspection we reviewed the information we held about the service which included previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We contacted the local authority safeguarding team. We also requested feedback from commissioners and community professionals. We received three responses.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During and after the inspection we spoke with four people who used the service. We also spoke with eight relatives of people who used the service. We spoke with ten members of staff including care staff, senior care staff and the registered manager. We looked at eight people's care plans and associated documents, including medicines records. We checked seven staff recruitment files, including the most recently recruited staff. We also looked at staff training records, quality assurance audits, compliments/complaints and accidents/incident records.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed safely. We found medicines administration records (MAR) did not always clearly reflect whether a person had received their medicines as prescribed. We found MAR charts had gaps where staff failed to sign that they had administered the people's medication. For example, we saw one person's MAR chart stated that they should, "Take TWO tablets FOUR times a day". We saw in March 2018 for this medication that there were 28 gaps where there was no signature to state whether this medication had been administered. We took a sample from the daily log records to establish if staff had recorded that medication had been administered, and it was not always clear if the person had received their medication as prescribed. The provider's policy stated, "It is essential that the person who administers the medicine refers to the Medicine Administration Record at the time of administration and does not sign the Medicine Administration Record until after the medication has been administered and they are certain it has been taken". The policy also stated that, "A record should be made if medication is refused or not administered". This policy was not followed by staff.

People's relatives told us their family member did not always receive their medications as prescribed. One relative told us, "A couple of times a person [staff member] forgot to give her tablets. It was dealt with quickly". We discussed this with the registered manager who advised that during an audit completed in February 2018 they had identified a concern that staff were not recording they had administered medication in a person's MAR chart and daily log records. They informed us that following an investigation, staff had been booked on further medication administration training in April 2018. Some staff we spoke with told us they had not always received sufficient training in administering medication. One staff member told us, "I administer medication if it is prescribed [to the person]". However, they informed us they had not received any face-to-face medication administration awareness training. Other staff we spoke with told us they had received appropriate medication training. One staff member said, "Yes, I received medication training when I first started". Following the inspection, the registered manager advised of action they were taking to address these concerns. This included employing a member of staff who would have the responsibility to conduct audits to address any gaps or concerns. They advised they would be booking staff on medication training, where needed.

Details of how and when people's medicines needed to be administered was not always clear. Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that people always received their PRN medicine appropriately. For example, in a care plan for a person prescribed a PRN medicine, there were no guidelines regarding when this medicine might be required. There was no guidance advising staff about when to administer the medicine or if the person was able to identify for themselves when they needed the medicine. There was no information to support staff to look for particular signs and symptoms to ascertain if the medication should be given. This meant it was not always clear from the care plan that the person was being given their PRN medicines safely and in line with pharmaceutical guidance. This could compromise people's health and well-being. We contacted the registered manager and asked them to provide all related PRN guidance that they had in place for people. However, we did not receive sufficient evidence that all people who were prescribed PRN medication had the correct guidance in place.

Records did not always reflect how the service was meeting people's specific health conditions and managing the risks that this might present with. Where a person using the service had a specific health condition staff were not always able to tell us how they supported that individual to manage this health condition. Records did not always reflect how staff should respond in relation to someone's specific health care needs and did not always follow best practice. For example, one person suffered from a lifelong illness which meant staff needed to monitor their health and be able to identify when this condition may worsen. The care plan stated that the person's condition should be managed by staff through the person's diet. The person's care plan lacked sufficient detail and specialist guidance on what staff should look for if this person's health might be deteriorating, and how they are supporting the person with their condition. There was no guidance on what diet the person should be receiving. Staff we spoke with who supported the person could not always tell us how they were meeting this person's specific health needs. One staff member said, "I didn't know she had [health condition]; maybe I should know that". Another staff member told us, "They put carers to new packages and [do] not give [them] information about new clients [people receiving care]". The registered manager advised they were in the process of auditing all care plans to ensure they reflected the person's needs. They acknowledged more detail could be provided and advised that the care plan would be updated following the inspection. The registered manager stated that staff who complete assessments will be receiving training to ensure they are able to complete these effectively.

