

Alandra Care Limited

# Alandra Care Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected the offices of Alandra Care on 6 and 19 May 2015.

The agency provided care to 42 people living in their own homes. The majority of people who received a service were older persons. People had varying needs for support. Some people received infrequent visits, for example once a week. Other people received regular visits, some being visited several times a day. Some people who were living with a physical disability had two care workers to provide them with care for every visit. The

agency employed 31 care workers in total; only 14 of the care workers supported people in their own homes. The other care workers worked as agency care workers in care homes. On infrequent occasions, for example if staff were sick at short notice, care workers who worked as agency staff in care homes could also support people in their own homes.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the home. Like registered providers, they are

# Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The agency's last inspection was on 13 May 2014. At this inspection we had warned the agency they must take action to ensure staff were supported in their roles, so they could provide people with a safe service. We also found the agency were not appropriately assessing and monitoring the quality of the service provided or maintaining necessary records to ensure the safety of people. The agency sent us an action plan on 30 June 2014, which outlined how they would take action to address these matters. We found the agency had taken full action to address the issues raised.

People reported on how well managed the agency was. Staff were positive about improvements made in management of the agency since the last inspection. One care worker described it as "More organised."

People told us they felt safe because of the service provided by the agency. Care workers knew what actions to take if they thought a person might be at risk. They were confident the manager would take appropriate action if they raised concerns about the vulnerability of a person.

The agency performed comprehensive risk assessments about people, and the environment they lived in. Where risks were identified, action was taken to reduce risk, including the involvement of external agencies if necessary.

There were effective systems for the safe recruitment of staff. There were sufficient care workers employed to ensure people's visit plans were followed in the way people wanted.

People said they were supported by care workers if they became unwell. Care workers were aware of actions to take if people needed medical or emergency support.

Where the agency supported people with taking their medicines, care workers were trained in how to do this. Full records were kept where the agency supported people with their medicines.

People told us the service was effective because staff knew how to support them. Staff were positive about the training they received which they said enabled them to support people in the way they needed. Staff said they were supported in their roles, so they could deliver safe care to people.

People described care workers as caring, respectful and polite. Care workers were aware of the importance of ensuring people's privacy and confidentiality was protected. Care workers knew the people they supported as individuals. Due to this, care workers supported people in a sensitive way, taking account of their diverse needs when providing care. Care workers were aware of how to support people who were living with dementia and may need support with making decisions. There was full information in people's records about who people wished to receive support from when making decisions.

All people had a care plan drawn up when they started receiving a service from the agency. Care plans were reviewed with the person when their needs changed. Care workers were responsive to people's changing needs and informed the office staff of any changes. Care workers supported people with their diet and fluids when needed. They maintained relevant records relating to this and observed for key factors such as a person losing weight.

People said they could raise complaints or bring up other issues with the agency if they needed to. They said they were confident the agency would take action if they raised issues. For example one person had requested a change in care worker. This was actioned by the agency.

The agency maintained clear records, which were clear and easy to audit. They had clear policies to support in the management of the agency. Questionnaires were sent out to people and care workers. These showed a positive response about the management of the agency. People were positive about the culture of the service.

# Summary of findings

## 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 agency was safe.

People were protected against potential risk and safeguarded from harm.

There were sufficient staff in post, who had been recruited using safe and effective systems.

Where needed, medicines were given out in a safe way and full records maintained.

Good



### Is the service effective?

The agency was effective

Staff had the knowledge and skills to provide people with the care they needed.

People's capacity was assessed and staff were trained in supporting people with consenting to care.

People's health care needs were managed effectively.

People who needed support were given the assistance they needed to eat and drink.

Good



### Is the service caring?

The agency was caring

Peoples' independence, privacy and dignity were respected.

People said staff were respectful and caring towards to them, supporting them in the way they wanted.

Staff understood the importance of ensuring confidentiality and supporting people as individuals.

Good



### Is the service responsive?

The agency was responsive.

People said their needs were met and they were fully involved in setting up and revising their care plans. People's changing needs were responded to, to ensure their care plans were revised when they needed.

