

Kris Carers Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Kris Carers Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

At the last comprehensive inspection on 25 and 28 October 2015 the service was rated Good.

This is the second comprehensive inspection of the service. This took place on 9 and 10 April 2018 and was announced. At the time of our inspection 50 people were receiving care.

At this inspection the service had deteriorated to 'Requires Improvement'.

The provider and registered manager had not consistently met the regulatory responsibilities. They had not provided us with the key information about the service when required, which we took into account when making judgement about the service.

The registered manager had not fully understood and met all the legal requirements with regards to their registration. The provider had moved to new premises but had failed to submit the relevant notification and applications to maintain their registration. The registered manager had not accessed relevant training to maintain their knowledge about the changes in legislation and best practice. The registered manager assured us they would access training.

Following our inspection visit the provider submitted relevant notifications and applications ensure they were registered correctly.

The provider had not notified the Care Quality Commission of significant events as they are required to do. The provider's system to monitor the quality of care provision was not in place. Some internal checks were carried out but they did not drive improvements. Policies, procedures and guidance for staff did not reflect current professional guidance and best practice.

Where people required support with their medicines, staff had been trained in the safe handling of medicine. However, we found some gaps in the medicine administration records. These had been identified by the registered manager and staff received further training and records were monitored.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, information in the care plans about how to support people to make decisions was not always clearly recorded. The frequency of reviewing people's care varied and care plans were not always updated to ensure staff had guidance to support people. The registered manager assured us they would address the issues raised.

People continued to receive safe care. People needs were assessed and they continued to be involved in the development of their care plan. People continued to be protected from avoidable risks. A range of risks assessments were completed and preventative action was taken to reduce the risk of harm to people. People were supported to maintain good health and nutrition.

People continued to receive effective care and support. Staff recruitment processes were followed and ensured that people were protected from being cared for by unsuitable staff. There were enough staff to provide care and support to people to meet their needs safely. Staff continued to receive a range of training for their role and to protect people from avoidable harm. Staff understood their responsibilities to work effectively. Staff practices were checked regularly and when required additional training and support was provided.

People continued to receive good care. Despite the quality of information in people's care plans staff knew people well and how to support them. They had developed positive relationship with the staff who understood their needs. Staff were kind, caring and treated people with dignity and respect.

Care plans and relevant information was made available in accessible formats to help people understand the care and support agreed. Staff worked in a flexible way and took account of people's diverse and cultural needs to ensure continuity of care was promoted.

People knew how to raise a concern or to make a complaint. The provider had a complaint policy and procedure and complaints received were investigated.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not consistently safe and had deteriorated to requires improvement.

People were protected from abuse and avoidable harm. Staff were trained in safeguarding and safety procedures. However, safeguarding incidents had not been reported.

People received their medicines in a safe way but improvements were needed to ensure records were completed accurately.

Risks associated with people's needs were assessed, managed safely and reviewed regularly.

Staff were recruited safely and there were enough staff to provide care and support to people when they needed it. Staff were trained in health and safety and followed infection control procedure.

Lessons were learnt and improvements made when things went wrong.

Requires Improvement ●

Is the service effective?

The service was not consistently effective and had deteriorated to requires improvement.

The provider and staff team did not fully understand their responsibilities to ensure the principles of the Mental Capacity Act 2005 were followed.

People's needs were assessed and care plans developed to ensure they received effective care and support. Staff sought people's consent. People made decisions and choices about their care. People's dietary needs were met and they accessed health care support when they needed to.

People received support from a staff team who had the necessary skills and knowledge. A system was in place to provide staff with on-going training, support and supervision.

Requires Improvement ●

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

The service was not consistently responsive and had deteriorated to requires improvement.

People's needs were assessed and involved in the development of their care plan. However, people were not assured that they received responsive care because their care was not reviewed regularly. Care plans mostly provided staff with guidance about how they wished to be supported but further improvements were needed.

A complaint procedure was in place. People knew how to complain and were confident that any concern would be dealt with appropriately.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led and has deteriorated to requires improvement.