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

People had some individual risk assessments in which risks to their safety in their daily lives were identified. This included any risks and hazards identified in the environment, and the risk of falling when people choose to move around. Each assessment identified the seriousness and likelihood of harm occurring to the person together with a plan of action to make the person safe and reduce the potential impact of harm. When a person was identified as being "medium" or "high" risk of something which may put them at risk of harm such as falling, a risk management plan was completed. For example, one person who was identified as being at a risk of falls had a risk management plan in place. It directed staff to, "…assess [name's] wellbeing and strength before each transfer and if they do not feel it will be safe to transfer, [staff] are to use the hoist provided". People who required specific support when mobilising had guidance as to the type of equipment they required and level of staff support needed to keep them safe. For example, one person required a sliding sheet to support them when mobilising from their bed. There was a specific care plan in place to enable staff to support the person in a safe way.

We spoke with people who used the service about how they were supported to feel safe in the care of Kare Plus Portsmouth staff. One person said, "Absolutely, completely [safe]". We asked them what they would do if they didn't feel safe and they told us, "I'd speak to one of the managers, [name]". Relatives told us they felt staff kept people safe and they knew who to contact if they had any concerns. Comments were positive and included, "Yes. We haven't got a feeling of concern. We pop in and out all the time and we've never noticed anything untoward" and "Oh, yes. I would contact the office and talk to the supervisor".

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff understood their responsibility to report any concerns they may observe to keep people safe. Staff felt confident that if they reported a safeguarding concern to the registered manager that they would act on it. One staff member told us if they were concerned a person was at risk of abuse, "I would always call the office and let a manager know".

The provider maintained an effective recruitment process ensuring staff employed by the service had been appropriately checked and had the right skills to support people. This included undertaking Disclosure and

Barring Service checks (DBS). DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults. We looked at how the service was staffed and found appropriate arrangements were in place. The service had an electronic rota system in place to ensure sufficient staff were deployed to meet people's care calls. People and their relatives told us that there were sufficient staff to meet their needs in the time that they needed. Comments included, "Yes, definitely, definitely", "They don't rush in and out. They sit and have a chat" and "Yes, they're not pushed".

Staff understood their responsibilities in reporting any accidents or incidents that occurred. Incident reports included details of what had occurred and the immediate action taken in response to the situation. Accidents and incidents were reviewed to identify if there were any patterns or trends which required further investigation and action. Staff told us that any concerns are discussed in team meetings. This meant that lessons were learned and improvements sought when an accident or incident occurred.

Suitable measures were in place to prevent and control infection. Personal protective equipment (PPE) was available to staff, including gloves and aprons. Staff told us, "We have got aprons, gloves, hand gels". They told us they could get more when they needed from the office.

The service had a business contingency plan which included prioritised visits for the most vulnerable people in the event of unforeseen events, such as severe weather or flooding. General environmental risks to people were assessed, including fire safety and home security.

Good

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs. This information was recorded in their personal care plan. This included people's personal likes and preferences, their social interests, as well as physical and emotional needs. People and their relatives told us people's needs were assessed. One relative said, "Yes, I remember meeting a…manager at the time when the care first started and they went through all the paperwork". Another person said, "Yes. I felt OK with that".

People and their relatives gave us mixed responses as to whether they felt staff had the skills and knowledge to support them. Comments we received included, "Some of them are so quick, so educated and domesticated. But others haven't got a clue", "I think so. Some are and some aren't. Some are new to the job. The ones in the job a long time are slightly better", "Yes, I believe so" and "Some aren't". The registered manager told us that new staff received introductory training before they provided people with care. This included undertaking the Care Certificate induction standards. These are nationally recognised standards that staff working in adult social care need to meet before they can safely work unsupervised. However, staff told us they didn't always receive induction training before they commenced delivering care. One staff member told us, "I didn't have time to do the three-day training so I had to learn on the job". Another staff member told us, "Kare Plus put [staff] on shifts [with] two incompetent carers who [haven't] been signed off yet as competent". Another staff member told us, "[Staff] do get pushed [to start care work] quite quickly". The registered manager told us staff were offered ongoing refresher training to keep their knowledge and skills up to date. Specialist training was also provided to ensure staff had the specific skills necessary to meet people's individual needs. This included specialist training to use equipment when a person required assistance with breathing and how to support people who suffer from high blood pressure. Staff spoke positively about the training received. One member of staff said, "Training has been perfect. We get messages to say what [training] is coming up".

We recommend that the provider seeks guidance from a reputable source to ensure staff have the competence, skills and experience required to undertake the role.

