

Frendy Integrated Services Ltd

FHS24 Nursing+Care Agency

Inspection report

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Date of inspection visit:
13 September 2017
14 September 2017

Date of publication:
07 December 2017

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 was announced and took place on 13 and 14 September 2017.

FHS24 Nursing and Care Agency is registered to provide personal care to people in their own homes. Most people receiving support from the service had complex needs including learning disabilities and autism. As a result they had limited verbal communication skills so were unable to speak with us. At the time of our inspection there were four people using the service. The service worked alongside other care agencies to provide larger packages of support for nine other people.

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.

People and relatives told us they felt safe. We found improvements could be made with some of the medicines administration procedures. Staff knew people's preferences of how they liked to take them. However, one medicine was not being administered as prescribed and there were gaps in records which meant it was difficult to monitor stock and evidence that people had received their prescribed medicines.

Most people's health care needs were monitored and met. Staff and the registered manager made sure people saw the health and social care professionals they required and implemented any recommendations made which people agreed to. However, there were occasions when risks associated with health needs had not been considered and staff had not been provided with guidance.

Quality assurance systems did not identify all concerns found on the inspection. There were limited records to demonstrate learning from issues found by the management. Complaints were being managed. However, there were not always records in place to demonstrate actions had been taken and the lessons learnt.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and knew the procedures to follow if they had concerns. Staff told us concerns raised would be appropriately managed. However, a safe recruitment procedure was not always being followed because potential employees had not always received complete checks before starting to work with people and when concerns had been highlighted risks had not been considered.

People were supported by sufficient numbers of staff to meet their needs. There was a system in place to ensure staff who did not drive were on time. No person or relative reported concerns about missed calls. Staff were supervised informally and had annual appraisals. They told us they received enough training to meet most people's needs. However, we found there had been gaps in identifying some training staff required to keep people safe.

Staff supported and respected the choices made by people. People's cultural and religious diversity was respected. People who required special diets received them and staff understood their needs.

People and their relatives thought the staff were kind and caring and we observed positive interactions. People's privacy and dignity was respected by staff. Staff had good knowledge about people's needs. The needs of the people were reflected in their care plans.

We found two breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 medicines were not always managed safely and staff did not always have enough guidance about people's health needs.

People were placed at risk because recruitment had not always been completed in line with current legislation.

People were protected from abuse and avoidable harm and were supported by sufficient numbers of staff.

People were kept safe by staff who understood how to minimise the risk of infections spreading.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received training and support to meet most of their needs.

People who lacked capacity had their human rights considered and respected.

People were supported to see appropriate health care professionals to meet their specific needs. Staff had built positive links with health and care professionals.

People made decisions about their day to day lives and were cared for in line with their preferences and choices. People who lacked capacity had decisions made in line with current legislation.

Is the service caring?

Good 

The service was caring.

People received support from staff who were kind and caring.

People were involved in making choices about their care.

People's privacy and dignity was respected.

People's diversity was valued by staff and the management.

Is the service responsive?

Good ●

The service was responsive

People had care plans which provided staff with information and guidance to cover aspects of their needs and wishes.

People were supported to access the community and participate in activities.

People received care and support in line with their care plans and staff were familiar all information.

Most people and their relatives knew how to make complaints. There was a complaints system in place.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

People had not always been kept safe and had their care needs met because there was no formal quality assurance system in place.

People had not always received care or support in line with the provider's policies and procedures.

People were supported by most staff who understood their roles and responsibilities.

People were supported to receive high quality care which was promoted by the management.

FHS24 Nursing+Care Agency

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 took place on 13 and 14 September 2017 and was announced. We gave the service 48 hours' notice of the inspection because the location provides a domiciliary care service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. It was carried out by one adult social care inspector. On the first day of inspection one person was visited.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the visits we spoke with one person about their care and observed their care. We spoke with nine members of staff including those who worked in the office or delivered care, the registered manager and the provider. Following the inspection we spoke with two relatives on the telephone.