The provider did not have systems and processes to monitor quality and the supporting policies and procedures were not up to date. The registered manager had not maintained their legal requirements with regards to their registration and had not kept their knowledge up to date.

People and staff had opportunities to make comments about the service and to develop the service.

Requires Improvement ●

Kris Carers Ltd

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 checked 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 9 and 10 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office providing care, so we needed to be sure that they would be in.

The inspection visit was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We reviewed the information we held about the service. This included feedback we received about the service, concerns and statutory notifications which the provider is required to send us by law. We contacted Leicester City Council who commission services from the provider and Leicester Healthwatch; an independent consumer champion for people who use health and social care services. We used the information to ensure we were aware of; and could address any potential areas of concern.

During the inspection visit we spoke with five people who used the service and six relatives of people received care and support from the service. We spoke with 10 members of staff in total; they included six care staff, a care co-ordinator, the finance manager and the registered manager who was also the provider.

We looked at the care records of six people who used the service. These records included care plans, risk assessments and records of the support provided. We also looked at four staff recruitment files and staff training records. We looked at a range of records which included some audits, complaints and concerns, minutes of meetings, and a sample of policies and procedures.

Is the service safe?

Our findings

The provider had a safeguarding procedure in place and staff were trained in safeguarding and health and safety. The staff team understood how to identify signs of abuse and knew how to report these. A staff member said, "I have regular clients I support and I would know if something is wrong. If I saw any unusual marks [on their body], change in their mood or they hadn't eaten their food, I would ask them about it and then tell [registered manager]."

Records showed that staff had reported concerns about people's safety to the registered manager and they had liaised with the local safeguarding authority and carried out investigations. However, the registered manager had failed to notify the Care Quality Commission about these concerns which they legally must do. The registered manager assured us that they would submit the relevant notifications with immediate effect. We will continue to monitor this.

People told us they felt safe in their homes with the staff who supported them. One person said, "Staff make sure I stand up and sit down safely. I'm supposed to use the walking frame and they make sure I always use it." Another person said, "I'm not scared of my carers. If I needed to, I would call [registered manager]." A relative told us that their family member was introduced to the care staff before the package of care started and they were given information about safeguarding and how to report concerns. They also said, "[My relative] wanted only female staff who could speak Gujarati, which they have. That makes [my relative] feel safe and in control of [their] care."

People were able to tell us how staff supported them to stay safe. One person "I feel safe when [staff] move me in the hoist. There's always two staff and they follow a set routine." Another person said, "There is a keysafe outside so staff can let themselves in."

Risks to people had been assessed. These covered all aspects of people's safety including support needed to move around and potential risks within the home such as tripping hazards. Care plans provided information and guidance about the number of staff needed, equipment used such as a hoist and how best to support people. Staff were able to describe to us how they provided the care and support people needed to keep them safe. Records showed risk assessments had been reviewed when people's needs had changed to promote their safety and freedom.

People who needed support with their medicines, had care plans which included information about the support they needed. One person told us, "Staff will remind me to take my medicines. They bring a glass of water and the [dossette] box. Once I've taken my tablets they put the box away."

We looked at a sample of the medicines administration records (MAR). There were consistently missing signatures and gaps in the MARs for January and February 2018. Their daily care records completed by staff did not always indicate whether people were supported with their medicines. The MARs for March 2018 had been completed in full and the daily records confirmed whether people had received support to take their medicines.

The registered manager told us that recording issue in the MAR was identified through the unannounced spot checks and concerns were discussed with staff at the staff meeting. A staff member said, "We all had to re-do the medicines training because we were not completing MARs properly. It has improved now I think." Records showed all staff were required to complete further medicines training and record keeping. Training records viewed confirmed this. Staff had access to the medicines policies and procedures and were aware they needed to report missing entries in the MARs. This meant people's health was supported by the safe administration of medication.

Staff understood their responsibility to report concerns to the office which they did. Despite there being no internal system to ensure lessons learned were acted on; the registered manager had acted promptly when recording issues were found regarding the MARs and were shared with the staff team. They had put plans in place to ensure similar incidents did not happen again. This included unannounced spot checks on staff practices and audits on the completed daily care records and MARs which were returned to the office each month.

