

Cyprian Care Ltd

Cyprian Care Limited

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

About the service

Cyprian Care is a domiciliary care agency that provides personal care to people living in their own homes. At the time of our inspection the service was supporting 165 people.

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

We found that medicines were not always managed in a safe way, the service did not appropriately respond to and report on allegations of abuse to keep people safe and accidents and incidents were not analysed to prevent recurrence.

The service did not always provide staff with supervisions in line with their policy. We have made a recommendation about the supervision frequency.

Care plans did not evidence that people were involved in the planning and reviewing of their care. We have made a recommendation about documenting people are involved in making decisions about their care.

Care plans did not ask questions about all the protected characteristics relating to equality and diversity. We have made a recommendation about discussing equality and diversity with people receiving care. Staff were not equipped with the skills to provide end of life care to people and people were not given a chance to discuss their end of life wishes. We have made a recommendation about end of life care being provided where appropriate.

The governance systems in place did not identify the shortfalls we found during our inspection.

People told us they felt safe with staff. People's risks were recorded to ensure staff knew how to keep people safe. People were protected from the risk of harm associated with the spread of infection. There were enough staff working at the service and pre-employment checks were carried out on prospective staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Assessments were undertaken to determine people's needs before they moved into the service. Staff received training to support them in their roles. Staff were provided a thorough induction and ongoing training, to enable them to provide effective care and support. People's nutritional needs were met, and the service worked well with other relevant healthcare professionals.

People told us they were treated in a caring manner by staff. Staff understood how to support people in a way that respected their dignity, privacy and promoted their independence.

People received individualised care that met their needs. The care plans were person centred and discussed people's preferences. Information was provided to people in an accessible format. People told us they felt

able to make a complaint and were confident that complaints would be listened to and acted on.

People and staff spoke positively about the service and said it was managed well. There were processes in place to manage and monitor the quality of the service provided. The management team had regular contact with people using the service and their staff. The registered manager kept up to date with best practice to ensure a high-quality service was being delivered.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The rating for this service was good (published 11 January 2017). The service is now rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this report.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cyprian Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and one 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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports, notifications of serious incidents and any whistle blowing or complaints we had received. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people and 12 relatives of people who used the service about their experience of the care provided. We spoke with 15 members of staff including the registered manager.

We reviewed a range of records. This included 14 people's care records and eight people's medication records. We looked at five staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- People's medicine administration records (MAR) were filled out by staff administering medicines in people's homes. These MARs were then collected and audited by the management team. We found that there were gaps in people's MARs that had not been picked up by the audits. For example, one person's MAR showed that on the 6 January 2018 they had not received their Warfarin. Another person had an unexplained gap for Tegretol on 3 February 2018. The reasons why these medicines are prescribed and the risks of not taking them were not recorded. Therefore, we could not be assured that people were receiving their medicines as prescribed to keep them safe.
- Furthermore, we saw on one person's MAR that their medicines had been discontinued but according to the person's care plan and records these medicines were still being prescribed. We also found on another person's MAR their medicines needed to be re-ordered but there was no record of this on the person's records. The management audits had not picked up on these points and therefore no action had been taken to address this.
- We spoke to the registered manager about this who acknowledged they were relying too much on staff to tell them about any medicine related issues and the audits were ineffective. This meant the systems in place could not always guarantee that people received their medicines in a safe way.
- The service did not have systems in place to record accidents and incidents. This means the service could not take further action taken to ensure the persons safety and analyse accidents and incidents, so any patterns or trends could be identified to reduce the risk of reoccurrence.

The service did not have robust systems in place to oversee the proper and safe management of medicines. Incidents that affect the safety and welfare of people using this service were not always investigated and monitored to prevent further occurrences and protect people from avoidable harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider has demonstrated improvements made to the ensure the safe management of medicines. They have reviewed and updated all relevant policies and procedures and implemented systems to ensure people's medicine support needs and related risks are documented
- Staff demonstrated a clear understanding of how to support people with their medicines and people and relatives trusted the service to manage this well. One staff member told us, "We pop the blister we make sure [person] takes it, we record it on the sheet if [people] refuse we record that as well." One person said, "[Staff] watch me to ensure I take my medication correctly." Relatives confirmed, "[Staff] ensure [person] takes

medication, which [person] wasn't, before they started to care."

