

Nightowls Home Care Limited

Nightowls Home Care

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

Nightowls Home Care is a domiciliary care service which provides personal care to older people living in their own homes within Colchester and Mersea Island. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people receive personal care, we also consider any wider social care provided. At the time of the inspection the service was supporting a total of 30 people, all of whom received support with personal care.

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

The provider, who is also the registered manager was passionate about providing a good service to people, and often stepped in to provide support where this was needed, however this impacted on their ability to oversee the quality and safety of the service. Audits carried out by the registered manager had failed to identify shortfalls in the recruitment processes. Staff often worked alone when entering people's homes, therefore robust recruitment checks were needed to ensure people were protected from unsuitable staff.

People confirmed they received a consistent reliable service from caring staff. Staff maintained regular visits which enabled them to develop relationships with the people they supported and their families.

Staff had a good understanding of safeguarding processes to keep people safe and how to report concerns. Staff were aware of people's needs and supported them to manage risks to their safety whilst supporting them to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests.

People told us they received their medicines when they needed them. We were assured the service met good infection prevention and control guidelines.

People's needs had been assessed before using the service. Care plans contained comprehensive information about people's routines and guidance on how to meet their specific needs. However, further work was needed to ensure people's views about end of life care, including their individual religious and cultural values and beliefs, were known, respected and acted on.

We have made a recommendation about end of life care arrangements

The service had received several compliments thanking staff for the care and support provided to people at the end of their life.

Staff confirmed they had received training that gave them the knowledge and skills to carry out their roles. 'Spot checks' were carried out by senior staff to monitor staff practice and ensure they were working safely. People told us where they needed support with their meals this was being managed well. People were supported to access healthcare where needed. Staff worked well with other professionals to ensure people's healthcare needs were met

Staff treated people with dignity, respect and kindness. Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence. Staff had a good understanding of people's protected characteristics and were respectful of these.

Staff told us Nightowls Home Care was a good company to work for and there was a positive culture in the service. Staff intuitively were providing care in line with the values of the company but were not clear what the service's vision, values and goals were.

Staff understood and were aware of their responsibilities to raise concerns and report incidents and near misses. Systems were in place to respond to and investigate complaints. Where things had gone wrong, the registered manager was open and transparent with people, and their relatives and used their feedback to improve the service.

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 4 July 2019) where we identified a breach of regulation and made recommendations for the service to improve. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been sustained and the provider was still in breach of the regulation.

The previous inspection in May 2019 found people's medicines were not always managed safely, individual risks had not always been identified or recorded to provide guidance to staff, staff had not received moving and handling training and arrangements to monitor the quality of the service needed to improve. At this inspection we found improvements had been made to ensure people received their medicines safely, individual risks had been assessed and staff had been trained to assist people to safely transfer. However, the systems to assess and monitor the quality and safety of the service had failed to identify shortfalls in the recruitment processes, which placed people at risk of harm. Unsafe recruitment practices had previously been identified at our inspection in April 2018. The inspection in May 2019 found improvements had been made, however at this inspection we found this improvement had not been sustained which means this service has been rated requires improvement for the last three consecutive inspections.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective 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 ●

Nightowls Home Care

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors. A third inspector supported the inspection making telephone calls to staff. An Expert by Experience spoke with people and their relatives over the telephone. 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.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 28 April 2021 and ended on 06 May 2021. We visited the office location on 06 May 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with the registered manager who is also the owner of the company. We also spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including an area manager, a senior member of staff and care staff. We reviewed a range of records. This included four people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and the providers statement of purpose. This document sets out the aims and objectives of the service, where they operate and who they provide a service too.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- Recruitment systems were not robust. A review of three staff files found recruitment checks were not always given due attention to ensure the right staff were recruited. For example, all new recruits must have a minimum of two references, including the applicants last employer to obtain their view of the individual's conduct to carry out their role.
- Each of the three files reviewed, contained only one reference. The most recent recruit had one reference, which was not from their previous employer.
- Staff often worked alone when entering people's homes, therefore robust recruitment checks were needed to ensure people were protected from unsuitable staff. We found documents to prove the applicants identify were photocopied over the top of each other obscuring relevant information. Additionally, gaps in employment had not been explored at interview to ensure the applicant was fit to carry out their duties.