People told us that staff protected them from the risk of infection. One person said, "They wash their hands before doing anything. They put on a new pair of [disposable] gloves and aprons each time; before I have a shower and when they make my breakfast." Staff told us they were trained in and followed the infection control procedures. Staff practices were checked through the unannounced spot checks to ensure infection control procedures were followed.

The new office premises was secure and well maintained. The business continuity plan had been updated and provided staff with guidance to follow in the event of an emergency. We received comments that showed that the business continuity plan was used effectively during the recent bad weather conditions. One person said, "Even with the heavy snowfall, I got the support I needed." A staff member said, "We managed to get to every call and [Office staff member] called the clients if we were running late." This ensured people received the support they needed.

People told us they had regular staff that knew them well. One person said, "I have the same carers; they are consistent in how they help me and committed to me when they are here." Another person said, "I never feel they rush me. [Staff] check that I'm happy with everything that's been done before they leave." A relative told us, "[My relative] has the same carers in the morning and evenings; usually they are on time and they do call me if they are running late which is rare."

We found staffing levels were responsive to people's individual needs and took account of people's preferred gender of staff and diverse cultural needs including language. Staff worked in small teams and the staff rota we looked at showed that staffing was planned in advance and changes were managed.

Safe recruitment procedures were followed that ensured staff were suitable for their role. Staff files we checked contained the required documentation such as a police check, two references and proof of identity. All new staff completed an induction programme and worked with an experienced member of staff whilst their competency was assessed. This helped to ensure people were safe.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in community settings are called the Deprivation of Liberty Safeguards and are granted by the Court of Protection. At the time of our inspection visit there were no such orders in place and people who used the service had capacity to make decisions about their care.

People's capacity to consent to their care and support had been assessed by the registered manager. Information about how to support people to make decisions was not always clearly recorded. For instance, a relative said, "I told the carers to say one question at a time using short sentences," that meant their family member was then able to process the information and respond. This person's care plan made no reference to enable staff to support the person effectively. People had not always signed the care plan to confirm they agreed with the package of care that would be provided. We shared our findings with the registered manager and they assured us they would address these issues.

The registered manager and the staff team had completed MCA training. However, the registered manager did not fully understand their responsibilities and the action they should take when people lacked the ability to make decisions about their care, for example, due to ill health. The following day the registered manager was able to demonstrate that they understood their responsibilities and the actions they would take when people lacked capacity to make decisions.

Staff team were able to give examples of how they supported people to make day to day decisions about their care and support needs, despite the information in the care plans. They gave examples of how they gained consent and offered choices. A staff member said, "I always get consent and give them choices; I say, would you like to have a shower today or what would you like for breakfast?" That showed staff promoted and respected people's human rights and decisions made.

People told us staff understood their rights and felt their choices were respected. One person said, "My carers know what help I need; they read the book [care plan] and will always ask me what they can do for me." A relative said, "I've seen staff asking permission from [my relative] before they help [them]."

People's care and support needs had been assessed by the registered manager before the package of care commenced. Care plans provided staff with guidance about the support people needed. Staff told us they continued to ensure that people's home environment and layout where care and support would be provided remained suitable.

One person said, "[Staff name] came to see me and asked me what help I needed and how often I wanted the carers." They added they felt involved in developing their care plan. A relative told us that they found the staff member who had completed the assessment had listened and produced a care plan that reflected the support requested, and they said, "The care plan was clear and it had what [staff] would do at each call to support [my relative]."

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person said, "The physio gave me some exercises to do which my carers make sure I do every day." This person's care plan reflected the support required to manage their personal hygiene and the daily exercise regimes with supporting images. A staff member told us that the physiotherapist had trained them in how to support the person to complete the exercises.

Another care plan had information about the different signs and symptoms that would indicate the person's health was of concern and the action staff should take. A staff member said, "If the person didn't look well then I would let the office know and they would call the doctor. I'd stay with them until a relative or the ambulance came." That showed changes in people's health was recognised quickly by staff and prompt and appropriate action would be taken.

