

Helping Hand Care Services Ltd

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Inspection report

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20 November 2017

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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

This was an announced inspection carried out on 15, 16, 20 and 30 November 2017. At the last inspection in September 2015 we found the provider met the regulations we looked at.

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

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Medicines were not managed safely. Records of people's medicines were not accurate or up to date. It was not therefore possible to see if people had received their medicines as prescribed. This put people's health at risk.

The registered manager told us they used a range of systems to monitor quality and identify issues and areas for improvement at the service. However, these were not always formally recorded to demonstrate a commitment to continuous improvement of the service. For example, medication checks had not been recorded or identified the concerns we found with medicines during our inspection.

Overall, people and their relatives told us they were happy with the support they or their family member received from the service. People told us they felt safe with their care workers and the care they were provided with. They said they received a good standard of care.

There were systems and procedures in place to protect people from the risk of harm. Care workers were aware of the different types of abuse and what would constitute poor practice. Recruitment was managed safely.

Care workers understood their role and responsibilities for maintaining good standards of cleanliness and hygiene. However, some care workers needed refresher training in the prevention and control of infection to ensure their practice remained current. Care workers said they had plentiful supplies of personal protective equipment.

Training records showed care workers had completed a range of training; however records of some induction training completed was not available. Training records did not indicate the providers expected interval between refresher training. The registered manager agreed to introduce a policy regarding this to ensure staff's practice remained up to date.

Care workers told us they received support, supervision and appraisal to help them understand how to

deliver good care. However, this was not always recorded to demonstrate this had taken place.

Care workers knew to offer people choice and what to do in the event they refused care. The registered manager and care workers we spoke with had an understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (MCA) 2005.

Where needed, people who used the service received support from care workers to ensure their nutritional and health needs were met. Care workers were trained to respond to emergencies and said they felt confident to do so.

Care workers showed a good knowledge of the people they supported and understood how to maintain people's privacy and dignity. It was clear they had developed positive relationships with people and encouraged their independence.

People who used the service and their relatives were involved in planning the care and support received. Overall, care plans contained sufficient information for care workers to follow and provide the care people wanted. Regular reviews were taking place to make sure people's current needs were responded to.

There were procedures in place for responding to people's concerns and complaints. People told us they knew how to complain and the service was usually responsive to concerns raised. One person told us they did not feel their concerns were fully addressed. The registered manager agreed to review the issues raised by meeting with this person.

People who used the service, relatives and care workers all spoke positively of the registered manager and their commitment to the service and people who used it.

This is the first time the service has been rated Requires Improvement.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end 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 ●

The service was not consistently safe.

People's medicines were not managed safely. Accurate and up to date records in relation to people's medicines were not always maintained.

There were sufficient numbers of staff to help keep people safe and meet their individual needs.

People were protected from abuse and there were risk assessments in place which, in most cases, showed specific areas of risk, and the measures which had been put in place to minimise those risks.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Care workers told us they received good training and support. However, training records did not indicate the providers expected interval between refresher training. Records of care worker's supervisions were not always made.

People consented to their care and the service operated within the principles of the Mental Capacity Act.

People received the support they needed to maintain their nutrition and hydration, and ensure their health needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service spoke highly of the caring approach from care workers. Care workers were familiar with people's preferences and needs.

Overall, people's privacy and dignity was respected.

Care workers were committed to promoting people's independence and supporting them to make choices.

Is the service responsive?

The service was not always responsive.

Overall, the service listened to and acted on concerns and complaints raised with them. However, one person was not satisfied or confident their concerns had been addressed.

Overall, people received care and support in accordance with their needs and preferences. Some people's care plans did not always contain sufficient detail about their needs.

Requires Improvement 

Is the service well-led?

The service was not consistently well- led.

Quality Assurance systems were in place but had not always formally identified issues. The risks we identified at the inspection had not been identified and actioned.

People who used the service and their relatives were asked for their views about the care and support the service offered.

There was a positive, open and supportive culture at the service.

Requires Improvement 

Helping Hand Care Services 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.

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

This was an announced inspection carried out on 15, 16, 20 and 30 November 2017. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector who visited the provider's office and made telephone calls to the staff and an expert-by-experience who had experience of domiciliary care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people who used the service and their relatives.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the service. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority, other stakeholders and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we

require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection, there were 38 people receiving the regulated activity of personal care from the provider. During our inspection we spoke with five people who used the service, six relatives, four care staff, the office manager and the registered manager.

