

Facilitate Care Services Ltd

Facilitate Care Services

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 20 February 2018 and was announced.

Facilitate Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection, 58 people were supported with personal care.

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

The service was last inspected in July 2016, when we found the provider was compliant with the fundamental standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the last inspection the service was rated 'good' overall, with 'well led' rated as 'requires improvement.' At this inspection we found improvements were required in how medicines were administered, and how risks were assessed and managed. Improvements were also required in how the provider checked and audited the service to ensure this was done effectively.

People did not always have their medicines administered safely and as prescribed. There were gaps in medicine administration, and mechanisms in place to record and audit when medicines were given were not effective which put people at risk.

Risks to people's safety were identified, but risk assessments had not always been completed. Where these had been completed, they did not always give staff the information they needed to ensure risks were managed consistently.

People told us they felt safe with the staff who supported them. Staff received training in how to safeguard people from abuse and were supported by the provider who ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. People were protected from the risk of infection.

There were enough staff to meet people's needs safely. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people. Staff told us they had not been able to work until these checks had been completed.

People told us staff asked their consent before undertaking any care tasks. Where people were able to make their own decisions, staff respected their right to do so. People's care records included some information on the support they needed with decision making.

Staff had the right knowledge and skills to support people effectively, and this was monitored by the

provider. Staff had some access to supervision meetings to keep up to date and discuss their practice, though these meetings had not always happened as often as the provider's policy and procedure required.

People had access to health care professionals when needed and care records showed support provided was in line with what had been recommended.

People and most relatives told us staff were respectful and treated people with dignity. Staff respected people's privacy, and supported people to be as independent as possible.

People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. People and most relatives told us the provider responded to requests to adapt their care effectively.

People and most relatives told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way.

Systems to check and audit the quality of the service provided had either not been used or, where they had been used, had not been effective. They had not identified the issues we identified during our inspection visit. The provider ensured they took action following our inspection visit on the concerns we identified.

People, most relatives and staff were positive about the provider, and staff told us they were well supported. The provider had sought feedback from people and their relatives, and had taken action in response to what had been identified.

We found one breach 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 consistently safe.

Risks to people's health and safety had been identified, but risk mitigation plans were not always in place to keep people safe, and, where they were in place, did not always contain the information required to ensure people's care was consistently safe.

People did not always receive their medicines safely or as prescribed, and medicines records were not consistently or accurately completed.

People were protected from the risk of harm and abuse, by staff who knew when and how to take action.

There were enough staff to support people safely, and people were protected from the risk of infection.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were competent and trained to meet their needs effectively. People's needs were assessed when they started using the service. Where people had capacity to make their own decisions, staff understood and respected this. Staff understood the need to get consent from people on how their needs should be met. People received timely support from appropriate health care professionals, and communication between staff and professionals ensured health care needs were met.

Is the service caring?

Good 

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were attentive to people's individual needs and staff had a good knowledge and understanding of people's preferences and the need for them to be as independent as possible. Staff showed respect for people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People received personalised care and support which had been planned with theirs or their relative's involvement. People were supported to maintain work, education, hobbies and interests where this was part of their care plan. People and relatives knew how to raise complaints and were mostly happy with the response they received when they did so.

Is the service well-led?

The service was not consistently well led.

Systems in place to check and monitor the quality of the service were not always effective, and had not identified the issues we found during our inspection.

People, most relatives and staff felt able to approach the management team and felt they were listened to when they did so. Staff felt well supported in their roles and there was a culture of openness. The provider had systems in place to get feedback on the quality of the service provided in order to improve.

Requires Improvement 

Facilitate Care Services

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 inspection visit took place on 20 February 2018 and was announced. The inspection was conducted by one inspector. We told the provider of our visit 48 hours in advance so they had time to arrange for us to speak with staff. We brought the planned inspection forwards due to concerns we had received from members of the public.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who find appropriate care and support services for people, and fund the care provided. We also looked at concerns we had received by members of the public. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We did not ask for a provider's information return (PIR). This is a form we ask providers to send to us before we visit. However, during our inspection visit, we gave the provider the opportunity to give some key information about the service, what the service does well and improvements they planned to make.