The staff team supported people to have sufficient food and drink when they carried out a mealtime call. One person said, "[Staff] know I like toast with butter or eggs and crumpet for breakfast. They make sure I have a cup of tea and a glass of water before they leave." People's care plans included the level of support people needed, their dietary needs and preferences to maintain good health.

People told us they felt the staff team were appropriately trained to meet their care and support needs. Staff told us that the training was relevant to their role and equipped them with the skills they needed to support people living in their own homes. Training records confirmed staff had completed a range of training related to health and safety, person centred care, nutrition and training on different health conditions.

A new member of staff told us they completed induction training and worked alongside an experienced staff member to learn how to support people. There were systems in place to provide ongoing training and supervisions to support staff. Records showed staff had regular supervision and appraisal. A staff member said, "We have supervisions and staff meetings; you can bring up issues, concerns about any clients and look at what training you need." Staff meeting minutes showed that staff were informed about any new training they needed and made suggestions about how to improve the service and the care and support people received. Staff practices were checked through unannounced spot checks by the management team. That showed staff continued to be supported in their role to provide effective care and support.

Is the service caring?

Our findings

People and their relatives continued to be satisfied and happy with the staff and the care and support people received. One person said, "[Staff] are kind, caring and polite. They treat me with respect and I look forward to seeing them." Relatives' comments supported what people had told us. They said "The carers are professional and polite" and "I am happy with the care [my relative] gets. [Registered manager] and staff understand importance of continuity of care and our expectations."

People had developed good relationships with staff and consistently spoke about their caring and positive attitude and approach. A person said, "I have a lovely relationship with my carers. With their encouragement I'm now able to walk with my frame. They never talk about other clients." A relative said, "The carers will give me a hug when I'm feeling low. They know how it affects me." These examples showed that staff were caring and promoted people's independence.

People were involved in making decisions about how they wanted their care and support provided. A person said, "I've got a care plan and [staff name] from the office calls me regularly to check I'm happy with my care. I would tell her if I thought I needed more [care and support]. Care plans did reflect people's decisions and wishes about their care when they first started to use the service. Relatives we spoke with were fully involved in the care of their family member.

We found that the registered manager was not aware that people may need independent support from an advocate. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There was no information about advocacy services available to people and their relatives. When we raised this with the registered manager, they took prompt action. Information leaflet was produced with the local advocacy services and their role within Leicester city and Leicestershire and the staff team were asked distribute them to people they visited. Information about the advocacy services was now included in the provider's information pack that people received when they first start to use the service.

People were treated with dignity and their privacy respected by staff who provided personal care. One person said, "[Staff] use a towel to cover me. They make eye contact when they speak to me and allow me to do what I can for myself." A relative said, "They do maintain [my relative's] dignity, but don't always close the door but it's got better." A staff member said, "I make sure the person is never left exposed and use a towel to cover them. If they are using the toilet I close the door to give them some privacy and wait outside talking to them occasionally so they know I'm there." This showed staff promoted people's dignity and privacy.

Staff understood equality and diversity, and gave examples that showed people's religious beliefs; preferences and lifestyle choices were respected. We found the language and descriptions used in people's care plans referred to them in a dignified and respectful manner. A confidentiality policy was in place and a certificate showed that the provider complied with the Data Protection Act. People's files were stored securely. Staff had access to relevant information to support people as needed and understood how to keep people's information confidential and only shared on a need to know basis.

Is the service responsive?

Our findings

People's needs continued to be assessed by the registered manager or a member of the management team trained to assess people's care needs. A sample of the assessment records we looked at contained information about individual's abilities, how risks would be managed and their preferences about how they wished to be supported. This assured people that the service could provide the care and support they needed.