People felt they were listened to if they raised issues and were confident appropriate action would be taken when they raised matters.

Good



### Is the service well-led?

The service was well led.

There were appropriate systems for audit of service provision. Clear and detailed records were in place.

There were systems for feedback from people, their relatives and staff.

We received favourable comments from staff on the culture of the agency.

Good



# Alandra Care Limited

## 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.

We visited Alandra Care's offices on 8 and 19 May 2015. This was an unannounced inspection. The inspection team consisted of 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 our inspection we reviewed the information we held about the agency. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local

authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We did not request a provider information return on this occasion because we were following up on matters from the previous inspection. The provider had contacted us with information about their progress, including action plans.

Between the visits to the agency's offices, we spoke with 18 of the 42 people who received a service, seven of the 14 care workers who provided care to people in their own homes, the care coordinator, manager and the provider for the agency.

We looked at records held by the agency, including staff employment and training records, minutes of meetings, policies and procedures and feedback questionnaires. We looked at five people's records held on computer, and their paper records.

# Is the service safe?

## Our findings

People told us they felt safe because of the service provided by the agency. One person said that at no point had they ever felt unsafe when the care workers were in their home. Another person said “It means a vulnerable person can be in their home because of their support.” A person told us the care workers gave a “very safe approach.”

Care workers confirmed they had all been trained every year in safeguarding adults who may be at risk of abuse. One care worker told us the safeguarding training was “Useful” because it “Can bring up something you’ve never thought of.” Another care worker said the regular safeguarding training helped because the training “Keeps it in mind,” so they could continue to be aware of issues they needed to consider.

We discussed different scenarios with care workers about identifying people who may be at risk. They all said they would first document the matter, then make sure the office was informed. Care workers were all confident the manager would take appropriate action if they raised concerns about a person. One care worker told us “Oh yes, they’d do something,” and their manager was “Good like that”. Care workers also knew if they were not satisfied with the response from the office, they could go directly to the local authority to ensure people were safeguarded. They all said they had not needed to do this in their current role. The manager was aware of their responsibilities to report concerns that a person may be at risk of abuse to the local authority.

Care workers were aware if someone did not answer when they visited, they needed to take action to ensure their safety. They told us about occasions where people had fallen in their own homes, and the care worker had needed to call emergency services. They also described a person who they were providing a service to, who was living with dementia. This person could sometimes forget about their visit and go out. Care workers said they always followed this up with the person’s family. We looked at records made for the person and saw every occasion where they had not been in their home when expected, this was followed up with a family member, to ensure the person was safe.

The manager said they performed risk assessments as part of their initial assessment processes for all people. One

care worker said they had realised the benefit of such detailed information when they needed access to a person’s stop-cock, to ensure the safety of the person and their home. The care coordinator told us they performed some people’s care. This was a benefit in assessing risk as it meant they could see hazards the manager may not have identified in the initial assessment. For example a path to a person’s house which was badly lit at night. When this happened, they could ensure such matters were taken into account, to ensure the safety of people and staff.

Care workers said they reported to the office where they identified new risks to people. While we were in the office, a care worker phoned up to tell the office they felt a person’s bed was unsafe. The care coordinator made sure they took down relevant details, so they could take action to ensure the safety of the person and their staff. Care workers were aware of other matters which could present a risk to people, including loose rugs and mats or an air mattress which was not working properly.

Care workers told us they had been trained in areas relating to risk. All of the care workers we spoke with were aware they needed to report any bruising or reddened areas of skin promptly to the office, as well as documenting what they had observed on a body chart. One care worker told us they were very aware people’s pressure areas could become worse if prompt action was not taken to support them.

People told us there were enough staff employed to ensure they received continuity of care and also to ensure that care workers came at the time they were booked to come. One person said “We know the ones that come,” and another care workers “Come dead on time.”

Only one care worker felt there could occasionally be issues about staffing. This was not echoed by other care workers we spoke with. The manager reported they had very occasional staffing issues, generally relating to unplanned sickness, but they had enough staff employed across the agency to cover people’s visits. The care coordinator reported the agency had some “Really loyal” care workers. The manager told us, and records showed, the turnover in care workers was low. The manager told us care workers were “All quite settled.”

