Age Concern Enfield

Time Out Service

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

We carried out an inspection of Time Out Services on 23 May 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present.

Time Out Services is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were 21 people who received personal care from the agency.

During our last inspection on 14 May 2016 we identified breaches of regulations relating to risk management, consent and person centred care.

The service did not have a registered manager. A manager was in place and was in the process of applying for registration. 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.

Some risk assessments did not take into consideration people's health needs to reduce health complications and to ensure people were safe at all times.

People were protected from abuse and avoidable harm. People and relatives we spoke with told us they were happy with the support received from the service and they felt safe with staff. Staff knew how to identify abuse, the different types of abuse and how to report abuse.

There were systems in place for quality assurance. We discussed our concerns with risk assessments which had not been identified in the audits with the manager and chief executive who informed that quality assurance systems would be made more robust to identify issues. After the inspection the manager sent us evidence to demonstrate that their quality assurance system had been reviewed and revised.

Quality monitoring systems were in place and the recent results were positive. Results were analysed. However, we did not find evidence that an action plan had been created to continuously improve the service using the results of the surveys.

Staff had been trained on the Mental Capacity Act 2005 (MCA) and knew the principles of the act. Staff told us that they asked for consent before doing anything and people and relatives we spoke to confirmed this.

Medicines were being managed safely.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles. Spot checks were carried out on staff providing personal care and

findings of the spot checks were communicated to staff.

Care plans were personalised and regularly reviewed to ensure people received the right care and support. People were assessed prior to receiving personal care to determine if the service was able to provide care and support to people.

People's ability to communicate were recorded and staff were given guidance on how to appropriately communicate with people to ensure their care needs were met.

Recruitment and selection procedures were in place and being followed. Checks had been undertaken to ensure staff were suitable for the role.

Complaints had been investigated and appropriate action taken. People were aware of how to make complaints and staff knew how to respond to complaints.

People were encouraged to be independent and their privacy and dignity was respected.

Staff meetings were held regularly.

We identified a breach of regulation relating to risk management. You can see what action we have asked 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?

Requires Improvement

Some aspects of the service were not safe.

Some risk assessments did not take into consideration people's health needs to reduce health complications and to ensure people were safe at all times.

People and relatives told us they were happy with the support people received from the service.

People were protected by staff who understood how to identify abuse and who to report to.

Recruitment procedures were in place to ensure staff were suitable to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff members were trained and had the skills and knowledge to meet people's needs.

Staff received supervision and told us they were supported. Staff had received recent appraisals.

Staff understood people's right to consent and the principles of the Mental Capacity Act 2005. Capacity assessments were being carried out and best interest decisions made where required.

Staff knew how to identify if people were not well and what to do such as calling family or emergency services.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were caring and respected people's privacy and dignity.

Staff had good knowledge and understanding on people's background and preferences.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and detailed people's support needs. Reviews had taken place to identify if people received the right care and support.

People were assessed prior to receiving personal care to determine if the service was able to provide care and support to people.

Complaints had been investigated and appropriate action taken. People knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Quality monitoring systems were in place for people to provide feedback. The results of the survey were analysed. However, we did not find if the results were being used to make continuous improvements to the service.

Quality assurance systems were in place and audits were being carried out that identified areas for improvements. However, the audits had not identified the issues we found with risk assessments.

Spot checks were being carried out regularly.

Staff meetings were being held regularly.

Time Out Service

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.

The inspection was carried out on 23 May 2017 and was announced. The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we had about the provider. We also received a provider information return (PIR) from the service. A PIR 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 also made contact with social and health professionals for any information they had that was relevant to the inspection.

During the inspection we looked at six people's care plans and risk assessments. We reviewed five staff files and looked at documents linked to the day to day running of the agency such as quality assurance records, medicine records and staff meeting minutes. We spoke with the chief executive, the manager and two staff.

After the inspection we spoke with one person, seven relatives and three staff.

Requires Improvement

Is the service safe?