We spent time looking at documents and records related to people's care and the management of the service. We looked at five people's care plans and two people's medicines records.

Is the service safe?

Our findings

People who used the service or their relatives told us they or their family members felt safe and well supported by the agency. Comments we received included; "Yes they are good with me. I am happy and comfortable", "Oh yes I am safe without a doubt", "My relative is safe, comfortable, happy with the care workers" and "On the whole yes; I am fine. I am certainly not subjected to any harm or abuse."

We looked at two people's medication administration records (MARs) and found there were significant gaps where they had not been signed to say medicines had been administered as prescribed. Both people's records showed over a three month period there were fourteen days where the MAR had not been signed for some medicines. The registered manager said there was no explanation for these gaps in signatures and no other records to demonstrate medicines had been administered as prescribed. The lack of complete records meant it was not possible to determine people's medicines were administered as prescribed which could have put their health at risk.

One person was prescribed a variable dose medicine for pain relief. There were no protocols or care plans available to guide care workers as to how to select the appropriate dose or how the person expressed they were in pain. One person was prescribed two pain relief medicines; paracetamol and codeine. The MAR did not include information on the dose or the frequency the medicines could be safely administered. Records showed some people were prescribed as and when required (PRN) medicines or creams. There was no up to date list of current PRN medicines prescribed for each person so it was not possible to see these PRN medicines were administered as prescribed. There were no protocols for the PRN medicines to ensure care workers had guidance on their correct use.

The support people required with their medicines was not clearly documented or up to date. This meant there was a risk people would not receive the support they needed with their medicines. For example, one person's care records indicated staff gave medicines with food. However, the registered manager confirmed this was no longer the practice for this person and agreed to ensure the care record was updated.

Records showed care workers had completed medicines training but it was unclear if they had undertaken annual updates to make sure their practice remained satisfactory. Recorded competency assessments were not in place to ensure care workers were safe to administer medicines to people. Care workers told us they received training as part of their induction but were unsure if they had their competency checked. The registered manager said they would develop a checklist to record competency checks in the future.

The above evidence demonstrated there was a breach of Regulation 12 (Safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider failed to have robust systems in place for the safe management of medicines. You can see what action we have asked the provider to take at the end of this report.

Although we found a breach of Regulation 12, people who used the service told us they had no concerns about how their medicines were managed.

Prior to the commencement of the service environmental risk assessments were undertaken of the person's home to make sure it was a safe environment for care workers to work in. We saw individual risk assessments were also completed and included the risk of falls and those associated with moving and handling. Some people were at risk from pressure ulcers; their records did not always state in detail how these risks were managed and reduced which could lead to people's needs being missed or overlooked. Care workers were, however, able to describe the risks people faced and what they did to prevent and manage risk. The registered manager agreed to review these records.

We asked the registered manager about the systems in place to make sure any accidents or incidents were reported. They told us care workers were issued with a record book to enable them to make a note of any accidents and incidents to be reported to the office. Care workers confirmed this was the system in place. Very few accidents had occurred, however, there were no formal systems in place to ensure accidents or incidents were reviewed and investigated in order to prevent re-occurrence. The registered manager agreed to introduce a more detailed accident and incident reporting form. This would allow the identification of patterns and trends and ensure any learning from accidents and incidents was more easily identified.

There were safe recruitment and selection processes in place. We looked at the recruitment files for four care workers and saw appropriate recruitment procedures had been followed. This included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable adults or children.

People were safeguarded from abuse. Care workers were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. Care workers were aware of the provider's whistleblowing policy. They said they had received training in safeguarding vulnerable adults and told us they felt confident any concerns they reported to the registered manager would be dealt with. One care worker said, "I have every confidence in the manager; they would do the right thing always."

People and their relatives told us overall they were provided with consistent regular care workers who were punctual. One person said, "A good team of care workers; consistency is brilliant." Another person told us, "I have a team; I know them all." A relative told us, "My relative has a team of care workers that they are extremely happy with." One person who used the service told us there had been recent changes of care worker that they had not been told about. They described this as "unfair". A person's relative said there had recently been some swapping of care workers and this had led to disappointment for their family member as they had got used to the regular care workers. One person told us certain care workers were often late and argumentative with them about their call times. We reported this to the registered manager who assured us this would be addressed.

Care workers told us they worked in small teams to provide the care people needed. One care worker said, "We have our regular people and that's great as you can get to know them properly." Care workers told us they had enough time to meet people's needs. One care worker said, "There is no rushing, we spend good time with people."