Due to the stability of staff employed, the agency had not recruited any new care workers recently. Staff files showed full employment checks on the suitability of potential care

## Is the service safe?

workers had taken place before decision to employ. These included a full working history, proof of identity and health status questionnaire. Reference requests sought the reasons for a care worker leaving their previous role, as well as the referee's opinions of the prospective member of staff. The manager checked all employees continued suitability to work with people by obtaining a certificate from the Disclosure and Barring Service every three years. They reported as they employed staff who worked for them for extended periods of time, they wanted to be sure they continued to be safe to work with people.

Some people said the agency supported them with taking their medication. One relative told us the care workers "Ensure they take it." They said their relative was refusing to take their medication in the past but now they were out of hospital and back in their own home with care workers they knew, the person was more confident about taking their medication.

Care workers told us they had been trained in supporting people to take medicines. Some people required support

such as getting medicines out of their blister pack for them to self-administer. They supported other people by prompting them to take their medicines. Care workers said there were clear instructions for care workers about how they were to support each person in taking their medicines, so they knew the type of support people needed. Each person had a medicines administration record where they documented when a person had taken their medicines. Copies of these records were held on file in the office. They were fully completed.

Records about where care workers were to apply skin creams were clear and included enough detail in the record to inform a care worker who was unfamiliar with the person about what to do, if the person was not able to do so. For example, one person's record showed which particular part of their leg their cream was to be applied to. This ensured people requiring skin creams received this consistently and safely.

# Is the service effective?

## Our findings

People told us the service was effective because staff knew how to support them in the way they needed. One person's relative said "They really know how to care for him, never had anyone who didn't know what to do." A person told us care workers were "Confident" in their role due to their training. One person said care workers safely supported their relative when using a hoist, to help them to move.

The care coordinator said they made sure care workers were only allocated to people where they had the training to support them. They described a person who was living with a complex disability and said they only sent care workers to this person if they knew about their needs and how to meet them. A care worker told us they wouldn't be asked to go and provide care to a person unless they were trained in how to do it, giving the example of a person who was assisted to eat and drink using a tube-feeding system.

A care worker said "I think the training is good." They said training was provided regularly, which was "Useful." A care worker described their dementia training, which they said had given them more information on how to support people who were living with dementia. The agency maintained full records of training for staff, so the manager could see who had received training and who was due for up-dates. The training record also showed all care workers had been trained to support people in key areas like first aid and food handling.

A person said the manager had been out to their home to check up on how their care worker supported them. They said they were "Quite satisfied" about this. A care worker told us they had been supervised by their manager when providing care to a person in their own home. They said they hadn't known the manager would be there, but they had "Turned up at the same time as me to watch." They said they also received supervision in the office. A care worker said they received regular supervision from their manager. They said "If I think something should be looked at," in relation to further training, the manager would "take this on board." Records showed all staff had received supervision. One care worker commented in their supervision record "I feel all areas went well, all areas covered." On-going supervision and competency checks were used to monitor a care worker's skills and alert the registered manager to any training needs.

The agency cared for some people who may lack capacity, due to living with conditions such as dementia. A care worker told us that ensuring a person gave consent when giving them care was a key area. They said it was important to work with the person and listen to what they were saying, to ensure they consented to the care they needed. All people had a decision-making matrix in their records which documented if they needed support with making decisions in a range of areas, including personal care and support from external agencies. It also documented who the person wanted to support them in making decisions. The document emphasised the importance of care workers explaining matters to people in a way they could understand. The manager had commenced a training programme for all of their staff in the Mental Capacity Act to ensure they were fully aware of their responsibilities in these areas. All care workers would have completed this training during the next three months.

People commented on how they felt supported by care workers if they were unwell or had unexpected healthcare needs. One person said care workers were experienced and although not "Medically trained" they were able to support them if there were changes in their needs. Care workers were all aware of their role in ensuring they contacted emergency services if a person was acutely unwell. They said they would also phone the office and make sure the person's next of kin was contacted. One care worker said they appreciated the way there was "No pressure" from the office for them to leave the person if they felt they were unwell, until appropriate support had arrived. The manager and care coordinator said they would go out to support a care worker if needed, until the person's GP or the emergency services arrived. This was because they were aware more junior staff may not have had to deal with some emergencies previously.