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy in place that says, "CQC must also be notified following alleged or suspected abuse/harm." However, we found that not all safeguarding alerts had been notified to the CQC. For example, on the 7 May 2019 a safeguarding alert was raised with the local authority for neglect because of a relative identifying a concern. Secondly, on the 10 March 2019 a safeguarding alert was raised with the local authority as a relative was being abusive towards a person. This meant all relevant bodies did not have oversight of allegations of abuse to ensure people were receiving safe care and support. We spoke to the registered manager who acknowledged they had not been following the correct processes.
- Records confirmed staff had received safeguarding training and they demonstrated an understanding of how to keep people safe from harm. One staff member said, "We have to safeguard [people]." Another staff member confirmed, "We can't keep [concerns] to ourselves so we speak to the office." People told us they felt safe with staff. One person said, "I feel safe, I do not feel rushed. I know they know what they are doing."

Assessing risk, safety monitoring and management

- Risk assessments were in place for individual support needs including skin integrity, nutrition, moving and handling and the person's environment. Information was available in each person's care plan to say what their medical conditions were and how these affected the people living with them.
- Staff were aware of how to support people to manage risk. One staff member told us, "We risk assess, check the environment. While we are working if we discover a risk to a person we notify the office and they will update the risk assessment." People confirmed they felt staff protected them from risk. One person said, "I feel safe with [staff], they keep a close eye on me, so I do not fall." This meant people were being supported to manage risk and stay safe.
- Records confirmed that every six months the service contacted the local authority to seek assurances that people's moving, and handling equipment had been serviced and was safe to use. This meant the service was providing care and support to people in a safe manner.

Staffing and recruitment

- Safe recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, references, employment history and proof of identity had been carried out as part of the recruitment process. This ensured that people were protected from the risks of unsuitable staff being employed by the service.
- The rota confirmed there were enough staff to provide safe care and support to people. Staff told us there were, "No issues, we are always double. If we need more time we tell the office and they will increase time. We work in post codes, [management] will try and pick local to you."
- Most people we spoke with told us they did not feel their visits were rushed and staff were mostly on time. They also confirmed they had the same staff for each visit. One person told us, "The best thing is that I have a regular main [staff] whom I can rely on and have got to know well." However, others told us that staff did not always arrive on time and they had to call the office to find out where they were. One person said they do not get a phone call if someone is going to be late. These people and relatives told us they had not spoken to the office about this as they understood it was down to traffic and high demand and they still felt the care was good. We spoke to the registered manager about this who told us they would look to rectify any concerns around staffing.
- Following the inspection, the provider evidenced they had reviewed their processes to ensure people receive their care in a timely manner and are well communicated with

Preventing and controlling infection

- Systems were in place to help prevent the spread of infection. In care plans, staff were guided to put on personal protective equipment (PPE) before providing care and support to people. The infection control policy stated, "All staff should, at all times, observe high standards of hygiene to protect themselves and their service users from the necessary spread of infection."
- People confirmed staff managed infection control. One person said, "Staff do wear gloves and aprons when providing personal care." Staff told us they wore protective clothing when providing support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The service had a supervision policy that stated, "Cyprian Care is committed to providing its care staff with formal supervision at least four times a year which will complement the informal supervision that carries on continuously." Staff confirmed they received regular supervision and found this helpful. However, records showed staff were not receiving supervision in line with these timeframes. Of the six staff files we reviewed, three staff had not received supervision for as long as two and a half years. The registered manager confirmed that the supervision records were not always up to date. This meant the service was not working in line with its own policy to ensure staff were supported to provide effective care and support to people.

We recommend the provider considers current guidance on staff supervision to ensure that staff receive appropriate support at all times.