The provider failed to have effective and robust recruitment systems in place to ensure the right staff were recruited. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- People using the service and their relatives told us they received a consistent and reliable service. Comments included, "My [Person] trusts the staff, the same ones come, and they turn up on time", and "The night team are consistent, they have been one or two new staff but a huge amount of consistency. My [Person] knows the staff, who is coming, and they tell them who is coming the next day."
- People and their relatives told us, they were aware of a half hour leeway to visit times, to allow for staff delays. Calls outside the half hour were unusual, and if staff were running late, people told us they had a phone call to let them know. Comments included, "Staff turn up on time, or always within the half hour," and "99% of the time staff are within the half hour of the declared time, if not we get a phone call."
- All staff spoken with confirmed there was enough staff. Comments included, "100% there are enough staff, I am never late, and always have time to complete visits," and "Absolutely enough staff, I visit the same people on a regular basis, definitely have enough time to meet their needs and time to have a chat."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service provided was safe and would feel comfortable raising concerns. One person told us, "I do feel safe, if I had a problem I could talk to the manager."
- Staff confirmed they had received safeguarding training which had given them an awareness and understanding of the types of abuse that could occur. They had a good understanding of safeguarding procedures to keep people safe and how to report concerns.

- The registered manager was aware of their responsibility to raise safeguarding concerns promptly and liaise with the local authority.

Assessing risk, safety monitoring and management

- Relatives confirmed risks to their family members safety were managed well. Comments included, "My [Person] is cared for in bed, staff re-position them regularly to prevent pressure areas, their positioning has to be quite precise, and staff manage this well."
- Staff were aware of people's moving and handling needs, and the equipment needed to support them to move in a safe way. Comments included, "I have two people who require equipment to move and my rounds are arranged, so two staff visit at the same time to support safe transfers."
- Staff confirmed they had received practical and computer based (eLearning) moving and handling training. One member of staff told us, "The company's moving and handling trainer assesses any equipment needed, makes sure it is safe and appropriate to use, and provides practical training sessions to ensure we know how to use the equipment safely."
- Systems were in place to check staff were managing risks to people in line with their individual assessments. A sample of competency assessments confirmed staff practice and behaviours were periodically 'spot checked' to ensure they were working safely.

Using medicines safely

- Our previous inspection in May 2019 identified staff were not keeping accurate records to reflect people were receiving their medicines as prescribed by their GP. At this inspection systems for monitoring medicines had improved which ensured people were receiving their medicines consistently and safely.
- People told us they received their medicines when they needed them. One person told us, "They do my eye drops as I need help with them."
- People's relatives were confident staff managed medicines well and kept accurate records. Comments included, "They do the medicine and the supervisor does the re-ordering," and "They do my [Persons] medicines, and their eye drops. They complete the MAR chart in their folder."
- Where the service was responsible for administering people's medicines, staff confirmed they had completed training and had their competency assessed by senior staff to ensure they managed medicines safely.

Preventing and controlling infection

- People and their relatives told us the service had managed the COVID-19 pandemic well. Comments included, "Staff had masks before the other company we use, they had a stock ready," and "The manager brought in face masks early on in the pandemic, they got ones with filters, which staff wore at first."
- Staff confirmed they had received infection prevention and control training, completed regular testing and had access to the personal protective equipment (PPE) they needed to keep them safe.
- The provider had systems in place to ensure infection outbreaks, including COVID-19 were effectively prevented or managed. One person told us, "There was no break in service during the pandemic, the staff put on masks, gloves and aprons, they put the mask on in the car and took it all away afterwards."