We read three people's care records and observed care and support in a person's home. We read four staff files, staff rotas, quality assurance systems, staff training records, the complaints and compliments files, staff meeting minutes, medication files, environmental files and a selection of the provider's policies.

Following the inspection the registered manager sent us further details including training records, an update on concerns we found and policies all within the time frame we set.

Is the service safe?

Our findings

Medicines were not always managed safely. Staff had received some training in medicine administration and they encouraged people who were reluctant to take their medicine. For example, one person had previously refused their medicine was now regularly taking it. Therefore, staff had a positive impact on this person's health and well-being by encouraging them to take their medicines. However, there were no records being kept for how much stock had been received and all records were handwritten with no checks from a second staff member. This meant there was a risk the medicine records would be incorrect and were not in line with the provider's policy. One medicine was recently prescribed for an infection yet the medicine records were not clear when it had begun. This meant there was a risk medicine could be unaccounted for or incorrectly administered. We spoke with a member of staff who said the person had recently changed GPs and a new pharmacy was going to start printing the records to reduce likelihood of errors. The registered manager was going to source additional training for staff on managing medicines. Following the inspection, the provider told us they now had a printed medicine record from the pharmacy and two staff were signing for all medicines received and administered.

One medicine was not being administered in line with the prescribed guidance. It was meant to be administered four times a day. For five days it had only been taken three times daily and on two days it had only been given twice. Two members of staff told us the prescribing doctor had not been contacted. They told us the person's sleeping pattern meant it was difficult to administer the medicine four times a day. During the inspection the doctor was contacted to ask for advice about this issue to ensure the person was kept safe. Additionally, the registered manager sourced best practice guidance for managing medicines in people's own homes.

People with medical needs had not always had the risks to their health considered or managed. For example, one person had eating difficulties. Members of staff had been shown how to support the person to eat by a relative. There were pictures of the correct sitting position for the person and guidance from a speech and language therapist. However, none of the staff had received training from health professionals to ensure this was being done safely and competently. We spoke with the registered manager who informed us they would liaise with the relevant health professionals to ensure staff had been shown correctly.

Another person had a specific medical diagnosis and was being investigated for epilepsy by health professionals. There was no guidance for staff in place around recording possible seizures and no seizure plan. One member of staff told us they had recently seen "Just jerkiness" in the person. None of the staff had received epilepsy training. This meant there was a risk to the person's health if staff were unable to recognise a seizure or have guidance about what to do. The risks associated with the person's other medical condition had not been considered. The registered manager told us they had overlooked things because they focussed on settling the person into their new home. They told us they would review the person's health needs including ensuring guidance was put in place and training for staff. Following the inspection, the provider told us they had researched people's health conditions and added relevant information to their care plans.

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

People were not always being supported by staff who had been through a recruitment process in line with current legislation and the provider's own policy. All staff had some checks to make sure they were safe to work with vulnerable adults. One member of staff said, "Have to wait until checks are done" when we asked about their recruitment. Most staff had references from previous employers completed prior to starting work. However, three members of staff did not have reference checks completed in line with the provider's policy. The registered manager told us they were having problems receiving references from some previous employers. Two members of staff did not have full employment history in line with current legislation. One member of staff had concerns highlighted during their Disclosure and Barring Service (DBS) check. A DBS check is to make sure staff do not have a criminal record and are not barred from working with vulnerable adults. No risk assessment had been completed to identify whether they would be safe to work with vulnerable adults. We raised this with the registered manager who immediately arranged to meet with the member of staff. Following the inspection they sent us a risk assessment for this member of staff and they had assessed the employee to be safe working in the service..