We found there were inconsistencies in the reviewing of people's care and the frequency of reviews. For example, the care plan for one person had been reviewed with their relative because their needs and medicines had changed. The care plan had been updated and included guidance for staff to follow to meet the person's needs. However, other people's care plans and records showed that the frequency of reviewing people's care varied. Care plans were not always dated and the date for the next review was not documented. That did not assure people that their care and support needs were being monitored. We shared our findings with the registered manager. They assured us care plans would be dated; date of the next review documented and that as a minimum people's care would be reviewed every three months or sooner if their needs changed.

The registered manager told us that they had worked in partnership with the local authority commissioner to develop more person centred assessment, care planning and review processes to enable staff to deliver personalised care and support. We contacted the commissioner who confirmed this. They told us that the registered manager and staff team had been responsive to their recommendations and they continued to support the registered manager.

People told us that the staff team were responsive and provided the care and support they needed. One person said, "The carers do what I ask them and make sure they put the hoist on charge after, so it's ready for the next time I need it." Another person said, "My care has changed and the number of [care] calls I get have been reduced because I have got stronger and a bit more independent; I use the stair lift to go to bed upstairs which I couldn't do when I came out of hospital." A relative told us, "[My relative] speaks to the carers in Gujarati; they let her do what she can and support her as needed. We sometimes have different carers but they all support [my relative] in the same way." These examples showed that the service was responsive.

Records showed that people were involved in the development and review of their care plans. Despite the registered manager not being aware of the Equality Act, the assessments and care planning documentation and staff trained in equality and diversity ensured people were not discriminated on the basis of their gender, race and religion amongst others. Care plan had information about people's life history, preferences, daily routines and their diverse cultural and lifestyle choices. This helped staff to ensure their approach was consistently respectful. Staff team found the information helped them to understand people and prompt conversations on topics that were of interest to people.

The Accessible Information Standard (AIS), is a framework making it a legal requirement for all providers to

ensure people with a disability or sensory loss can access and understand information they are given. Despite the registered manager not being aware of AIS, they did ensure information was available in accessible formats for people to understand information and their care. Staff team understood people well and knew how each person communicated. They told us that they could use picture boards or cards and information could be translated into people's first language if required.

At the time of our inspection visit the service was supporting people on end of life care. The provider had a policy in place about how to support people at the end of their lives. Staff and people who used the service and their relatives could access information about end of life care, counselling and bereavement.

Care plans for people receiving end of life care did not always reflect people's wishes and decisions made about how they wished to be cared for; the role of staff and other healthcare professionals. We raised this issue with the registered manager. They assured us that they would update the care plans and include sufficient guidance for staff to follow and involvement of healthcare professionals to ensure people remained comfortable. The registered manager told that they would review the assessment of needs documentation and review of care process to ensure people had the opportunity to express their wishes about their end of life care. This assured people that staff would act on their wishes.

People and their relatives knew who to contact if they were unhappy about the care provided and were confident that their concerns would be taken seriously and addressed. One person said, "I've got no complaints. If I did I would speak with the boss lady [registered manager]." A relative told us that any concerns raised had been addressed quickly.

The provider had a complaints policy in place to manage any complaints should they be received. Records showed two complaints were received; they were handled appropriately, investigated and action taken. The provider had responded to the Local Government Ombudsman in relation to a complainant being unhappy with the outcome of their complaint. That showed the provider was open and transparent and used complaints to drive improvements.

Is the service well-led?

Our findings

The registered manager told us about safeguarding concerns and that they had liaised with the local authority, who had investigated. However, CQC did not receive notifications in relation to this, as required. That meant the provider had not appropriately notified the Care Quality Commission (CQC) of any significant events as they are legally required to do.

The registered manager told us that they had supported staff members who were present in the home of a person who had died. The provider had not notified CQC in relation to any deaths of people using the service. The provider's policy in relation to the death of a person using the service stated that CQC needed to be notified. This meant the provider was not informing CQC of significant events that occurred in the service to assist in monitoring the quality of care.

We spoke with the registered manager about this and the fact that the provider had not sent notifications since we last inspected the service in October 2015. Although they were unable to provide a suitable explanation they did assure us that notifications would be made going forward.