During our visit we spoke with the registered manager, the nominated individual, a care co-ordinator and two care staff. Following our inspection visit, we spoke on the telephone with seven people, four relatives and one care staff member.

We reviewed four people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

At our previous inspection, we rated 'safe' as 'good.' At this inspection, we found improvements were now required to ensure risks and medicines were managed safely.

Prior to our inspection, we had received information of concern relating to how the provider managed risks to ensure people remained healthy and safe.

Risk assessments and care plans identified where people were at risk, the likelihood of the risk occurring, the severity of the risk if it did occur, and some records identified what actions should be taken to minimise the risk. However, these risk mitigation plans were not always detailed enough to keep people safe. For example, two of the plans we reviewed were for people who had been at risk of skin damage. Records directed staff to 'apply barrier cream' to 'at risk' areas of the body to prevent damage to their skin. However, they did not guide care staff on what areas of the body required the cream, and when the cream needed to be applied. This placed people at risk of not receiving the medicine when it was required. We raised this with the registered manager, who sent us information after the inspection which demonstrated action had been taken on this.

Another person's care plan, who had recently begun to use the service, identified they were at risk of falls, and that a specific care plan was required for moving and handling. However, this had not been completed. We raised this with the registered manager who advised this had been identified recently and was in the process of completion. A moving and handling care plan was completed during our inspection visit.

Another person had a catheter in place. Their care plan included some information on the support the person needed with this. However, there was no clear risk mitigation plan in relation to catheter care and it was not clear what care staff were expected to do to keep the area around the catheter clean. For example, one care staff member we spoke with told us they cleaned the area regularly, but this was not reflected in the person's care plan, so we could not be confident this was done consistently by other staff. We raised this with the registered manager, who sent us an updated catheter care plan and risk assessment following our inspection visit.

We were told three people using the service received support with medicines administration. We were only able to view one of these people's MAR (Medicines Administration Records), as the other two people had only recently begun to use the service so their MAR's had not yet been returned to the office. The person's MAR showed there were several occasions where medicines had not been signed for. There was no evidence that audits had identified these gaps, or of any action taken.

Where care staff supported people to take medicines, this was not always recorded, and, where recording was in place, these were not always completed. One person was prescribed cream to be applied to their legs. As this was a prescribed item, the provider was responsible for recording application of the cream, where care staff supported the person with this. The provider's medication policy confirmed any prescribed items would be recorded where care staff administered them. There were no MAR's (medicine

administration records) in place for this cream so we could not be assured it had been applied as prescribed. We raised our concerns with the registered manager, who acknowledged all prescribed items care staff administered must be recorded. Following our inspection visit, they sent us information confirming this was now in place.

The same person was prescribed a patch for pain relief. This patch was prescribed to be given every Monday and Friday. The prescription also stated sites of patches should be alternated to ensure skin irritation did not occur. We found there were no records kept of where patches had been applied, which meant there was a risk of skin irritation if the patch was reapplied in the same location. MAR's for this patch also showed that, for almost the whole of December 2017, the patch had been applied every Monday and Thursday rather than Friday. This was also the case for October 2017, where MAR's showed the patch had been given on Monday's and Thursdays rather than Friday as prescribed, and on other occasions when the patch was due to be applied, there were no signatures to evidence this. This meant we could not be sure the patch had been applied. Audits had not been effective in identifying this.

This meant we could not be sure people were receiving their medicines as prescribed. The registered manager acknowledged this was an issue, and told us auditing had become more robust after January 2018, and that previously spot checks completed by senior staff would look at medicines management, but that these checks had not been recorded.

Following our inspection visit, the provider sent us information to show how they had addressed these recording errors with the staff concerned, who had received more training and would be spot checked regularly until their competence could be assured by the provider.