This is a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were emerging systems for recording accidents and incidents for people who used the service. For example, one person had seven incidents or accidents in the last month of receiving support. Staff told us these were collected by the office at the end of each month; this had not happened yet. None of the accident and incident reports had been reviewed by the management. This meant there was a risk patterns may be missed by staff in order to support the person better. One staff explained although action had not been written down it had been taken. For example, the level of staff had been increased for the person from one to two. Following the inspection, the provider told us they were now reviewing all accidents and incident reports every three months unless there was an emergency review required.

People and their relatives communicated they were kept safe. One person smiled and was happy when we were talking with them about the staff who supported them. They were comfortable in the presence of the staff and welcomed them into their bedroom. One relative said, "There is no sign of him being distressed" when we asked if the family member was safe. Another relative told us they received positive feedback from other agencies which had seen support being provided by staff.

The PIR told us and we saw people were kept safe from abuse. All members of staff understood how to keep people safe including recognising the signs of abuse. They knew who to report concerns to and told us the registered manager would take action. The PIR told us and we saw there was an on-call telephone number staff could contact 24 hours a day. If staff still felt a person was at risk despite reporting it internally they knew which external bodies they could raise concerns with.

People who displayed behaviours which could challenge had clear care plans in place. This meant the person and others could be kept safe when they became agitated. People had traffic light systems which highlighted their mood and ways staff could support them. Green meant they were happy so staff could chat and undertake activities with them. It was made clear how the person's mood could change and the actions staff should take to deescalate the situation. For example, one person would enjoy puzzles and word searches when happy. Their plan described them starting to blank staff as a sign they were getting agitated. It provided staff with clear guidance about how they should be supported such as "Keep body language calm and neutral" through to "Do not engage in conversation". Staff we spoke with were aware of these

plans. One relative told us the staff really knew how to work with their family member when they were anxious.

Another person staff had begun to support had been assessed thoroughly and staff had specialist training in how to support the person. They understood the person's needs and how to diffuse situations. Their care plan gave clear guidance of triggers to their anxieties and strategies to reduce them. As a result, they had successfully reduced the level of staff the person required for support at certain times of the day.

People were supported by enough staff and there were no missed visits. Relatives told us staff were always on time when arriving for the visit with their family member. One relative explained they contacted the office if they needed to cancel a visit. They confirmed there had never been any problems making changes. One member of staff explained if two members of staff were required to support a person they knew not to deliver care alone.

People were kept safe because health and safety had been considered by the provider and staff. Staff told us they always have access to gloves and aprons in order to prevent infections spreading. As part of the assessment before working with a person the management completed a risk assessment of the environment staff would be working in. When there had been a risk identified action had been taken to ensure people and staff were kept safe.

Is the service effective?

Our findings

People were supported by staff who had received most training they required to support them. One relative told us staff were "Very knowledgeable". Members of staff said, "Staff are competent" and explained the service "Ensured staff are well trained to provide the service". They had been trained in moving and handling, medicine administration, confidentiality and mental capacity. This was reflected by the feedback we received from people and their relatives. The registered manager told us they took training staff seriously. They wanted to make sure staff had the right skills and knowledge to support people safely. For example, they had purchased their own hoist so staff could practise using it correctly. One member of staff had completed train the trainer courses so they could deliver training. The PIR told us and we saw the management were formalising a 'spot-check' system to ensure training was being applied and identify any short falls with support being given.

Recently, a new system had been developed to monitor and track the training staff had received and their training needs. This had identified where some were due a refresher or where they had missed some training. As a result, all staff had received up to date training or this had been scheduled. The member of staff in charge of monitoring training was completing the courses care staff undertook to evaluate whether it was adequate. They had already identified further medicine administration training was required because it was not in depth enough. This was reflected by the concerns found during the inspection. However, their system had not identified the lack of training to support people with eating and drinking or epilepsy.

People were supported by staff that had undergone an induction programme which gave them the skills to care for people safely. All staff had to complete shadow shifts prior to them working on their own. One member of staff told us new members of staff do complete shadowing of more experienced staff. They explained the staff showed them "What happens and procedures" already in place. Another member of staff said, "Always ensure I work with somebody who is trained and been there for some time". However, the company had not formally introduced the Care Certificate for new staff who had not worked in care before. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. We spoke with a member of staff who informed us one staff member was about to be trained to be a Care Certificate assessor. The PIR confirmed this was a required action identified by the provider.