People were supported with food preparation and hydration when required. Some people did not require support preparing meals, however, we saw that where required staff supported them with pre-prepared meals. One relative told us, "They come in the evening and give her dinner. They don't cook it, I do that, they just heat it up". We saw people's care plans identified when people needed support. One person's care plan stated, "Please ensure you are leaving me with a beaker of juice with a lid on to prevent spillages". Another person's care plan said, "Please offer me a drink and some breakfast". People told us they were supported with their meals. One person said, "Yes. They do the cooking and the preparing of food. I can't manage to cook. They definitely listen to how I like to have things done".

Staff said they worked well as a team. One staff member told us, "We work very well [together]". We saw that staff received supervisions and an appraisal every year, combined with team meetings and communication via telephone and email. This was confirmed by the staff we spoke with.

We saw that the service liaised with other healthcare professionals when necessary. For example, the provider had spoken with the occupational health team when arranging the use of suitable hoists and equipment for one person. We saw that the service worked with healthcare professionals to ensure staff were supported appropriately to deliver care. One staff member told us, "We have a district nurse that supports us". A health and social care professional told us, "They have supported my service user to maintain [their] health and have raised appropriate concerns regarding health and wellbeing with relevant parties where necessary". People and their relatives told us that staff support them to ensure they receive appropriate healthcare when necessary. One person told us, "They would, no doubt. If I needed one". We received comments from relatives including, "If there is a problem they would call the doctor" and "A couple of times they've contacted my wife when they've been concerned".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We looked at how the service met the requirements of the MCA.

Staff had received training on the MCA and were able to describe how they supported people to be able to make their own decisions. Staff told us how they would consider whether a person was able to make decisions about their care and treatment and what they would do if they were concerned that a person may lack the capacity to make certain decisions. One staff member told us about a person they provide support to, "…they have full capacity to say yes or no or what they want". Where there were legal powers in place in relation to decisions about people's support, these were recorded and respected. People told us that they are always asked consent before personal care was delivered. One person told us, "Oh, yes [they always ask for my permission]". A relative told us, "Yes, definitely. They always ask her".

The service arranged for a dementia information session to be provided to staff by an external training provider to enable staff to learn more about dementia and the ways they could support people effectively.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. We asked people if staff were kind and caring when they supported them. One person told us, "They're really nice. The regular carers are lovely, really lovely". Relatives told us they thought staff were kind and caring. Comments included, "They are very kind and considerate and he's happy" and "They all love her. [The person has] got a smile on her face when they've been in to see her, they must be looking after her well". A health and social care professional told us, "The feedback I have had from this service user is that she likes the carers and they get on well with her, so I would see this as them developing positive caring relationships".

Care plans included information about people's likes and dislikes and people who were important to them. This gave clear guidance to staff about how people enjoyed spending their time and what made people happy or unhappy. Care records we viewed were written in a respectful way and contained information about people's social histories and backgrounds. Records contained information about each person's strengths and the help they needed to live the life they wished.

The service had received several thank you cards and compliments; these were kept in a compliments book in the office for all to see. Compliments from people and their relatives included, "Thank you for looking after me so well" and "Their [staff] levels of care is great and they are supporting him well".

People and their relatives told us that they were able to make decisions and express their views about the care and support they received. Comments from people included, "Absolutely they listened to me", "…it's very much my call. I say, 'In 10 minutes can I do a shower?', I ask for what I want". Another person told us, "They always ask me what I want to wear". People and their relatives told us care is regularly reviewed. One relative told us, "They definitely do and they renew it. They come and make sure it's OK". Another relative said, "They talked about what [the person's] needs and they talked to her".

Staff told us they were committed to helping people retain their independence and they took pride in helping people. Comments we received from staff included, "I ask what [the person] likes" and "It's their decision". People told us they were supported to be as independent as possible. One person said when they are being supported to get dressed, "Yes, always. I do the buttons up and when I can't get any further, they [staff] take over". Relatives told us they felt their family members were supported to be as independent as possible. One relative said, "Yes. They ask [the person] if she would like help or if she would like to do something for herself". Another relative told us, "He [the person] does like to feed himself, unless he's having difficulties...sometimes he tries and several times he has nothing on his spoon, they point it out and offer to load his spoon for him".