There was no plan recorded for emergencies so the provider could continue to support people in the event of extreme weather, widespread staff sickness or other emergency situations. The registered manager spoke with us about steps they had taken to keep the service running, using four by four vehicles for example during a recent period of snow. Following our inspection visit, the provider sent us a contingency plan they would follow in the event of extreme weather or other event.

This was a breach of Regulation 12 (1) (2) (g) HSCA (RA) Regulations 2014 Safe Care and treatment.

People and relatives told us they felt safe with the care workers who supported them.

Staff told us how they ensured people were safe and protected. Policies and procedures were in place for staff to follow should they be concerned that abuse had happened, and staff knew about these. Staff told us they had received training to help them understand their responsibilities, and were aware of the signs to look out for which could indicate people were experiencing any harm or abuse. For example, one staff member explained, "You might see marks or bruises on someone. You become like family so if someone was withdrawn or behaving in a different way to normal, you would be concerned and would report it." Staff were confident the provider would keep people safe, but were aware of how and when they would escalate concerns if they felt people remained at risk.

The registered manager obtained references for potential new staff members from their previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to be completed before they started working for the provider, and records confirmed this.

People, most relatives and staff told us there were enough staff to support people safely and to respond to

their needs. People also told us staff arrived when they were meant to on most occasions, and that they usually called if they were going to be late. One person commented, "They [care staff] haven't missed a call yet, and there was only one occasion where they were late." One relative said, "The carers do come when they are meant to, yes. We get the same four carers mostly." However, one relative told us they had experienced variable call times and on some occasions care staff had not arrived at all. We raised this with the provider who assured us they would contact the person and their family to meet and address this. The registered manager told us that, up until approximately six months prior to our inspection visit, there had been some difficulties in ensuring there were enough, consistent staff for people. However, they assured us that, following recruitment of more care staff, they had been able to provide people with a core group of care staff who supported them consistently.

Care workers recorded the times they arrived at and left care calls in people's care records. We reviewed some of these records and found care staff mostly arrived at the times that had been agreed.

Incidents and accidents that occurred were recorded and analysed by the registered manager so any trends or need for action in respect of an individual or the service as a whole could be identified.

The provider had measures in place to protect people from infection. Relatives told us care workers ensured they protected people's hygiene. One relative explained, "As soon as they [care staff] come in they fetch clean gloves and a clean apron straight away." Staff told us they used Personal Protective Equipment (PPE), for example when supporting people with personal care or with medicines, and ensured they used fresh PPE for each task undertaken. Staff told us they had regular supplies of PPE which they picked up from the provider's office.

Is the service effective?

Our findings

At our last inspection, we rated 'effective' as 'good.' At this inspection, we found the service remained effective, because people continued to be supported effectively. The rating continues to be 'good.'

People and relatives told us that staff were knowledgeable and knew how best to support them. One relative said, "The staff are perfect, they are excellent really."

Staff told us they had completed an induction when they first started working for the provider, and felt well supported. Completion of the induction ensured they understood their role and responsibilities. The induction included training in all areas the provider considered essential and a period of working alongside more experienced staff. The provider's induction was also linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

The provider ensured staff had the training they needed to support them in providing effective care for people. Staff spoke very positively about the training they received. One staff member commented, "We do all sorts of training. I have done moving and handling training, basic life support, essential things like that." Staff told us where they had recently started working for the provider, they were required to bring in training certificates to demonstrate training they had already undertaken.

Staff told us their skills and knowledge were regularly assessed to ensure they remained competent in their role. They explained this was done through 'spot checks' the registered manager and senior staff made on a regular basis. Records kept by the registered manager confirmed these checks took place.