- Following the inspection, the provider evidenced the service had reviewed their processes to ensure staff will receive supervision in line with their policy. This will enable staff to feel supported and provide effective care and support to people
- People felt they were supported by staff who had the necessary skills and knowledge to effectively meet their needs. One person told us, "Staff are well trained as they are able to move [me] safely from [my] wheelchair to handrails, shower and the toilet."
- Records showed that staff had completed or were in the process of completing the Care Certificate; the Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us, and records confirmed, they had access to specialist training to enable them to deliver effective care and support. One staff member told us, "Training is very good. Recently we have done moving and handling, first aid, stoma bag, safeguarding, peg feed, health and safety."
- New staff received an induction, which included shadowing a more experienced member of staff and learning about the policies and procedures of the organisation. Staff confirmed their induction was helpful. One staff member said, "Yes. They explain to us what the job is, shadowing, training and then we meet the [person]." This showed there were systems in place to ensure staff were equipped with the skills and knowledge to provide effective care and support.

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that the service did not always seek consent to care and support from people or a relevant person. In two people's care plans we found their consent forms had been signed by relatives but there were no records to confirm either of these relatives were able to sign for the person or why the person was not able to sign their own care plan. In a further three people's care plans there were no consent forms at all. This means the service was not working in line with the principles of the MCA to ensure people were consenting to receiving care and support.
- However, we spoke to the registered manager about this who showed us a new form that was being implemented. This form clearly explained if someone had the capacity to consent to care and support, and if not, the service was guided to follow the correct processes. These forms were already being completed and were in place in some care plans. We were advised they would be in place for all people by February 2020.
- People confirmed their consent was gained before receiving personal care. Records showed staff had received MCA training and they demonstrated an understanding of consent. One staff member said, "You offer choices all the time, we don't force them to do anything." Another staff member confirmed, "Whatever you do you ask their consent." This showed staff were obtaining consent in an appropriate manner to ensure people felt safe when receiving care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service could provide care and support to meet individual preferences and keep people safe and well. Assessments of people's needs were carried out by the service prior to care packages starting. Assessments covered needs associated with personal care, mobility, medicines and nutrition. They also looked at people's personal life and relevant background and history. For example, they discussed people's previous jobs, and loved ones and their medical history. One person confirmed, "I met the manager for my initial assessment."
- Each person's care plan contained their referral form from the local authority or other relevant body that contained information about people's care and support needs. This information enabled the service to develop detailed care plans and for care staff to deliver care in line with people's needs and choices.

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

- People's nutritional needs were being met and staff supported them to have enough to drink and have a healthy diet. Care plans listed people's allergies and advised staff if people required support with meals. For example, one person's care plan identified they required a, "Soft diet, supervision when eating and drinking," and the person must be, "Sitting upright."
- Staff demonstrated an understanding of how to ensure people had a healthy, balanced diet. One staff

member said, "We know that from care plans. [If a person has] diabetes, lactose intolerant [or has] halal food." People confirmed they were supported to manage their nutrition. One person told us, "[Staff] remind me to drink more water and give me a fresh glass of water when they leave".

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

- Staff worked with other agencies to the benefit of people. Individual care plans contained contact details for professionals and guided staff to liaise with relevant agencies if concerns arose. We saw records of referrals to other services when staff identified concerns with people's health.

- Staff demonstrated a clear understanding of how to work with other health and social care professionals to ensure people stayed well. One staff member told us, "We have a meeting about [person] if there is something wrong." Another staff member said, "There is a risk of falls with one person, so we got the occupational therapist to come and they told us to do the belt on a standing hoist." This demonstrated the service worked well with other relevant health and social care professionals to keep people healthy and well.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Within individual care plans we could not see any records to evidence involvement from people and their families regarding their care package.

We recommend the provider to review best practice guidance and ensure they document that people are supported to be involved in making decisions about their care.