People told us their privacy and dignity were respected. One person told us, "Yes, I'm sure of that". Another person said, "Yes, for sure". Relatives provided feedback they felt their family member was treated with dignity and respect. One relative said, "As much as it can be in his situation. If we're there, they move him to another room to [deliver personal care]. They are respectful like that". Staff received training in maintaining people's privacy and dignity when delivering care. Staff demonstrated a good awareness of the importance

of respecting people's privacy. They told us they understood people may wish to be alone and that if people needed support with personal care, this could be delivered in way that upheld people's dignity. Staff told us they would make sure doors were closed and curtains were drawn before personal care was delivered and that there was no reason they would be disturbed. One staff member told us, "Doors to be kept shut" when they deliver personal care to a person. Another staff member told us, "I always talk through what I am going to do next with the person [when delivering personal care]".

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of the service provided by Kare Plus Portsmouth.

Suitable arrangements had been made to ensure that private information was kept confidential and secure. Staff had been given training and guidance about how to manage information in the right way so that it was only disclosed to people when necessary. Written records that contained private information were stored securely.

Good

Is the service responsive?

Our findings

People's care records contained detailed information on people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff told us this helped them to build a rapport with people when they met them. One staff member told us, "I always look at the care plan at the start of a call". Another staff member said, "I like to know the person [to deliver care]".

Staff treated people as individuals. For example, when people asked specifically for male care staff to support them, this was respected by the service. When people had individual wishes, these were accommodated by the service. One person told us, "It's great…all the carers are great. The manager has adapted the care to my needs". Another person told us, "If the carers do something and it's not the way I want it done, they change it. They're good."

People's care planning documents were reviewed and updated on a regular basis by senior staff to help ensure that they contained relevant, up-to-date information about people's needs and wishes so that these could be met appropriately. People told us that senior staff regularly got in contact with them to ask how the service was working for them, if there were any changes needed and if people were happy with the support they received. These regular checks gave the registered manager the opportunity to measure the quality of the service being delivered and to ensure people were in receipt of the service they needed. One person told us, "They've [the staff] gone through the care package and asked if it was all right. It's all OK". A relative said, "It's [the care plan] in the folder by her chair and they (staff) look at it all the time".

The service had systems in place to record, investigate and resolve complaints. Where we saw a complaint had been made, action had been taken to address the issue and ensure there was no recurrence. The service had also apologised to the complainant. This showed the service took steps to address the complaint and learn from it. People and their relatives told us they would contact the service to make a complaint where they needed to. One person told us, "I'd talk to one of the managers". A relative told us they had never raised a complaint, "…but I'd phone the office".

The registered manager told us that people supported in the community by the service received rotas informing them the time of their visits and the names of staff who would be supporting them. However, we received mixed feedback from people regarding whether they knew who was coming to provide care and whether they received the consistency of the same staff. Comments we received included, "I do now. It's settled down a bit for me. It used to be different people all the time", "No, I don't. Just lately they've been short of staff and I just don't know who's coming. That's not very nice, but I just accept it", "Most of the people they send, I know. But I have to keep asking who is coming". Relatives told us that despite raising concerns this wasn't always addressed. One relative said, "I've said if you have only got [certain staff] to send, don't bother. But they still do". Staff told us they didn't always have the time needed to do their job well. One staff member said, "There is just too much to do, they ask us to do too much, we don't have the time". They went on to say, "I have asked but nothing happens".

We recommend that the service reviews the consistency of staff deployed to care for people.

The registered manager understood the Accessible Information Standard and people's assessments made reference to their communication needs. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

At the time of inspection the service was supporting one person with end of life care. Records showed how to ensure this person's care needs should be met. Staff had been trained in providing end of life care and had given support to people and their relatives on these occasions. One staff member told us, "I did a course on end of life and I asked to do more training [in end of life care] and I am doing that now". The service had a policy relating to meeting people's end of life care needs.

Requires Improvement

Is the service well-led?

Our findings

The service carried out regular audits which included reviewing people's records, staff files and training. However, we found that audits were not always in place or when they were they were not always effective. For example, we found that the provider had conducted some audits on people's daily records. An audit conducted in March 2018 identified that staff had, "Identified medication details where necessary". The audit acknowledged that this was a "Pass", indicating that this had been completed appropriately. However, when we reviewed these records we found that the person's MAR chart had gaps where staff failed to sign that they had administered medication. Staff had not always documented in the person's daily logs that they had administered the medication. We spoke with the registered manager and they told us that they were currently reviewing records to ensure this was addressed and staff were receiving medication refresher training, where this was required. Following the inspection, the provider advised they were taking action including having a staff member who would be responsible for conducting audits on records, and thereafter this will take place monthly.