Staff we spoke with were supported by individual [supervision] meetings with senior staff, which they told us took place on a regular basis. One staff member said, "Every three months or so we have supervision. We talk about the people we are working with, are we okay, do we feel supported?" One staff member also told us they had been part of a 'group' supervision, where they discussed what 'good' care meant for people. However, records of staff supervision showed some staff had not received supervision as regularly as the provider planned. The registered manager told us it had been difficult to keep up with supervisions, as senior staff had been out delivering care to help manage staff shortages. However, they assured us they no longer had to do this, and records showed supervisions were planned over the coming months to ensure they were up to date.

People's needs were comprehensively assessed and documented before they started using the service. One relative said, "The care plan was set up in the hospital but Facilitate came out to see us to talk through everything and to explain everything." Records showed staff collected a range of information about people so they could meet their needs from the start.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager told us no-one they supported had any restrictions in their liberty, and were clear on the action they were required to take should this be the case.

People's care records included information about what decisions they could make for themselves and, where they required support with other matters, which decisions this related to. Relatives told us care staff ensured they had people's consent and supported them in ways they chose. One relative said, "They [care staff] make sure they do things how [person's name] likes them to be done."

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent, as well as the principles of the Act. One staff member explained, "It is about respecting people's choices. For example, if someone did not want a wash, you respect that. But, if this was continuous or regular and someone was at risk, I would report it to the manager."

People we spoke with told us they or their relatives arranged and helped them to attend medical appointments. Records showed the provider contacted external health professionals where required, and care staff we spoke with told us they would contact health professionals such as district nurses, where they had concerns about damage to people's skin for example.

People we spoke with managed their own diets, or did so with support from their families, and were not at risk as a result of their food or fluid intake. Staff were provided with 'fluids and nutrition' training to ensure they knew how to support people where this had been assessed as a risk.

Is the service caring?

Our findings

At our last inspection, we rated 'caring' as 'good.' At this inspection, we found people were still supported with kindness and respect. The rating continues to be Good.

People told us staff were caring and treated them with dignity and respect. One person said, "They [care staff] are very good actually. Very pleasant and very helpful. We can share a joke, and they are always polite." Relatives also told us they thought the staff were caring. One relative said, "Yes, they are very sociable and very caring. They are always 'happy go lucky.'"

People told us staff encouraged and supported them to be as independent as possible. One person said, "I do not let them [care staff] do anything I want to do myself, and they respect that. I am in charge."

Staff told us continuity of care was important for people and for the provider. One staff member assured us, "If I am at work, people get me [as their carer]. I think continuity of care is important for people." Another staff member said, "If I was going to be off on leave for example, the staff member covering me would come with me to meet the person first."

Staff and the registered manager understood the importance of promoting equality and human rights as part of a caring approach. The registered manager told us, and records confirmed, staff training included 'equality and diversity.' Staff told us they were supported by the provider to work in a caring way, which focussed on treating people equally and in ways they would want themselves or their families to be treated. One staff member said, "It [being caring] is about being a helping hand when the person needs it the most. Understanding people are vulnerable and caring for them as I would my own family."

Staff told us they felt the provider was also interested in their well-being. One staff member said, "If we do a good job, they [managers] praise us."

People and the majority of relatives told us staff respected their privacy and dignity, and that they did not intrude unnecessarily. However, one relative told us that, on one occasion, a care worker walked straight into their home and did not speak to them before delivering care. We raised this with the provider, who assured us they would contact the person and their family to discuss this and take action if required. Staff told us they understood the importance of respecting people's privacy and dignity, particularly when supporting people with personal care. One staff member said, "I put towels over people when helping with washing and things like that to maintain their dignity." Training records showed all staff received training in 'privacy and dignity' to help ensure they supported people in a caring way.

Another staff member spoke about a 'group' supervision meeting they had attended. They explained how the provider had encouraged them to take action to improve people's well-being. They told us, "We talked about how care staff could help each other get to the most vulnerable people, in the event of bad weather for example. We also spoke about how to make sure that if a mistake is made, perhaps by a colleague, we tell the office so they can take action and that way we are making a real difference to people's lives."