Our findings

People and relatives we spoke to told us they were safe when supported by care staff and had no concerns. One person told us, "Oh yes" when we asked them if they felt safe when receiving personal care from staff. A relative told us, "Well [person] doesn't feel unsafe" and another relative commented, "I know from talking to my [person] that [person] is very happy when [Time Out Service] are coming in." A health professional told us, "This service has been a great service in supporting carers of patients with Dementia in Enfield."

Despite these positive comments we found that some aspects of the service were not safe.

At our last inspection we found that some risk assessments did not provide guidance to staff on the actions needed to mitigate identified risks associated with their care and support such as falls. For people with specific health concerns, risk assessments had not been completed to minimise the risk of health complications. During this inspection we found that the provider had partially addressed this issue.

Assessments provided information on how to mitigate the risks of falls, nutrition, choking, medicines and moving and handling. Falls risk assessment provided information on how to mitigate risk of falls and what staff should do if a person fell. The service had introduced a fall scoring methodology to determine people's risk of falling. Where there was a risk of a person falling, a falls risk management plan was in place. A feeding assessment was carried out to determine risks with nutrition and a risk management plan was in place for people at risk of malnutrition. Risk assessments had been completed for people that may refuse medicines and information provided guidance on how to mitigate the risk and what staff should do if the person did not take their medicines.

A number of people were assessed to have arthritis, in two care plans we found details on where the arthritis was such as on the spine. However, in two care plans, records did not detail where the arthritis was and did not provide information to staff on how to support people that have arthritis. The manager told us that this would be included on the care plans.

Skin integrity was assessed using Waterlow charts to determine risk levels. Records showed that a risk management plan had been created for two people at risk, which provided information on how to mitigate the risk of skin complications. However, for two people that were at risk, a risk assessment was not in place to minimise the risk of skin complications. Staff we spoke to were aware on how to ensure people's skin were intact such as applying creams, reporting broken or red marks on skin or using pressure mattress and cushions to relieve pressure. However, new staff or staff unfamiliar with these two people may be unaware on exactly how to mitigate the risk relating to their skin integrity.

Records showed some people had specific health concerns such as recurrent depression, diabetes and history of heart complications. As with our last inspection, risk assessments were not completed to demonstrate that the risks had been assessed and mitigated. Two people's care plans listed a person to have diabetes, risk assessments were not completed to demonstrate the appropriate management of risks relating to diabetes. Information had not been included on hyperglycaemia (high blood sugar levels) and

hypoglycaemia (low blood sugar levels), which should have included the signs and what staff should do to ensure glucose levels were stable. Two people had a history of strokes. However, assessments had not been completed on the symptoms staff should be aware of if a person started to have a stroke. Another person had been assessed as having recurrent depression, risk assessments had not been completed to detail as to how their depression affected them, the behaviours that they may demonstrate and how staff were to support them should they experience ill-health. Some staff we spoke to were not aware of the symptoms of these health conditions and how to support people to minimise the risk of health complications.

After the inspection the manager sent us a detailed action plan evidencing that risk assessments would be reviewed and provided a timeline, which this would be completed by.

The above issues related to a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Records showed that staff had received medicines training. The staff members we spoke with confirmed that they were confident with managing medicines and knew what to do if an error was made. Medicines Administration Records (MAR's) showed people that were supported with medicines were given the required medicine at the times prescribed when supported by staff. Refusals or missed medicines were appropriately recorded. Records showed the dosage of the medicines had not been recorded on the MAR. The registered manager told us that the dosage of the medicines were included in people's care plan but told us this would be included on the MAR. A medicine risk assessment had been completed which detailed people's ability to take medicines and the support they required from the service. The assessment also included where medicines where stored and the types of medicines people were prescribed.

Staff and the manager were aware of their responsibilities in relation to safeguarding people. Staff had completed training in safeguarding and were able to tell us the types of abuse and who to report concerns to. During our last inspection, two members of staff were unable to tell us the external organisations they could report to, should they have any concerns. During this inspection, all staff we spoke to understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority.