We found the service had moved to new premises in 2016. The provider had failed to submit the relevant notification and applications to change their registration.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider's policies were basic and did not consistently reflect current professional guidance and standards. For example, the provider's 'assistance with medicines policy' did not make any reference to current guidance and standards of best practice such as NICE (National Institute for Health and Care Excellence) or the Royal Pharmaceutical Society of Great Britain's guidance on the handling of medicines in social care. Staff told us that there were some printed policies and procedures available in the office should then need to refer to them. We confirmed this to be the case. The registered manager told us that all the policies and procedures which were held electronically and that staff could view or request copies when needed. This meant staff did not readily have access to up to date policies to guide the provision of personal care that reflected current legislation and best practice.

The policy and procedure on how the provider assessed and monitored the quality of service was vague and did not show how this would be carried out to drive improvement. The registered manager was not aware of the types of checks they would need to carry out, the frequency of those checks and what action would be taken if shortfalls were found. The registered manager told us they did not have any systems in place to monitor the service. This also showed why the provider's policies and procedures were out of date and no plans as to how the service needed to improve or develop. That meant there was a risk that areas of poor or unsafe care would not be identified and action taken to improve it.

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

After our inspection visit the provider had submitted the relevant registration application to change the address of the service and the contact details were updated.

It is a legal requirement that a provider's latest CQC inspection report and rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had not displayed their rating at the service and on their website. When we raised this with the registered manager, they assured us action would be taken. The following day we saw the latest CQC inspection report and rating was displayed.

Following our site visit the finance manager confirmed that the provider's website also included the link to the CQC inspection report and rating for the service.

Prior to our inspection visit we asked the provider to complete and return the Provider Information Return (PIR) with key information about the service, what the service does well and the improvements planned. The PIR was not returned. The registered manager could not provide an explanation about the non-returned of the PIR but assured us they would in the future.

We found from our discussion with the registered manager that they had not kept their knowledge up to date as to the changes to legislation and best practice. They were not aware of the Care Quality Commission's new assessment framework published in October 2017, which is used to make judgements about health and social care services and relevant Acts which protected people who used the service. The registered manager told us that they had relied on support from commissioners to develop their care plans and supporting records and assured us they would access training. We will continue to monitor this.

We found there were some internal checks and audits. For example, audits on people's daily care reports and medicines administration records. Staff practices were checked through unannounced spot checks and when required action was taken, such as refresher training for staff. Records showed the frequency of reviewing people's care varied, unless their needs changed. The registered manager told us that that they planned to review people's care every three months or sooner if their needs changed.

The registered manager told us they were in the process of purchasing new software system to support staff to deliver personal care in. The reason for this was the increase in the numbers of people they provided personal care within a short period of time.

People who used the service and relatives we spoke with felt the service was well managed. One person said, "Overall the care I get is good. I can call [Registered manager] anytime and she seems to be managing the company well." A relative said, "[Coordinator] came out to review [my relative] care. They will call to check if everything is ok. I think the office is well managed."

People's views about the service had been sought through survey in February 2018. A sample of the surveys we looked at were mostly positive. Where issues had been documented we found the registered manager had taken action, for example, further training on medicines support and record keeping was provided to all staff. The provider had received cards, letters of thanks and compliments about the service from people who used the service and relatives. This demonstrated that people's views were listened to and acted upon, ensuring people had a voice.

Staff spoke positively about the registered manager and shared the same view about providing timely quality care. A staff member said "You can call [registered manager] anytime if you have a problem at work or at home." Staff felt they received the training and support for their role. Staff team told us that issues

raised with the registered manager had been listened to. Staff attended team meetings. The meeting minutes confirmed that staff were informed of changes to people's care, had the opportunity to raise concerns and discussed lessons learned from incidents, investigations or complaints.

The service continued to work in partnership with other agencies. Commissioners told us that the registered manager had been responsive and that they continued to support them to make the required improvements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified the Care Quality Commission of events that they are legally required to do.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes designed to assess and improve the quality and safety of services did not identify areas of care that required improvement. The provider's policies did not reflect current legislation, or up to date best practice guidance for staff.