People's care records included information explaining how, and in what circumstances information about them would be shared. This helped ensure people understood how the provider would protect their privacy and keep personal information confidential. To help ensure people's privacy people's care plans were kept securely in the provider's office, and were only available to those who needed to access them.

Is the service responsive?

Our findings

At our last inspection, we rated 'responsive' as 'good.' At this inspection, we found the service remained responsive to people's needs. The rating continues to be 'good.'

People and relatives told us the care and support they received was centred on their needs and staff responded in a timely way when they needed support. One person commented, "They [care staff] do everything properly. They don't miss anything. They do it exactly as it should be done." People also told us their support was flexible in response to changing needs. For example, one person said, "Once or twice we've rung to ask for different call times. They have been willing and able to do that for us."

People we spoke with knew they had a care plan, but were not always clear on whether or not they had been involved in reviewing them. However, one person told us, "We were sent a care plan which we went through and made sure everything was right." The provider acknowledged reviews had not always taken place as planned, and took action to book care plan reviews following our inspection visit. One person spoke about care workers recording information in their care records to show what support they had required. When we reviewed care records, we saw daily records were completed to support staff and their colleagues to respond to people's needs.

Staff spoke positively about people's care plans and the information these gave them, and about the process they followed to get care plans updated. One staff member explained, "If a care plan needed updating, I would call the office so they could update it, which they do."

Staff told us they supported people in the ways people preferred. One staff member commented, "One person wants things done a very specific way, so you have to make sure you do it as they want."

Where it was part of people's care plan, records showed staff supported them to access their local community, by helping them to get ready in time to go out for example.

People told us they had no cause to complain but knew how to do so. One person told us staff made them feel comfortable and confident to raise concerns. They said, "One of the carers has said 'if you have any concerns, do tell me.'" The complaints policy and procedure was available for people in their care records at their homes, and included information on how to make a complaint.

Relatives had mixed views on how responsive the provider was where concerns were raised. Relatives spoke positively about the provider's response where they had raised concerns. One relative said, "We raised a couple of minor concerns at the start and as soon as it was raised, it was sorted. No problems there." However, one relative did not feel their concerns were taken seriously. We raised this with the registered manager, who agreed to make contact with the person with a view to meeting and addressing their concerns.

The registered manager kept a record of complaints received. This demonstrated that complaints were

logged and action was taken in accordance with the provider's policy and procedure.

The provider told us no-one they currently supported was at the end of their life. They explained they did not routinely discuss end of life care with people unless this had been identified as a need when people began to use the service. The provider sent us their guidance, policy and procedure for end of life care planning, which included information for people and staff on what to expect if this was part of their care planning.

Is the service well-led?

Our findings

At our last inspection, we rated 'well led' as 'requires improvement.' This was because improvements were needed to processes, systems and record keeping to ensure the quality of care and services provided could be demonstrated. At this inspection, we found the service still 'required improvement' to ensure checks and audits were effective and action was taken as a result.

Systems in place to check and audit the quality of the service were not always effective. For example, the provider used a matrix to determine which care plans were due for review and when. However, of the four care plans we looked at, two had not been reviewed. For example, one care plan was due for review on 13 April 2017, but there was no evidence this had taken place. We raised this with the registered manager, who told us it had been reviewed in January 2018, but had not been written up. They acknowledged the review had taken place much later than the target date of April 2017, but assured us the person's needs had not changed so the risk was low.

Another person's medicines care plan was due for review in October 2016, while their personal care plan was due for review in December 2016. Again, there was no evidence these reviews had taken place. The registered manager explained one of the reasons reviews had not taken place as planned, was that senior staff had been out delivering care to ensure people's needs were met following issues with staff recruitment and retention. However, they assured us this was no longer the case and that outstanding reviews would be completed as soon as possible. Following our inspection visit, the provider sent us an updated matrix showing all outstanding reviews had been booked in for March and April 2018.