- People and their relatives confirmed they were involved in making decisions about their care. One person told us they were involved in their assessment and had been involved in reviews and feedback meetings. A relative said, "[Staff] always tell me if there is anything we need to worry about like [their] skin being sore or anything like that."
- Staff confirmed they always spoke to people about their care package and what they would like during their visits, "We ask questions, we try to get to know them their likes and dislikes, what they love doing and their normal routine and how they lived before care."

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us their staff were caring and compassionate. One person said, "[Staff] are kind to me." Relatives confirmed staff were kind and caring. One relative told us, "[Person's] main staff is very good, the way [staff] are with [person] they've managed to build a bond, [staff] has supported [person] immensely without making [person] feel silly or needy".
- Staff understood the importance of building positive relationships with people and treating them in a kind manner. One staff member told us, "It's about trust building."
- The service had an equality and diversity policy in place that said they worked in a way that, "Reflects the values and principles of respecting diversity, equality and human rights and non-discrimination." Staff demonstrated an awareness of how to respect equality and diversity. One staff member said, "For instance some homes [of people practicing a specific religion] you don't wear shoes in the house, you ask do you want me to remove my shoes, you respect their wishes."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people to maintain their privacy and dignity. One staff member said, "We don't want anyone to see them without clothes, we close the curtains, the windows." People confirmed,

"Staff would close the door and curtains to ensure [my] privacy when washing and dressing."

- People were supported to maintain their independence. One person told us, "I am grateful as they help me to live independently" Staff confirmed they supported people to remain independent. One staff member said, "[Person] told me she will do it [themselves], toileting, I respect what [person] wanted." Another staff member told us, "There are some people due to frequent falls they might withdraw from walking. In such a situation you encourage them and reassure them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We saw that care plans asked questions about people's religion and ethnicity but did not ask about sexuality or relationships. This meant some people may not have been receiving care and support in line with their needs and preferences.

We recommend the provider considers best practice guidance to ensure equality and diversity is considered at all stages of care and support.

- Following the inspection, the provider evidenced service had reviewed their processes to ensure people are asked about their sexuality or relationships. This will ensure people are receiving care and support in line with their needs and preferences.
- The service was in the process of implementing new care plans. These care plans were detailed, and recorded people's needs and preferences in a clear manner. They were personalised to enable staff to provide person-centred care to people. For example, they looked at, "Lifestyle choices and preferences" such as where people liked to eat their meals, what time they preferred to wake up in the morning and how they liked to spend their time. We were advised they would be in place for all people by February 2020.
- People were happy with the way staff supported them and felt their care was person-centred. One person told us, "[Staff] knows how I like things done." Relatives confirmed the quality of care was good and person-centred, "We are incredibly lucky. We have the most amazing staff. I cannot fault [staff], they are very good at what they do."
- Staff told us how they provided person centred care. One staff member told us, "We give an individual service." Another staff member said, "If they send me somewhere to cover I like to speak to the main staff as they will know better than anyone - I get some more info from them. A better service for the [person]."
- We saw evidence that care plans were regularly reviewed to identify if the care and support being delivered continued to meet people's needs.

End of life care and support

- The service was not currently providing care and support to any person receiving end of life care and support, but they did accept end of life care packages.
- Systems were not always in place to ensure people received appropriate end of life care. In individual care plans there were no records to confirm end of life care and wishes had been discussed. Records confirmed staff had received end of life training during their induction, but this had not been updated. We spoke to the registered manager about this who advised it was not always culturally appropriate to discuss end of life but

acknowledged this could be documented for people where it was appropriate.

We recommend the provider seek advice about best practice guidance to ensure the service can provide end of life care, should it be required.

- After the inspection the provider evidenced the service had also reviewed their end of life processes to ensure people will receive end of life care that is person centred and in line with best practice guidance.
- The service did have an end of life policy in place that said they aim to, "Provide high standard care and comfort to service users who are dying and ensure that they handle any deaths sensitively, respecting the feelings of the bereaved."
- Staff demonstrated an understanding of how to provide appropriate care and support to people at the end of their life. One staff member said they would ensure people are, "Comfortable, quiet, make them happy." A relative confirmed that previously end of life care had been provided and could not fault it.