Personal protective equipment was held at the office and made available to staff on request. Gloves and aprons were worn when undertaking personal care tasks to ensure infection control procedures were followed to keep people safe. Care workers told us they received training in infection control and prevention during their induction. However, records we looked at did not show all staff had received refresher training to ensure their practice remained current. The registered manager said they would put plans in place to rectify this.

Is the service effective?

Our findings

Overall, people who used the service and their relatives told us care workers were trained to meet their or their family member's needs. One person said, "They [care workers] are good; they do all tasks with skills. This shows they have been trained." Another person said, "The care workers are excellent; they take their time with me. They do all the tasks to my satisfaction." A relative told us, "The care workers are trained and very skilled." However, one person told us they did not think care workers were trained enough when they first started work. They said they felt the need to train them further themselves. We informed the registered manager of this and they said they would address these concerns with the person.

Records showed people had their needs assessed before they began to use the service. This ensured the service was able to effectively meet the needs of people they were planning to provide support to.

The service had an induction programme that was completed by all new care workers on commencement of their employment. We were told by care workers and the registered manager this included training, policies and procedures for the organisation and shadowing (working alongside) of other care workers. There was no system in place to record care workers shadowing experience and how their performance had been monitored during this time. The registered manager agreed to introduce a document to record this. New care workers also completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Care workers told us they received a good induction which had prepared them well for their role. One said, "It gave me the confidence I needed."

The registered manager maintained a training matrix which gave an overview of training completed by staff. The training included; safeguarding adults, medication safe handling, mental capacity act (MCA) and deprivation of liberty safeguards (DoLS), moving and handling and dementia care. Training records did not indicate the providers expected interval between refresher training. It was unclear at what interval refresher training, to ensure practice remained up to date took place. The registered manager agreed to introduce a policy outlining the schedule of essential training and the frequency updates were required. Care workers were also supported to undertake and complete vocational qualifications such as the diploma in health and social care.

Care workers told us they felt well supported in their role. They said they received regular supervision and appraisal of their performance which gave them an opportunity to discuss their roles and options for training and development. They told us the registered manager worked alongside them so was able to see how they performed in their job. One care worker said, "[Name of registered manager] would tell us if we needed to improve." We looked at four care worker's records of supervision and saw for two there were gaps of 14 and 18 months when no records of supervision had been made. The registered manager said they had supervised the care workers during this time, by working alongside them, but had not recorded this.

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.

Care workers had received training in MCA and could demonstrate how they put the principles into practice. One said, "I always ask people what they want, offer choices, give people time to respond and explain things." Another care worker said, "I respect people's wishes and never force anyone to do anything." Care workers showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options. This meant people were given choice and control over their decisions.

Two people had a decision making document at the front of their care records. Both people were considered to have capacity to make their own decisions. However, the wrong box had been ticked to indicate they did not have capacity to make their own decisions. This could lead to people's rights being overlooked. The registered manager agreed to rectify this immediately and confirmed this was an error of recording.

People received the support they needed with eating and drinking. Comments we received included; "They [the care workers] will always make what I want", "They [the care workers] prepare food to a good standard" and "They [the care workers] really go out of their way to ensure they give the best menu to my relative." Care workers told us they always left a drink in reach for people when they had completed the call. One care worker told us how they arranged for a person to have fish and chips on Fridays as this is what the person had done when they were more independent. They said, "[Name of person] gets the plates ready, warms them up and we have fish and chips together. This gives them a bit of independence with the preparation."

We found people who used the service or their relatives dealt with people's healthcare appointments; although care workers told us they did sometimes arrange GP or district nurse visits for people. Records showed arrangements were in place that made sure people's health needs were met. We saw evidence that the service had worked with other agencies such as speech and language therapists and occupational therapists to make sure people's needs were fully met. Care workers told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived.

Is the service caring?

Our findings

People who used the service told us they were well cared for and spoke positively about the service and the care workers. People said they were treated well and their privacy and dignity was respected. Comments we received included; "They definitely treat me with the utmost respect and dignity; they are very caring and kind", "Absolutely wonderful. They [the care workers] are so caring, especially when they give me a shower" and "They are excellent, caring, wonderful care workers. Always treat me with kindness and respect."