Audits in place to ensure medicines were administered safely and as prescribed were not effective. There was little evidence that checks and audits had been undertaken prior to January 2018. Gaps in one person's MAR sheet had not been identified, and no actions had been taken. This meant it was not possible to be sure the person had received their medicines as prescribed. Another person was being administered a prescribed cream, but checks had not identified this was being given by staff and not recorded. The registered manager acknowledged that, prior to January 2018, medicines were checked through 'spot checks' but that these were not recorded. They acknowledged this had not been effective.

The medicines audit completed in January 2018 did not give the registered manager enough information to ensure medicines were being administered safely and as prescribed. The audits did not specify which MARs had been checked, and, though it stated recording errors had been found, it did not specify which dates the errors had been made, and what actions had been taken. Following our inspection visit, the registered manager sent us an updated medicines audit tool, which would give them the information they needed to identify concerns and take action to keep people safe.

Prior to our inspection, we received information that care staff did not always arrive on time. Only 50% of respondents to questionnaires we sent out before our inspection visit, told us staff arrived on time. However as part of our visit and calls, people and relatives told us staff mostly arrived on time, and, where they were going to be late, they were usually contacted to forewarn them of this.

The registered manager acknowledged there had been some issues with care staff arriving late to planned care calls. In order to ensure care staff arrived as scheduled, stayed as long as planned and were consistent, the provider had introduced an electronic call monitoring system in 2017. However, they told us this was 'patchy' in that some care staff were not using the system properly. For this reason, data on this was not always available to the provider. The provider explained they were linking staff usage of the system to payroll to ensure care staff logged in and out as required, so the monitoring system was effective. The provider was also working with the software company who supplied their rostering system so an 'early alert' system to missed or late calls could be built in and action could be taken to identify and address such issues quickly and effectively.

There were a range of policies and procedures in place to ensure staff understood what was expected of them. However, the majority of those we looked at had not been reviewed as per the provider's schedule. For example, safeguarding, personalisation, moving and handling and infection control policies were all due to be updated in September 2017. We raised this with the registered manager, who acknowledged policies required updating to ensure they were relevant and up to date with best practice. They assured us they would address this as soon as possible.

People were positive about senior staff from the provider, and told us they thought they did a 'good job.' One person commented, "They [senior office based staff] are all very good, trying to do their best for you all the time." Another person said, "They've been good. If I ring they always ring me back when they have the information for me, and they are very courteous." Most relatives we spoke with were also positive about senior staff, with only relative telling us they did not find them responsive where issues were raised.

Staff were positive about the provider and told us they enjoyed working for the service. Staff told us they were well supported by the registered manager and senior staff. One staff member said, "They support you. They are there on the phone, there is someone you can call all the time if you need any help or have any queries." Another staff member commented, "My experience has been very positive. I would give them [managers] ten out of ten! If you have any problems, you can always call them [managers] and they will help."

The registered manager was familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. They told us this was something they intended to add to their action plan going forwards.

As part of a wish to ensure people had the information they needed about the service, and in order for people to have a say in how the service needed to improve, the provider told us they sought feedback from people and their relatives on the quality of service provided. We reviewed the provider's analysis of feedback received in May 2017. This showed, for example, that people were generally positive about the service provided. However, there were some concerns from people about the consistency of care staff. The provider had taken action to address this, including adopting a 'keyworker' system to ensure everyone had an identified care worker responsible for their care, and a small team of care staff who delivered their support. People told us they were happy with the consistency of care staff.

The provider understood their responsibility to notify us of certain events that occurred in their service. We did not find any information that we should have been notified of during our inspection visit. The provider had ensured their previous rating was displayed on their website as required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and safety had been identified, but risk mitigation plans were not always in place to keep people safe, and, where they were in place, did not always contain the information required to ensure people's care was consistently safe.</p> <p>People did not always receive their medicines safely or as prescribed, and medicines records were not consistently or accurately completed.</p>