Staff were supported by the registered manager and provider. Every member of staff received regular supervision and annual appraisals. These provided an opportunity to discuss the work staff were delivering and highlight any training or development needs. One member of staff told us, "This company do give us support and advice which is very important". All staff confirmed they had regular meetings with their line manager to discuss any concerns and learning needs. One member of staff said, "When they are doing our appraisals they always ask about training and personal development". They continued the, "Company do genuinely care about carers [meaning the staff]".

Most people using the service lacked capacity to make decisions. Staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people had their legal rights protected. 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. Decisions made in a person's best interest consider what the person would choose if they had the capacity.

The PIR told us and we saw people had their consent considered for all decisions and best interest when they lacked capacity. One member of staff told us they respect people's preferences such as having a wash instead of a bath. When the person is unable to make a decision they talked about making it in their best interest. Another member of staff explained they would have meetings with parents and families prior to making any big decision on behalf of a person. Where possible people were actively engaged in all decisions. For some people relatives held special authorisation to make decisions about health and welfare on behalf of their family member. Staff knew about this and would make sure they consulted the family member where necessary.

People were supported to access their health and social care professionals to meet their needs. The staff and provider had built positive relationships to promote the support they provided. For example, one relative explained the staff take their family member to their activities. Whilst there the staff liaised with other health professionals such as a physiotherapist and speech and language therapist. They said staff had always been open and followed the guidance given. Another person had recently had a visit from a number of health and social care professionals to ensure their new care package was working and all needs were met. We saw there had been positive feedback from these professionals in the person's care plan.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. For example, one person was able to plan a two week timetable of their meals and was encouraged to help staff prepare their food. If they wanted to change their mind just before a meal staff facilitated this.

Is the service caring?

Our findings

The PIR told us and we found people were being supported by kind and caring staff. One person expressed they were happy with the staff by smiling and joking with them. Relatives spoke highly about the care their family members received. One relative said, "They [meaning the staff] are super. They are calm. They wait for him" and continued, "They are polite. They have become friends". Another relative told us the staff were "Very attentive and good".

Complements received by the service reflected what we had been told about the care received. Some other services they work with said, "Your team are truly person focussed and really appreciate the need to involve and be led by the service user's needs" and "Family and professionals alike always comment on how relaxed and competent the staff are". Another complement said, "I was really impressed with [name of staff], he was focussed on the job and I had no concerns leaving [name of person] with him after a brief handover".

Members of staff explained the caring culture was promoted by the provider and the registered manager. One member of staff told us about the ethos of the service and its management. They said, "It is all about caring". Other staff said, "FHS is a good company. Good communication with care. Teamwork is great" and "It matters to this company if a person gets care". We were told by staff they "Treat them [meaning people they support] like their mum or grandad. They are my family". People and their relatives confirmed this caring attitude which all staff came with towards their family members.

The PIR to us and we saw people had their privacy and dignity respected. One member of staff told us to value this when supporting someone with intimate care they would, "Make sure everything is done behind closed door in bedroom and bathroom". They continued they would make sure the person is covered and always let them know what is going on. Other staff knew to how to respect confidentiality. They would not leave people's personal documents around for others to read and not disclose information which was private.

People were given choice and it was respected. One person told us their choices were followed by staff. They said, "I get to go out when I want to". One member of staff said they would, "Offer two choices" or get the person to point to their choice. Another member of staff gave an example of helping someone to get dressed by offering them a choice of two different clothes from their wardrobe. Once the person pointed at the clothes they wanted they would provide them with help to get dressed.