Relatives we spoke with said they found the care workers caring and kind. Their comments included; "Absolutely fantastic care workers; they provide that caring personal service to my relative. What can I say to you; brilliant", "They [the care workers] make my relative laugh. They take time to chat with them. They are truly caring, kind and wonderful", "Brilliant; could not expect anything better. Gives me such re-assurance that my relative is with such kind and caring workers" and "Very kind, sincere care workers; always treating my relative with respect and dignity."

Care workers spoke with kindness and compassion and were highly committed and positive about the people they supported. This showed us they valued people who used the service as equals. They spoke of the importance of developing relationships with people and getting to know their preferences, likes and dislikes. One care worker said, "It is important to understand people as individuals and know how they like things to be done." Another care worker said, "I just love working with people, getting to know them, having time to chat with them, making things special." Care workers spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well.

Care workers were confident they provided good person centred care and gave examples of how they ensured people's privacy and dignity were respected. One said, "When I'm washing people I make sure I cover them up as much as possible." Another care worker said, "I keep people covered, chat to reassure people and try to do things as I would want to be treated." Care workers were trained in privacy, dignity and respect during their induction. The registered manager said they worked alongside care workers to ensure this was always put in to practice. The registered manager said, "I need to make sure staff are doing as they have been trained."

Care workers understood the need to maintain and respect people's confidentiality. One care worker told us; "It's important to keep people's business private." Care workers were mindful of the fact they worked in people's homes and needed to respect this. One care worker said, "I never go in to rooms in people's houses without being invited, I always ask permission, for example, if I need to use client's toilets."

People were supported to maintain their independence. Care plans directed care workers to encourage people to do as much as they could for themselves. A care worker we spoke with told us, "I encourage them [people using the service] to wash themselves if they can. It's good to keep people motivated to do things for themselves." Another care worker said, "Being independent gives people a lift; raises their spirits. I love to see this."

The registered manager told us no one who currently used the service had an advocate. They were however, aware of how to assist people to use this service if needed. (An advocate supports people by speaking on their behalf to enable them to have as much control as possible over their own lives.)

Is the service responsive?

Our findings

Overall, people who used the service and their relatives told us the care workers knew them or their family members well and the service was responsive to their needs. One relative said, "We have nothing but praise for the company; they are great. Staff are on time and they check if our relative is fine." Another relative said, "Management are very good; responsive, listen and support us. They take on board what we say. I can only speak highly of the team." However, one person told us the service had not been responsive to issues raised and they had, at times, found the management team difficult to get hold of. We informed the registered manager of this person's concerns and were assured they would be addressed.

Records showed people who used the service or their relatives were involved in planning care. One person's records noted their decisions should be respected. The record stated, 'It is my life, please respect my decisions.' A relative told us how they had been involved in discussing care needs for their family member from the start of the service.

We looked at four people's care plans. We wanted to see if the care and support plans gave clear instructions for care workers to follow to make sure people had their needs met. Overall we found clear guidance on how to support people as they wished was provided. This meant care and support provided was person centred and based on the person's own preferences. Care plans contained details of people's routines and information about people's health and support needs. For example, what they liked to eat, what drink they liked and how they liked to be supported to get showered and dressed.

There were some occasions when the care plans were written in a vague manner which could lead to people's care needs being missed or overlooked. For example, one person's care plan said their speech was not always clear. There was no information to guide care workers on what to do to maximise this person's communication. We also found people's care files were disorganised and difficult to navigate which meant it was not always clear what was the most current information. A number of records were also undated; therefore it was not clear if the care record was reflective of the person's current needs. The registered manager agreed to review these records and began making arrangements to separate old information from current information.

We looked at a selection of daily notes made at the point of care delivery, and they showed care was given as assessed and planned. There was a system of text messaging, telephone calls and e mails in place to ensure staff received timely information on changes to care needs. The registered manager told us any information, such as a 'service user guide', could be made available in an accessible format to suit people's needs. We saw this was included in introductory information about the service.

People's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were overall met. However, one person told us they had requested a specific gender of care worker to carry out their personal care and this was not always adhered to. We reported this to the registered manager and they said they would address the person's concerns. Care workers received training in equality and diversity and were able to tell us how

this informed their practice. One care worker told us how they had worked flexibly to change the support they gave to a Jewish person when it was a Jewish holiday.

At the time of the inspection no-one was receiving support with end of life care. However, the registered manager told us staff received training in the compassionate delivery of end of life care. The registered manager also spoke of how they worked alongside other agencies such as hospices when supporting people at the end of their life. Some staff we spoke with told us they had been involved in delivering end of life care. One staff member said, "It is so important to get everything right; make sure people are comfortable, pain free." Another staff member said, "It is good to be able to care for people at home where they are surrounded by their memories."