Most care workers reported they did not prepare meals for people and mainly heated up ready meals or prepared snacks like sandwiches for people. A relative told us their family member was supported by the agency with eating and drinking. They said they appreciated the way care workers wrote down what a person had eaten and drunk so everyone involved with supporting the person knew what they had. They said this was important because the person was not able to recall such matters, due to living with dementia. A care worker told us about a person who they had noticed was losing weight. They had reported this to the office, who had contacted the person's GP and family.

## Is the service effective?

This was reflected in the person's records. Care plans also documented people's preferences for what they preferred

to eat and drink. A care worker said this was important for people who were living with dementia as it helped them make suggestions to a person about what they might like to eat and drink.



# Is the service caring?

## Our findings

People said the care workers who looked after them were caring. One person described care workers as “Very polite.” Another person said they appreciated the way the care workers “Listen to me.” A person said care workers always “Introduce themselves to me,” which they liked. A person described the care workers as “Very jolly, which lifts my spirits.”

People said they felt respected by staff. One person said they were pleased that “They treat me with respect.” Another person described the care workers as “All polite, respectful, and fun.” A person’s relative said “The carers are good, they treat me with respect and give him the dignity that he deserves.” We observed the care coordinator was very polite to people when they talked to them on the phone.

People said the care workers treated them with dignity and ensured their privacy. A relative told us their loved one was treated as an individual and their privacy ensured, saying doors were always shut during personal care. Another relative said “They treat my [spouse] with respect and dignity, no rush at all.” A person’s relative said staff were flexible in providing care, saying sometimes their relative wanted to sit by the window in the sunlight after care had been provided, and they appreciated the way care workers helped them to do this when asked.

Care workers were very aware of the importance of confidentiality. They said this could be complicated, because many of the people they cared for lived in rural areas, where other people often liked to “know each other’s business.” One care worker said they would reply to queries from other people politely, in a general way, and then change the subject to something ordinary, like the weather. Several care workers said they used such queries as an opportunity to encourage people to visit the person, if they thought that was what the person they were caring for wanted.

Records demonstrated care workers had all been trained in the principals of care and confidentiality, in March 2015. The training had included choice, rights, privacy, confidentiality and trust. Care workers said this training had helped them in their role. One care worker described it as “Brilliant.”

People said care workers sought their consent and “Always informed” them about how they were going to support them. A person said “We know exactly what she’s going to do, and she does it.” A person’s relative said “The carers ask for permission all the time – they really care for him very well.” Care workers described the importance of involving people in their care. One care worker said you “Always chat to them, ask their permission and always let them know what you are doing.” Another care worker described a person who wanted to remain as independent as possible and said the emphasis was on the person making their own decisions. Another care worker described the importance of how you approached a person. They said care workers needed to be aware a person may be frightened of having someone in their own home. They said care workers needed to be gentle and work with the person to gain their confidence, always explaining what they were doing.

People said they were involved in making decisions about how their care was delivered. They said they found feeling involved was easier because they knew the care workers who were allocated to them. One person said they knew their allocated care worker well, so “always” felt involved when making decisions about how they wanted to be cared for. Several people commented on the “flexibility” of the agency when they raised issues about how they wanted their care to be provided.

The registered manager said they knew continuity was important for people, as people liked to have a familiar face to deliver their care. A person said the agency achieved this, telling us “We do get one regular one - who knows my [relative] very well.” Another person said “We have an inner circle of four who come most regularly.” The manager said they always asked the person if they would like to meet their allocated care worker before they started providing care. They said they always discussed the person’s preferred time for a visit and would try to suit their visit to their preference. If this was not possible, they would explain this to the person and reassure them they could have their preferred time as soon as there was a slot available for them.