When people had verbal communication difficulties it was clear consideration had been taken to promote choices. For example, one person used eye pointing to communicate a preference. Their relative informed us the person was able to make it clear when they agreed or disagreed to something. Staff were aware of the same communication methods. Relatives and staff told us other people were encouraged to make choices using signs or pictures. Care plans reflected what people, relatives and staff told us to ensure people's communication needs were understood by those who supported them.

The PIR told us and we saw people and their relatives were encouraged to choose which staff would provide

their support and care. The registered manager explained they sent profiles to people and their relatives of potential staff. They then listened to their opinions. For example, one relative told us they were sent the profile and were really pleased because the member of staff was the same age as their family member. This was the first time this had ever happened for them and they said it led to a positive relationship including the family member smiling and being happy. On another occasion a person was expressing they did not like the member of staff supporting them. The registered manager made sure they listened to the person so sent different staff members to support them. The person told us they were now happy with the staff which supported them.

The service employed staff from diverse cultural backgrounds and respected everyone's differences. Relatives explained they were happy with the choice of staff because they cared and put their family member first. One member of staff said there was, "No discrimination". All staff were aware of how to recognise it and who to report it to. The provider and registered manager celebrated diversity. For example, they provided opportunities for staff who did not drive by operating a free 'taxi' service. This picked them up from home and took them to their place of work. All the staff using this service were incredibly positive about it. Another member of staff explained they were sent to a location and received a negative response about their appearance. They told the provider who immediately provided reassurance and advice to support them. This meant even if people or staff had differences the registered manager and provider always treated them equally. To recognise the support and care the provider and registered manager gave to staff they had been accredited by Investors for People.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs and respected their wishes and preferences. People with verbal communication difficulties had detailed care plans which informed staff about ways people communicated. For example, one person's care plan described the body language and sounds the person would use to express choices. Staff we spoke with knew about this care plan. This meant staff could provide support in line with the person's needs and preferences.

People were supported by staff who had clear guidelines to follow to meet their needs and wishes. For example, one person had guidance for staff which specified how frequently their intimate care should be provided and the reason why. It informed staff who would be taking the lead during this to ensure it was consistent. There were clear details about how to support them and what equipment was required. Another person had details about their usual daily routine for staff to follow. There was information about their meal time preferences and additional support they required when washing their hair. Staff we spoke with were clear about these guidelines and knew people's preferences and needs. One member of staff told us if they were unsure about the care needs for a person then "The care plan is the first place to go to".

Each person had their needs assessed before being supported by the service. The PIR told us and we saw this meant each care package was tailored to the person and staff were able to meet their needs. One relative told us a member of management came to meet them and discuss their family member's needs prior to support being provided. One member of staff told us when there is a new person to support they were "Given the care plan. Read through it and meet the client". The registered manager and staff told us they also liaised with other health and social care professionals during the assessment. This meant they were getting information from everyone who was important for the person. The registered manager told us, "When someone [meaning a member of staff] is going to a new service user. Information is shared. Staff come into the office to read the care plans". By doing this staff were able to support people in line with their needs and wishes.

The service did not solely provide care for some people and worked in partnership with other care agencies. We were told by the registered manager when staff were working alongside others to support a person they still wrote their own care plan. This was to ensure staff had enough information to support the person. One member of staff agreed the care plans they produced were very close to the other agencies. They explained this prevented different care being delivered to the person. Copies of these care plans were being collated in the office. By having a clear system of working with other providers it ensured there was consistent care.

People's hobbies and interests were respected when they were being supported by staff. For example, one person had been supported to buy a bird feeder for their garden. They spoke to us about the birds they enjoyed watching. Each person had a calendar of the activities they would be doing. This was so staff were aware of their daily routines even for those who lacked the ability to verbally communicate with them.