There was system in place for staff to alert the service if they were going to be late or not able to come into work. This enabled the service to make alternative arrangements provide cover for absent staff. The registered manager told us that if emergency cover was needed, then staff were available to provide cover. Staff told us that they had no concerns with staffing levels and cover was in place if they needed time off. One staff member told us, "Even if we ring in sick at last minute, they will always find cover." Staff had to electronically log in and out through telephone. We saw systems that showed management was able to monitor if staff had attended an appointment and at what time. The system also alerted management if staff had not attended an appointment, were late or did not log in so a member of the management team could then make checks.

People and relatives told us staff were generally punctual. One person told us, "They [staff] do come regularly." Comments from relatives included, "Yes, always very punctual", "Yes, generally they do come on time. On the odd occasion they haven't been they generally keep in contact. They are normally pretty good", "I can't think of any missed visited they have had to replace someone but I would know if there were any missed visits" and "They are very reliable and they also stay longer than their time." Records showed the management team was able to identify any missed visits and investigate this in full to minimise the risk of re-occurrence. Staff told us that they were not rushed in their job and were provided with enough time to complete tasks and engage with people. There was also a client guide in people's care plan that included

details of the management team and emergency contact details.

Records showed that pre-employment checks had been carried out for new staff that had been recruited since the last inspection. The service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. Staff did not start work with people until pre-employment checks had been completed. A relative told us, "I think they are very vigilant of the staff they employ."

Good

Is the service effective?

Our findings

People and relative told us that staff members were skilled and knowledgeable. One person told us, "They [staff] are very good, I'm very happy with it." Comments from relatives included, "We both [relative and person] I find them [staff] all quite good", "I have every confidence in her, she [staff] is an intelligent and trained person", "The calibre of the person they send has always been very high" and "Yes they do a very good job there is one person in particular who does a very good job but he knows them better as he has been with them longer." A health and social professional told us, "Most of the carers using this service speak highly of the service because their staff are professional and compassionate in their roles."

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.

We checked whether the service was working within the principles of the MCA.

At our last inspection two of the staff we spoke to were not able to explain the principles of the MCA. In addition, we did not find evidence that people's capacity had been assessed. Care plans did not cover the elements of capacity, namely can the person understand, retain, and weigh information, and make a decision on the information.

During this inspection we found improvements had been made. Capacity assessments had been completed for specific decisions using the MCA principles. Where people did not have capacity, a best interest decision was made on behalf of the person. We did not see evidence that family members or social or health professionals had been involved in the best interest decision process. The manager told us the previous manager had completed the best interest decision records and was not sure if family members had been involved. After the inspection, the manager sent us a revised best interest-decision template that evidenced all records would require the signature of people involved in the best interest decision.

Staff had been trained in MCA and all staff we spoke to had an understanding on the MCA principles. Staff told us they always would ask for people's permission before providing personal care. People and relatives we spoke to confirmed this. A person told us if staff asked for consent, "Oh yes, they will do yes."

At our previous inspection we found appraisals had not been carried out regularly with staff. During this inspection we found appraisals and supervisions had been carried out. Staff were also required to complete a self-appraisal prior to their appraisal, which enabled them to discuss their performance, training needs and share ideas.

The manager told us upon employment new staff members would complete the care certificate. The care certificate is a set of standards that social care and health workers adhere to in their daily working life.

Records confirmed this. Staff also told us they shadowed experience care staff during induction and were able to read care plans and meet people when shadowing.

Records showed that staff had undertaken mandatory training and staff had received refresher training. Training included equality and diversity, fire safety, infection control, food, health and safety and moving and handling. Staff told us that they had easy access to training and had received regular training. We noted that some staff had not received dementia refresher training. The manager told us that this had been booked for next month and sent us evidence to support this. Staff told us they received regular training and expressed no concerns with training.