Meeting people's communication needs

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

- The service was able to provide information to people about their care and the running of the service in an accessible format. People's care plans clearly recorded what language people spoke and what was their preferred method of communication. One person's care plan said that although they can speak English, their preferred language was Turkish. This person, and their staff confirmed they communicated in Turkish.
- Care plans included information of people's other communication needs. One person's care plan said, "I want staff to be patient with me because I am wearing hearing aids and I don't understand sometimes." People confirmed they felt staff communicated well with them.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure for dealing with any concerns or complaints. We reviewed the complaints log and found that all complaints had been responded to in a timely manner and people were satisfied with the outcome.
- People and their relatives felt comfortable raising concerns. One person told us, "I was seeing too many people and it was not acceptable, when they asked me for feedback I told them and now I only have three staff over the week." A relative said they had never had any complaints but would feel comfortable to make one. This showed the service managed complaints in an open and transparent way.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was not aware of all their legal responsibilities. For example, they did not know they had to report allegations of abuse to the CQC and had not notified CQC of two safeguarding incidents that had taken place. However, the provider had reported these allegations to the local authority and risks had been mitigated through internal investigations and action had been taken. The registered manager reassured us they now understood their responsibilities and would report future incidents to the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The registered manager had implemented quality assurance systems to promote the quality of care and support provided. However, we found these were not always effective and did not identify the concerns we found during our inspection.
- We found the systems to ensure the safe management of medicines were not robust. The management team did not learn from accidents and incidents to ensure the service runs well and people received safe and effective care and support. Supervisions were not carried out and recorded in line with the service policy. We could not see that people were consulted about their care packages and equality and diversity was not always discussed and recorded. The systems to ensure end of life care could be delivered were not in place.

This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider has demonstrated improvements in their quality assurance systems to ensure people receive a higher quality of care and support.
- Records confirmed that spot checks were done for all staff once a month. These looked at infection control, timekeeping and how caring staff were. One staff member told us, "They look at how we handle the [person], what time we arrive, what time we leave, and whether we inform the office [of things], we are in uniform, how we use the hoist, communication with client." People confirmed, "[Staff] sometimes come to check on the [staff] to make sure everything is to my liking" This showed the service had a level of oversight to ensure people were receiving good care and support.

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

- The management team created a positive working culture to ensure people received high quality care and support. People, relatives and staff spoke positively about the registered manager. One relative said, "The office is very good, they call [me] regularly to update things or check how things are going." Another relative told us they spoke with the office staff regularly and they felt the communication was good. One staff member said, "We trust [the registered manager] and they are always there for us, they are like a family to us." Another staff member said, "Yes, even when we were new I made a few mistakes, but they would give me support and encourage me to do it in the right way."
- The registered manager said, "I help at every level, I try to know everything and manage a good division of labour."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The service engaged well with people, relatives and staff to gather feedback and suggestions and therefore make improvements to the service.
- Records showed staff attended team meetings and had opportunities to discuss the running of the service and their own development. One staff member confirmed, "We'll come for the meeting here and we'll talk about what is the right thing to do."
- Records confirmed the service sought the views of people and their relatives to assess and improve the running of the service through annual surveys and regular telephone monitoring. We found that feedback gathered from people and their relatives was positive. One person said, "Thank you for the outstanding staff you have to look after me."
- The management team worked closely with other health and social care professionals to ensure people received the care and support they needed and to discuss ongoing needs. The registered manager said they attended regular networking meetings and learning opportunities to keep themselves up to date with the latest regulations and practices. They were also regularly liaising with local authorities and health and social care services to ensure they were providing excellent care to people in the community.

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 (1)(2)(a)(b)(g)(i) The systems in place did not ensure the safe management of medicines. People were not protected from the risk of abuse. The service did not analyse accidents and incidents to prevent the risk of reoccurrence.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1)(2)(a)(b) Effective quality assurance systems were not in place to ensure people received safe and effective care and support.