Learning lessons when things go wrong

- There had been no specific incidents or accidents involving people's safety.
- The registered manager told us, if something had gone wrong, they were open and transparent with people, and their relatives. They provided an example, where a person had raised concerns about damage to their washing machine as result of staff putting an unsuitable item in the drum. The registered manager took immediate action to replace the washing machine and communicated with all staff to ensure they were aware of items that should not be put in washing machines.
- Staff understood and were aware of their responsibilities to raise concerns and report incidents and near

misses. One member of staff told us, "I thought I had made a medicine error, I reported it straight way, but it turned out I had miscalculated. This was discussed via the group chat for learning, and I had a separate conversation with the registered manager. It was all done in a very open and transparent way."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- Before using the service, an assessment of people's need was completed. This assessment provided a comprehensive plan of the person's needs and expected outcomes.
- Staff completed 'care logs' following each visit to reflect the support provided. These were reviewed monthly to monitor people were receiving the right care, and to assess any changes in their needs.
- Staff applied learning from the training they received effectively which led to people receiving good quality care. One member of staff told us they had completed a project in end of life care as part of their diploma in Leadership for Health and Social Care. This involved staff completing a questionnaire, which identified gaps in their knowledge and understanding of how to support people at their end of their lives. Staff have since completed training in end of life care.

Staff support: induction, training, skills and experience

- People's relatives told us they were confident staff had the skills to support their family members. Comments included, "Staff transfer my [Person] using a stand aid, they appear trained," and "My [Person] recently had a surgical procedure. They have a group of six regular staff, two staff were originally trained by the stoma nurse, and now all six have had the training."
- Staff told us they had received a wide range of training that gave them the skills and knowledge to carry out their roles.
- New staff completed an induction when they first started working for Nightowls Home Care, This included completion of The Care Certificate (nationally recognised training in health and social care), as well as other training specific to their role, and shadowing an experienced member of staff. This was confirmed by people and their relatives. Comments included, "If there are new staff they always come as a pair for two visits, one to watch and observe and one to do, weekends are no different," and "If there is a new member of staff, they bring them to introduce them, and then three staff come so they can watch, learn and gradually takeover."
- Staff confirmed supervision and appraisal were used to motivate them, review their practice and focus on their professional development.

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

- The majority of people using the service were able to manage their own dietary needs or had relatives to support them with their meals. Where people needed support to eat and drink, they and their relatives were complimentary about the support staff provided.
- Staff knew people's specific dietary needs and the support they needed to eat and drink. One relative commented, "My [Person] is eating less and less now; the other day one of the supervisors, who knows them

well, knows they like fish and chips on a Friday so they brought some and helped them eat them, outside of their work time."

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

- Systems were in place for referring people to external services. The registered manager and staff told us, they had regular communication with health professionals, including the nursing team, to help manage people's health care needs. One member of staff commented, "We are a good team, we work together to solve problems, for example, one person recently had a stroke, we got together to work out how best to support them, liaised with social services and occupational therapists to get them the right equipment to meet their needs."
- Staff told us if they identified or a person reported to them anything that affected their health and wellbeing, they would either report this directly to the senior staff in the office, contact 111, or the persons GP for advice.
- Staff worked well with other professionals to ensure people's healthcare needs were met. One relative told us, "When my [Person] came out of hospital, they had much higher needs. The staff triggered concerns with the GP and the district nurses came to see us and discussed the future. The district nurse and Nightowls Home Care staff liaise very well, we have now got palliative care in place, they all think ahead and communicate exceptionally well."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

- People's assessments identified if they had capacity to make decisions about their care. Where people had been deemed not to have capacity to make such decisions, relevant people, such as family with Power of Attorney had been involved to agree the level of care required in the persons best interests.
- Staff understood the requirements of the MCA and knew what they needed to do to make sure decisions were taken in people's best interests and ensure the right people were involved. One member of staff commented, "Everyone is different, has different abilities and needs, but everyone has choices and have the right to make their own decisions."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 using the service and their relatives were consistently positive about the caring attitude of the staff. They told us staff treated them with kindness and respect. Comments included, "Staff are so kind, their patience is infinite," and "My [Person] has regular staff, as well as providing care, when they were ill the staff popped in just to see how they were."
- Staff had good insight to people's needs and how to provide their care. One relative told us, "My [Person] trusts the staff, the same ones come, and they recognise them. They are very friendly and kind. One day my [Person] wouldn't put on their slippers, staff were patient and negotiated with them, saying, you do one and we will do one."
- Staff had a good knowledge of people's likes and dislikes and what they could do for themselves. One member of staff told us; "I am aware of people's needs through communication and getting to know their preferences. Their needs are also documented in their care plan, along with their life histories and what they enjoy and dislike."