People and their relatives were not always clear how to complain directly to the service. They had alternative methods of how to raise a complaint. One relative told us they would, "Go to the top" if they

needed to complain. Another relative was not sure how to complain. They confirmed they had no complaints. If they needed to complain they would go to their family member's social worker. One member of staff said, "They [meaning the management] do listen to complaints. The service had received no formal complaints. There were examples of complaints received about another part of their business. These demonstrated they were responded to in a timely manner. For example, on one occasion witness statements were gathered to ensure it was fully investigated. However, the registered manager had not kept clear records of how they had resolved the concerns and lessons which had been learnt. We spoke with the registered manager who understood about the records. They told us they would ensure a system which demonstrated actions and resolutions to complaints and lessons learnt was put in place following this inspection. Following the inspection, the provider told us they put in place a guide for people with all the information on how to contact them including relatives being given a 24 hour mobile number.

Is the service well-led?

Our findings

The provider and registered manager monitored care and planned ongoing improvements using an informal approach. The registered manager explained the management were hands on in the service because it was still small so thought they were able to identify concerns and rectify them. There were few records to show how they audited things, then reviewed patterns and learnt from errors. These had not identified all concerns found on the inspection. For example, the systems had failed to be effective in identifying issues with medicine management. They had not recognised when staff were not provided with enough guidance for people who had specific health needs. This meant there was a risk people's health could decline because staff were not provided with enough information. We spoke with the registered manager who confirmed they had only recently started working independently with people. As a result they were developing more formal systems to record concerns identified and actions taken.

The provider and registered manager had ensured there were policies and procedures in place to inform staff how they should be working. Most policies and procedures contained a large amount of detail. However, some were not being followed by the registered manager or staff. For example, We found they had not ensured staff had been recruited safely in line with their recruitment policy. The medicine policy and procedure made it clear medicines should be administered in line with the prescription instructions; staff had not followed this for one medicine and the registered manager had not identified this in their informal audits. We spoke with the registered manager who was going to review practices to ensure they fell in line with their own policies and procedures. During the inspection the registered manager and provider were fast to respond to concerns we found. Following the inspection the provider informed us all policies and procedures had been updated.

Most staff told us they were clear about their roles and responsibilities. This meant they knew who their line manager was and what to do if they required support. Members of staff told us, "Communication is good. Can talk to anyone anytime. Someone always answers the on call" and, "I have never worked with a more positive company in my life. Feels like a family". However, there were occasions when staff were not as clear about their roles. The registered manager explained because the company is growing they were bringing in more staff into the office to support them with running the service. Following the inspection, the provider informed us there was now a staff handbook to clarify staff's roles.

People and their relatives were aware of the registered manager and explained they had little contact with them. Members of staff spoke highly about the registered manager. One member of staff said, "She is approachable". Whilst others told us, "She [meaning the registered manager] listens to you and is accommodating if there is an emergency", "She [meaning the registered manager] has been very fantastic" and "They [meaning the registered manager] is passionate".

The registered manager told us they "Operate an open door policy" which meant people, their relatives and staff could visit the office whenever they wanted. One relative explained they were planning on visiting the office to share their appreciation with the registered manager. One member of staff told us, "They [meaning the service] operate an open door policy. Can always phone or pop into the office". By running this way the

registered manager and provider were ensuring they were open to feedback. They were constantly striving to improve the service they were providing.

The provider had not needed to notify the Care Quality Commission (CQC) of significant events in line with their legal responsibilities. We spoke with the registered manager to identify whether they understood their legal obligations. They informed us they did and knew when to liaise with the local authority about safeguarding concerns which reflected the PIR.

The provider and registered manager promoted people received high quality care. One member of staff said, "Staff are very thorough. No standing around. All very professional. This is down to [name of provider] and [name of registered manager]". Another staff member said, "They [meaning the registered manager] are very principled. They do make sure rules are followed". Other staff felt the "Careful selection of staff" by the management meant people received high quality care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that all risks had been mitigated and medicines had been managed safely. This is a breach of Regulation 12 (1) (2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures had not made sure people employed had the correct checks prior to working. Regulation 19 (1)(a) (3)(a)</p>