We found the provider did not always have effective systems in place to monitor late and missed visits. The provider did not have a system that allowed them to have oversight of late and missed visits. This meant they could not easily identify trends, themes and patterns and then address any concerns. We spoke to the registered manager who told us that late or missed visits were not an issue at the service. However, people and their relatives told us that staff did not always arrive on time. Comments included, "They try to be on time, but it's the traffic. They can't stick to it", "There isn't a set time", "There's a normal time when they are coming. It drifts a bit, but it's not hideous; they're not an hour late or anything" and "Sometimes they do slip up and they're late and they don't tell me. They're busy and I can't expect it to be perfect". We saw that a team meeting that took place in September 2018 had identified timekeeping as a concern. The minutes stated, "People are turning up when they want, starting late…timekeeping and lateness will be pulled up". The service had not assessed, monitored and acted on the impact that late or missed calls had for people.

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

People using the service and relatives spoke positively about the culture of the service. Comments included, "It's good", "They seems easy and pleasant people" and "It's a fantastic company. They are doing very well". Staff we spoke with spoke positively about the registered manager. Staff said the registered manager was approachable and they felt any concerns raised would be listened to. One staff member told us, "The [registered manager] is so open and ready to talk to you". Another staff member told us, "It's a good team; we work well together".

We spoke with the registered manager, senior care staff and care staff to discuss the responsibilities of each role within the organisation. We found the service had clear lines of responsibility and accountability. Management were knowledgeable of their roles and how worked together to ensure a cohesive service was provided. Staff we spoke with were also knowledgeable of their own roles and those of the managers. They told us they would have no hesitation in seeking advice and clarity from any of them if the need arose.

Staff meetings took place within the service. We looked at the minutes of the most recent meeting that had taken place in September 2018. Issues discussed at the meeting included safeguarding procedures, the use of personal protective equipment and ensuring staff are wearing the appropriate uniforms. One staff member told us, "We have meetings once a month where we can discuss any issues".

We found the service had systems in place to obtain feedback from people about the quality of the service they received through review meetings, telephone monitoring and home visits. However, people and their relatives told us they were not always given the opportunity to feedback about the overall quality of the service. Comments included, "I don't think so" and "No [I am not asked what I think about the service]". One person said, "They sent a survey". We saw when a concern had been identified this was addressed appropriately. For example, one person had fed back that they were not always aware of who the senior care staff were. The service took appropriate action to ensure this was resolved promptly. The registered manager told us they were in the process of doing regular telephone quality monitoring with people to ensure there was an increased opportunity to feedback about the service.

Records showed that some spot checks were carried out to assess care support assistants' performance when assisting people with personal care in the person's home. They received unannounced spot checks which meant that their practice and interactions with people were observed and monitored in areas including infection control, communication and respecting dignity. Staff also received competency checks to ensure that they could move and assist people using the relevant equipment in ways which were safe for people and also staff.

The registered manager demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents such as the alleged abuse or death of a person. The registered manager had notified the us of significant events which had occurred in line with their legal obligations.

Policies and procedures were in place and available to all staff. These documents gave staff guidance and direction for their role and were updated on a regular basis to ensure that they contained up to date, relevant information.

The provider worked with other health and social care professionals in line with people's specific needs. This enabled the staff to keep up to date with best practice, current guidance and legislation. A health and social care professional told us, "They have frequently worked in partnership with myself". The registered manager told us links with the people and the community had been developed through events such as coffee mornings at the service.

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 registered person had not established an effective system to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had failed to consistently assess, monitor and improve the quality and safety of the service. 17(1)(a)(2)(b)(c)(f)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person failed to do all that is reasonably practicable to mitigate risks. Risks to the health and safety of service users of receiving the care or treatment were not always assessed and monitored. The registered person did not always ensure the proper and safe management of medicines. 12(1)(2)(a)(b)(g)

The enforcement action we took:

The provider was served with a warning notice, which required compliance with Regulation 12 by the 25 January 2019.