One care worker said the way the agency was managed meant they got to know the people they cared for. This meant care workers all knew the people they cared for as individuals. Care workers described how they cared for people in a way which showed they understood the importance of treating a person as an individual. For

## Is the service caring?

example a care worker told us about a person who had arthritis and how they liked to have “a good soak in the bath.” They said this relaxed them and made them feel comfortable for the day. A person spoke highly of their care worker, saying they did small but important things for them, like cleaning their nails and washing their hair, which made them feel “Great”.

People’s records showed they were treated as individuals. For example one person’s records documented their liking for jazz music and how staff were to support them with this interest. People’s records documented if they preferred to be cared for by someone of their own gender. The registered manager reported they had enough male and female care workers to ensure people’s choices in this respect were met. Records also documented significant life events for people, so their specific needs could be known

and care workers take the matter into account when they cared for people. For example one person’s records documented the effect of a bereavement on them and how staff were to be sensitive to this when they visited them.

People said they appreciated the way care workers were sensitive to their needs. One person said they could feel pain when they were rolled over and said care workers were “Very careful” when they did this, so they were not in discomfort. A person described themselves as “Blind”, they said care workers took this into account when supporting them. They said “they are very caring.” A person who had moved back home from hospital said the caring support they had received was such that “It’s been very uneventful – just how I want it to be.” A person’s relative described how their loved one had improved in many ways since they came home, they said their speech had improved and they thought the person was stronger than they had been.

# Is the service responsive?

## Our findings

People said the service responded to their needs. One person said “The office notify me of any changes to my times and review me for support in my care plan.” Another person said “They support me with the things I can’t do for myself.” A person said because of the responsive service given by the agency, “I feel my needs are met.”

People said the agency supported them with their individual needs, so they could do the things they wanted or needed to do. One person said care workers “Always come in time I so can go for my regular hospital appointment.” Another person described the “Very good timing” of visits. We asked another person if the staff came when they expected them. They said they did and if it were not possible the agency would “Always ring” if there were any problem or their care worker might be late. They said this happened infrequently. Care workers said they were able to respond to people and come at their specified visit times because time was built into their visiting plans as it took longer to get to some visits than others, due to the geography of the area. A care worker told us if there was not enough time given to support a person in the way they wanted, they would refer this back to the office, so a review could take place.

A person had recently begun to have a service from the agency. Their relative described how the care workers were responding to their loved one, getting to know them. The registered manager reported they performed a detailed assessment on each prospective client before they agreed to provide a service. This was so care workers had the information they needed to care for the person. They said they had decided not to provide a service to people in the past where they assessed they could not meet their needs and would “Not just say yes” to every request to provide support to a person.

Care workers said they were informed about how to support new people before they went in to provide care. One care worker said the care plans “Pretty much tell you everything.” Another care worker said care plans told them full information about people’s needs. Care workers said they always tried to respond to newer clients by giving them a “Bit longer” because newer clients did not like to be

rushed. A person’s relative told us how their relative had improved and how care workers had responded to this and adapted how they cared for them as the person’s condition changed.

All of the people we talked with confirmed they were offered regular reviews of their care plans. One person reported they had a full review about every year and more often if needed. Another person said they had requested a review and the manager had actioned this within four days. The registered manager also involved other professionals including social services or therapists in reviews where relevant.

Care workers said they informed the office if people’s needs changed. A care worker told us they would “Tell the office staff and advise a client needs a review” and “The office will do it.” Another care worker said because they knew the people they cared for so well, they could tell if changes were happening in their care needs and request a review. They gave an example of a person who they thought needed a review because their manner had changed and who did not look quite so well. A persons’ records showed the agency had taken appropriate action and performed a review when the person’s mobility support needs changed. This ensured the person received care which met their needs.

All of the people we spoke with were aware of how to raise issues of concern to the agency. None of them reported they had found it necessary to make a complaint about the service. One person said they had raised a concern about one care worker. The said the matter was resolved and they were give a different care worker. People felt issues they raised would be taken up. One person said “I’d tell the office, they’d do something.” Another person said “Yes they listen to me on the phone” and were “Open to listening to what you say.”