People who used the service and their relatives told us they knew what to do if they had any concerns or complaints about the service. One person said, "Management are fine; no issues in contacting them at all. Never made a complaint." A relative told us, "Management are always on the other end of the telephone. No issues with them; very satisfied indeed."

We looked at the complaints procedure, which informed people how and whom to make a complaint to. The registered manager told us this was given to people when they first began to use the service. We reviewed records of complaint received. We saw the service had responded to complaints and concerns brought to them and recorded any actions taken to resolve people's concerns. The service had also received a number of compliments. People's comments included, 'All the carers that came were really lovely' and 'I found the girls extremely polite, respectful, helpful and kind.'

Is the service well-led?

Our findings

We looked at the systems in place to monitor the quality of the service. We found systems were not managed effectively which could result in the appropriate care not being delivered. For example, we asked to look at audits such as care plan and medication audits but were told these were not recorded. The provider did not have a formal audit system in place to check MARs to ensure medicines were administered correctly. The registered manager told us they reviewed completed MARs when they were returned to the office but did not record they had done this. None of the issues we identified with MARs had been noted by the provider. A lack of auditing had contributed to the concerns we found with medicines, training, supervision and care plan records. Effective audits would have picked up the issues we identified at this inspection and driven improvements in the service.

Records about medicines were not clear or accurate. We found there was no up to date list of people's current medication so it was not possible to see that people's medicines had been administered as prescribed. We found poor record keeping and a lack of instructions on how to administer people's medicines. Due to the lack of accurate and contemporaneous records it was not possible to determine if and when medicines had been administered as prescribed.

The provider had policies and procedures relating to the safe administration of medicines in people's own homes which gave guidance to staff on their roles and responsibilities. However, the registered manager was not aware of the National Institute for Health and Care Excellence (NICE) guidance, managing medicines for adults receiving social care in the community. This best practice guidance had not been incorporated in to the medicines policy.

Training records did not show the providers expected interval between refresher training. The registered manager did not have a policy on how frequently care workers should update their training to ensure current practice. Records of staff's supervision were not always made to demonstrate the support staff received. The registered manager said they did supervise staff by working alongside them but acknowledged they had not recorded this in staff's records.

We concluded the above evidence demonstrated there was a breach of regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

There was a registered manager in post who was supported by an office manager and senior carers. All of the management team also worked as part of the team to deliver care and support to people when needed. Overall, people who used the service and their relatives spoke highly of the service they or their family member received. Comments we received included; "Oh yes; I am very happy with the company. I am very satisfied with the service I receive", "We have a great relationship with management; any changes we want and managers come to see us to implement them" and "Management are very good with me; they are always there for us." One person was not as complimentary and said they did not think their suggestions for change were implemented. They said they felt let down by this. We raised these matters with the registered

manager who told us they would arrange to meet with the person to discuss their concerns.

People and their relatives told us the service was well managed and they would recommend them to others. One person said, "I could recommend them; they are very good." A relative said, "Could recommend the service; very professional." All the care workers we spoke with said they would recommend the service as a good place to work and would also be happy for a family member to be cared for by the service.

We found there was a positive culture of openness, honesty and support. Care workers spoke highly of the management team and spoke of how much they enjoyed their job. One care worker said, "I love this job; love the people, the team, everything about it is so rewarding." Care workers said they felt well supported in their role and found all of the management team approachable. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. One care worker said, "[Name of registered manager] really cares about people and wants everything to be right for them. And if it's not [name of registered manager] will put it right."

People who used the service and their relatives were asked for their views about the care and support the service offered. The registered manager sought feedback in the form of surveys sent out five times per year. We looked at the results from surveys completed in the last year and saw there was a high degree of satisfaction with the service. People's comments included; 'Supports me to take personal risks', 'Help me feel safe', 'The ladies are an essential part of our life' and 'highly delighted with the help.' No negative comments or suggestions for improvements in the service had been made. People's comments on the service were also gathered during reviews of care needs. We saw one person had asked for change in care worker as they were not getting on with them. This had been done and action was taken to prevent a re-occurrence of the issues raised.

The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service to the Care Quality Commission so that any action needed could be taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured appropriate systems were in place to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The provider had also failed to maintain an accurate, complete and contemporaneous record in respect of each person who used the service.</p>