Records showed some people received support with meals as part of their care package. There was a feeding assessment plan that determined people's ability to eat. For a person at risk of losing weight, there was food intake charts in place completed by the service to identify if the person was eating regular nutritious meals. Staff told us that most of the time people's family members left meals for the person and they only heated the meals but told us if the person did not prefer the readymade meal then they would always offer alternatives. People and relatives we spoke to confirmed this.

People and relatives told us that healthcare needs were met. One relative told us, "Well they've alerted us when [person] seems unwell and we have contacted the GP for appointments and they stayed with [person] when [person] was unwell and call us and the GP" and another relative told us, "They know what's wrong and they try to do whatever they can to make things a lot easier for [person]." Care plans listed details of health professionals such as GP and also included their current health condition. Staff were able to tell us if people were not well such as a change in their appearance, tired, refusing to eat and if they were in pain. Staff told us if people were not well, then they would contact family members, report to manager or call emergency services.

Good

Is the service caring?

Our findings

The people and relatives told us that staff were caring, friendly and treated people with respect. One person told us, "They are very kind" when we asked if staff were caring. Comments from relatives included, "When we have been there the same time, they [staff] treat [person] with kindness and respect", "They treat [person] with the utmost respect", "They are very good with [person] generally", "They treat [person] respectfully", "They are very considerate respectful and caring towards [person]" and "I do really think they are really caring and matching up the right carer to the right person does help."

At the last inspection we made a recommendation that people and their relatives should be involved in the care planning process and this is recorded on the care plans to evidence agreement.

During the inspection we found a new template had been created to request people's consent to personal care and that they were satisfied with the contents of the care plan. Three of the consent forms had been completed and the service was awaiting the signature of a relative for another consent form, which had been recorded on the care plan. However, two consent forms had not been completed. The manager told us that the service had sent consent form to the people and had not received a response and told us that this would be followed up again. People and relatives we spoke to told us that the service always involved them in the care planning process and ensured that they were satisfied with the support needs before delivering care.

During the last inspection we found one person's communication ability had not been recorded and how staff should communicate with the person. During this inspection, the service had introduced a comprehensive communication passport that listed people's ability to communicate. The passport also detailed how staff should communicate with the person, what the person liked to talk about and what not to do when communicating with people. One person's communication detailed that staff should speak clearly and not to overload the person with information. People and relatives told us that they had no concerns with staff communication and told us staff communicated in an effective and caring way,

The staff we spoke to demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. They were able to tell us about the background of people and the support each person required. They also told us that the care plans helped them to get to know people better and were current.

Staff told us that they respected people's privacy and dignity. They told us that they would always knock on people's door and wait for an answer before entering to ensure people's privacy was respected. People and relatives confirmed this. A relative told us when asked if people's privacy and dignity was respected, "Yes as far as I'm aware I've not got any concerns in that aspect." Another relative told us, "They don't leave [person] exposed or anything like that [person] is always well covered in [person] private area if they think [person] needs changing they would let me know." A person told us. "Oh yes very good yes" when we asked if their privacy and dignity was respected. Staff told us that, when providing particular support or treatment, it was done in private.

Staff told us they always encouraged people to carry out tasks independently where possible. People and relatives confirmed this. "One relative told us, "They encourage [person] to walk rather than help [person] to walk" and another relative told us, "[Person] is a lot better now than [person] was a year ago [person] would do certain things like wash the dishes."

Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against on the basis of their race, gender, age and sexual status and all people were treated equally. People we spoke to had no concerns about staff approach towards them.

The service had an equality and diversity policy and staff members were trained on equality and diversity. Cultural and religious beliefs were discussed with people. Their preferences were recorded in care plans.

Good

Is the service responsive?

Our findings

We asked people and their relatives if they found the service provided by Time Out Services to be responsive to their needs. People and relatives confirmed the service was responsive. A person told us, "He [staff] has helped me tremendously." One relative told us, "I might just say to them [staff] maybe take [person] for a walk down the road they would do that" and another relative commented, "They make the effort to include my [person] in conversation they are very sensitive to [person] needs, yes they are very good."