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

- People, and their relatives told us they were able to express their views and be involved in making decisions about the care provided. One relative commented, "My [Person] has had a recent diagnosis of dementia. The registered manager redone the care plan with me, and we discussed my [Person's] future care."
- The registered manager arranged the rota, and consistently reviewed staffing numbers to ensure staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. One member of staff commented, "As we are allotted a certain amount of time, I always ask the person what they want, and ensure I listen to what they are telling me. I make sure they have everything they need before I leave and ensure they are happy and comfortable, if I need to stay a bit longer, that's what I do, I wouldn't leave until all their needs are met."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity, respect and kindness. This was confirmed in discussion with people's relatives. Comments included, "The staff respect this is our home, they are considerate using PPE, putting on a mask, apron and gloves outside the house before they come in. They make sure my [Person] is lovely and clean," and "Staff are very friendly, they know my [Person] feels the cold and doesn't like the shower so now has a strip wash. The staff wrap them in a big bath towel and put their clothes on the radiator to warm."

- Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence.
- People confirmed they were supported to maintain their independence. One person told us, "Staff help me but I like to do as much as possible myself, I know they would help but allow me to maintain my independence. They are polite, respectful and treat me with dignity."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- People's care records reflected they had been involved in planning their care. This included the support they needed to manage their physical, mental and emotional needs. One person told us, "My care plan has been reviewed several times. The manager redone it after hospital visits, they often ask if there are any changes, we have a chat at least once a month."
- One relative told us, "We have a review with the manager, who comes to see [Person] and talks to them and me to keep them involved in their care."
- The registered manager told us they organised the rota according to people's and staff's geographical area, across Mersea and Colchester which enabled them to provide small teams of consistent staff. One person told us, "I am very happy with the staff, I would hate to lose this team, I have some dementia, but I know this group."
- Staff confirmed they maintained regular rounds which enabled them to develop relationships with the people they supported and their families. Comments included, "I visit the same people daily. I feel this is a positive way of working as it allows for continuity of care and enables people to build trust with me." Staff understood people's protected characteristics, such as age, disability, and religion. One member of staff told us, "I am aware of and respect people's religious beliefs, preferences and wishes. For example, some religious beliefs require me to remove my shoes before entering a person's home. I respect it is people's homes, not my place of work."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A review of people's care plans confirmed the registered manager had made improvements to ensure staff were aware of people's communication needs, and the person's preferred method of communication. For example, one member of staff said, "For blind people, we would always tell them how many tablets are dispensed so they can count them into their mouth."

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. One person told us, "I talk to the manager, they visit me regularly, I would talk to them if I had a problem, they came last night to do my eye drops and checked

things were okay."

- Systems were in place to respond to and investigate complaints and used to improve the quality of the service. The registered manager told us, "I have a good relationship with people who tell me where things are wrong, for example, I received five complaints about a member of staffs conduct in one day. The member of staff was still in their probationary period and as a result of the issues raised, left with immediate effect."
- Where people, or their relatives had complained, these had been investigated, and a letter apology and an explanation provided, with the action taken to resolve the issue. Relatives confirmed this, comments included, "I made a complaint to the owner, I said I did not want one member of staff again as they were rude, the manager took action, and they have not been back since," and "If I have any issues I speak to the manager and they sort it out. They are very approachable, and always ring back."

End of life care and support

- The previous inspection identified end of life care planning required further development. Whilst some improvement had been made to include this information, further work was needed to ensure people's individual religious and cultural values and beliefs, and how these may influence decisions about their end of life care were known, respected and acted on.