Care workers were also aware of how to support people if they were concerned about anything. A care worker reported if a person said they were not happy about something, they always asked the person what had happened, reassured them and listened to them. They would then tell the office staff about the matter. They were confident staff in the office “Would listen” at such times. A care worker said “My clients are my first concern.”

# Is the service well-led?

## Our findings

People said they thought the agency was well-led. One person told us it was “A really well managed agency.” Another person said “We are satisfied with the way things are,” and another

“I am really happy with this service.”

The service had an established registered manager, who had been in post for over a year. At our last inspection, on 13 May 2014, we had identified the service was not supporting people by ensuring staff had the training and support they needed to meet people’s needs. We warned the service they must take action to address the matter. We also identified the service did not have appropriate systems to monitor and review the quality of the service and did not maintain all the records needed to ensure people were kept safe. At this inspection we found all areas identified in the previous inspection had been addressed and these improvements had been maintained. The registered manager said “We feel we’ve moved forward” about the improvements in their service. One person who had recently started receiving a service from the agency described it as a “First class service.” A care worker described the agency as being now “More organised.”

The provider and registered manager ensured they regularly reviewed the quality of service. Questionnaires had been sent out to people during the early part of 2015. All of the returned surveys were positive about the service. Where a person raised issues in the surveys, the registered manager followed them up. For example one person had queried when their next care review would take place. The registered manager had taken this up with social services on the person’s behalf. Positive comments in questionnaires included “Fine – they listen” and “I would not hesitate to recommend them.” One person told us they did not complete feed-back forms, they just phoned up and told the registered manager what they thought.

Surveys had also been sent out to staff just before the inspection. Staff comments were positive. Care workers also commented to us about the agency. One care worker told us about the registered manager “She’s very approachable, if I’ve ever said anything, she’s always acted on it.” Another care worker said staff meetings were

“Getting a lot better,” they said they were happening more regularly and due to this, they were beginning to find it easier to bring things up. Another member of staff reported they had “No problem having my say.”

As Alandra Care was a small agency, the registered manager said it was easier for her to be aware of any issues and be sure they were acted upon. She said the provider was closely involved with the agency and able to provide support. A care worker told us they had involved the provider with an issue in the past and they had “Acted quickly.” One care worker told us they felt safe working because “Management always put your safety first.” The service was aware of risks to staff from working alone and had a clear lone working policy, which they reviewed regularly. Other monitoring systems included exit interviews with staff to identify any areas where the registered manager needed to action. These showed a low staff turnover, and no issues had been raised about the quality of service provision during staff exit interviews.

Clear records were made relating to service provision. A care worker said “We write everything down.” Records were maintained out of hours and at weekends about relevant matters. These hand-written records were stored for future review, and relevant information was also transferred to people’s records the following working day. People’s records were updated regularly during the working week. The manager reviewed records to ensure action was taken where relevant. For example a person’s record showed they needed a change in time of call due to an appointment. This was logged and action taken. Time-sheet records were clear and could be easily accessed on computer. These provided relevant information, including which care worker attended a person, when and for how long.

Alandra Care stated its aim was to ‘Provide friendly, efficient and competent care workers who will blend into the environment in which our clients have created.’ They state to do this they will recruit to a ‘High standard,’ ensure staff are trained so as to carry out their role in the way people need and enable people to make an informed choice about their care. People said they were provided with full information about how Alandra Care would meet their needs when they started with them, so they knew it could provide the care they wanted. The information pack for people included the service’s statement of purpose as well as other documents about how their service would be provided.

## Is the service well-led?

The manager supervised care workers when they provided care to people in their own homes, as well as meeting with them in the agency's office. They said this enabled them to see how they supported people in practice and also review staff training needs to ensure they continued to know how to support people in the way they wanted.

We asked staff about the culture of the service. A care worker said the service was a lot calmer in approach now.

Another care worker said "I like it, I've worked for other agencies, they treat you decently here, you don't get badgered to do shifts if you can't do them." Another care worker said "It's small group, it seems to work." They said because of its small size, "We all work together, we all know what to do." A care worker summed it up by saying "I'm perfectly happy with my job."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.