There were complimentary cards and letters from relatives and people thanking staff for looking after their family members. Compliments from people and relatives included, "Thank you for everything you and the team did for my [person]. I know at times it was far from easy but you all cared", "I just wanted to say how happy we are with the carers", "Thank you for the first class service you provided us" and "I just wanted to say how moved I am by the wonderful carers."

During our last inspection the service was in breach of regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found reviews had not taken place for most people to identify if people's needs had changed. We also found that some plans were not completed in full.

During this inspection we found that improvements had been made.

People's care plans were personalised and person centred to people's needs and preferences. In one care plan, information included that a person may shout when upset and for staff to allow the person space for a few minutes and the person would calm down. In another care plan, information included that a person liked to have a long shower and to use a bucket to rinse the person's skin. Staff told us they get time to provide person centred care. A relative told us, "I think they are very friendly and are able to have a conversation at [person's] level. A lovely carer comes round and speak to [person] about sports on [person] level. They make the effort to talk to [person]."

Care plans included details of people's support needs, domestic tasks required, meal preparation, accessing the community, manual handling assessments, communication and people's health diagnoses. There was a timetable, which consisted of daily activities and support needs for each person during visits. All care plans we looked at had been reviewed recently and completed in full. A relative told us, "The manager came in the early days before the help started. It has been reviewed a guess would tell me six months or so." Another relative told us when we asked if their family member had a care plan, "Yes, [person] had it was reviewed about a month ago something like that." A third relative told us, "Oh fantastic, she [manager] is excellent. I met her when she came to do his annual assessment she is very thorough. She advised me about community transport to get my [person] out. She told me to get in contact with them. I was very appreciative of that."

There was a 'Things you must know about me' section that that listed people's personal details such as next of kin, emergency contacts and religion. There was an 'Understanding Me' section that provided details on people's place of birth, family background and hobbies. This also included information on things that would

worry people or make them better. These plans provided staff with information so they could respond to people positively and in accordance with their needs. A relative told us, "Yeah the way they try to interact with [person] they don't just sit there they try to engage [person]."

Each person's care plan contained a hospital passport. A hospital passport is a document that provides hospital staff with important information about them and their health when they are admitted to hospital. The hospital passport provided staff with immediate and relevant information about the person and their needs.

During our last inspection we made a recommendation that the service comprehensively assesses people prior to making a judgement on admission as we did not find records of pre-assessments to evidence that the service could provide personal care to people.

During this inspection we found improvements had been made. The manager told us that people were assessed comprehensively to determine if the service was able to meet the person's care needs. Records confirmed this. The assessment sheet reviewed important aspects such as the level of care needs, continence, domestic tasks, finance, safety, meals, health condition and if support could be offered.

Care staff completed daily notes which recorded the person's mood, condition and the one to one support that they received. This method of communication exchange ensured that each staff member, at the start of a new shift, referred to these recordings to be aware of how the person was and any actions that needed to be followed up as a result of any issues or concerns.

There was a section in the care plan that listed people's hobbies and activities. Staff were able to tell us about the things people liked. Staff told us that they took people out for shopping, cafes, parks and garden centres. The manager told us people attended the day centre also managed by the provider which included recreational activities with people. We observed that staff of Time Out Services participating in activities at the day centre. Relatives told us that staff engaged in activities with people. Comments from relatives included, "Previously [person] would go out with the carer to the shop but that did stop over the winter as [person] did not want to go out but we are thinking of starting that up again now the weather is getting better", "Well because [person] can't see very well, [person] can't hear very well they would probably find a quiz program on TV or something on the radio they could listen to and discuss with [person]", "Activities they read the bible they sing with [person] make sure [person] is ok" and "Yes I think they take them to a music group and the [day centre]."