We recommend that the service consider current guidance to ensure people's end of life needs are needs are fully considered.

- Where people required end of life care support, the service had worked well with the local hospice and district nurses, to ensure people received care and support they needed to have a dignified and pain-free death that was as comfortable as possible. One relative told us, "My [Person] was looked after by the night staff. They were all amazing, true professionals' kind, loving and always smiling. They showed warmth and made the both of us feel wanted and loved. I could not have looked after [Person] at home without this care team."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

Although we found no evidence people had been harmed, failure to have good governance systems in place to monitor the service and identify where improvements were needed was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had implemented monthly audits to assess the quality of the service, however admitted to us they had not audited recruitment processes, which placed people at risk of having unsuitable staff entering their homes.
- The inspection in April 2018 identified recruitment practices needed strengthening, the next inspection in May 2019 found improvements had been made. However, at this inspection we found this improvement had not been sustained.
- The registered manager told us, they kept up to date with current guidelines and new legislation by keeping an eye on the news, government and CQC websites. Whilst they had complied with changes in COVID-19 legislation, we found the statement of purpose contained inaccurate information about compliance within the legal framework in which the provider should operate the service. For example, this referred to compliance with the Care Standards Act 2000. This Act was replaced by the current Health and Social Care Act 2008 which came into force in 2015 setting out the fundamental standards of quality and safety which care should not fall.
- The provider, who is also the registered manager told us they were passionate about providing a good service to people, and often stepped into provide support where this was needed due to staff sickness or unavoidable delays, however this is at the expense of ensuring they have continued oversight of the service.

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

- Feedback from people and their relatives about the service they received was positive. People's comments included, "I have never known a company like it, I can always get hold of the manager to talk to. They always ask can I help in anyway. I feel they are wonderful, and I can't praise the staff enough, I am very, very lucky," and "I am very happy with Nightowls Home Care and would recommend them to anybody."
- Staff told us there was a positive culture in the service. One member of staff commented, "Nightowls Home Care is the best company I have worked for, the clients are lovely, staff are treated well, everyone is looked

after, it's a very nice company."

- Area managers were employed as part of the management team to assess people's needs and ensure care staff were providing a good standard of care. The registered manager had regular contact with the area managers and seniors to ensure they understood their roles and responsibilities.
- Staff told us they felt respected, valued and supported by the management team. Comments included, "The registered manager is always there if I need them, I always feel supported", and "I can talk with any of the senior managers, they are all really approachable and supportive."

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 responsibility to be open and transparent about events that happened in the service.
- Safeguarding incidents, and complaints were investigated, and lessons were learned when things went wrong, and formal apologies provided.
- The registered manager told us they saw such incidents as an opportunity to engage with people and their relatives to make improvements to the service.

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

- People and their relatives told us they were asked for feedback about the quality of the service they received. Comments included, "I had a questionnaire about a week ago, they do it every year. I have been very happy, I can't praise them highly enough, they are lovely, caring staff. I would recommend them, in fact I have already done so," and "I got a questionnaire a few days ago, I put excellent everywhere."
- People and their relatives told us, if they had any issues, they would speak with the registered manager who listened and responded to any concerns they had.
- The registered manager had written to people using the service early on at the outset of COVID -19 providing information about the virus and the procedures they were implementing to keep people and staff safe. This included information and a photograph of the masks staff were wearing so people knew what to expect.

Working in partnership with others

- The registered manager was committed to working alongside relevant external stakeholders. They told us they had good relationships with the local authority placement team, social workers and nursing teams.
- The registered manager provided an example where they had worked well with the community matron to arrange for a full assessment of a person where their health had deteriorated.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers systems to assess, monitor and mitigate any risks relating the health, safety and welfare of people using services had not been used effectively to identify poor recruitment procedures. Providers must securely maintain accurate, complete and detailed records in respect of each person using the service and records relating the employment of staff and the overall management of the regulated activity.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People who use services and others were not protected against the risks associated with unsafe recruitment procedures.</p>