Records showed complaints were investigated and appropriate action had been taken. People and relatives told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. Staff were able to tell us how they would manage complaints.

Requires Improvement

Is the service well-led?

Our findings

We asked people and their relatives if they found the service provided by Time Out Services to be well-led. People and relatives spoken with confirmed they were happy with the way the service was managed. One person told us, "I think they are very, very efficient. I think they are very, very good. I'm very happy with the service." A relative told us, "I wouldn't have stuck with them all this time if I was not happy as I say the calibre of people is very good." Staff told us they enjoyed working for the service. One staff member told us, I do enjoy working for them [Time Out Service]" and another staff commented, "It's been okay, much improved and much organised [since the last inspection]."

Staff told us that they were supported in their role, the service was well-led and there was an open and transparent culture where they could raise concerns with management and felt this would be addressed promptly. One staff member told us, "It's nice that we have [manager], I like working for her" and another staff member told us, "She is good, any problems we can go to her."

People and relatives had no concerns about the management and leadership of the service. They were positive about the management of the service and told us the manager was approachable and responsive. One person told us, "I'm very happy with them [management] really, they do alright." Comments from relatives included, "[Manager] has always been very good and approachable when I spoke to her on the phone she is very good at prioritising things as urgent if [person] was unwell or a safety or health problem", "I find them [management] very helpful. Once or twice I tried to change the afternoon appointment, I found them quite helpful", "She [manager] is good. If she is not there when I call she normally gets back to me quickly", "She [manager] seems really efficient. She has a nice manner and I get on with her, she includes my [person] in the conversations which [person] hates if [person] is not included" and "I think she is lovely very experience she is very commutative and a pleasure to deal with."

Records showed that spot checks were being carried out with which included observing staff when they were caring for people to check that they were delivering appropriate personal care to people. Results of the spot checks were then communicated to staff and development areas were noted. The spot check was also carried out as part of the care certificate training that staff was working towards. At our last inspection we did not see evidence that spot checks were being carried out regularly. During this inspection, the manager told us that each staff should be spot checked once a year. Staff records we reviewed evidenced that all staff had received at least one spot check annually and this was kept with supervision records. The manager told us that outcomes and developmental areas identified through spot checks were also included and discussed at appraisals.

There were systems in place for quality assurance. The manager and senior care staff carried out audits on care plans. Each care plan we reviewed had an audit done recently. The audits looked at risk assessments, personal information, life stories, consent, medicines and reviews. There was an action plan of findings and records showed that action plan was followed up to evidence that steps listed on the action plan had been completed. The chief executive also carried out regular audits of care plan. However, the audits had not identified the issues we found with risk assessments. We discussed this is detail with the manager and chief

executive who informed that quality assurance systems would be made more robust to identify issues. After the inspection, the manager sent us evidence to show quality assurance system had been reviewed and processes had been revised.

The service had a quality monitoring system which included questionnaires for people who received personal care from the service. At our last inspection we found that an action plan had not been created following the outcome of surveys using the feedback to make improvement to the service. During this inspection we saw the results of recent questionnaires, which included questions around service, response, staffing, safety, management and satisfaction. The overall feedback was positive and the results had been analysed. There was a 100% recommendation rate. Comments by people from the survey included, 'The last six months of my mother were made much better by the service we received', 'The carers that attend are very nice and professional', 'We look forward to our weekly visits', 'They are very capable and caring and understanding' and 'We have been treated with kindness, compassion, dignity and respect'. However, records showed that there were some areas that may require further review. Although the results of the survey had been analysed to identify any concerns, an action plan had not been created to ensure results of the survey was being used to make improvements and to ensure high quality care was being delivered. The manager told us that they would be doing another survey and an action plan would be created using the results of the survey.

Staff meetings minutes showed staff discussed people that receive a service, medicines, missed visits, care plans, staffing and supervisions. Minutes of meetings was recorded for staff to read if required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users. Regulation 12(2)(a)(b)