Vine House Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Vine House Care Ltd is a domiciliary care agency. At the time of our inspection they provided personal care to 28 people living in their own homes. It provided a service to older adults and some younger adults with a physical or learning disability. At the previous inspection, care was only being delivered to people during the night. This included waking nights, staff that slept at people's homes and live in carer's. At this inspection, care had been extended to provide support to people during the day as well.

Not everyone using Vine House Care Ltd received the regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At our last inspection in July 2017, the service was rated 'Requires Improvement'. During this inspection, we found some areas still required improvement. This is the second inspection where the service has been rated Requires Improvement.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There were also two day supervisors and two night supervisors, who supported the registered manager to monitor staff and manage office documents.

Staff recruitment practices were not as safe as they could have been. Although Disclosure and Barring (DBS) checks were completed, the provider had not ensured that they had a full employment history for each staff member. This is required to ensure that staff character and skills are suitable to support people.

Staff had knowledge of offering people choices, however did not always demonstrate understanding of gaining consent for people who did not have capacity. Staff were not always clear about who was able to give consent and documentation that recorded people's understanding of specific decisions did not reflect the person's views or those that knew them well.

A number of shortfalls were found within record keeping which demonstrated current auditing processes needed to be developed. Although there was a care plan audit, this had not yet been implemented. Staff had a thorough knowledge of people and their support needs, which meant where shortfalls were identified, there was limited impact to people. However people's support needs were not consistently identified in their written care plans. There were limited risk assessments with regard to specific support needs, such as diabetes, managing skin integrity and positive behaviour support. Documentation that was missing or incomplete was not always identified. There was a potential risk that if unfamiliar carers were to complete care calls, they would not have all the information they required to support people.

People told us they felt safe and gave positive examples of how staff supported them. Staff demonstrated a

good knowledge of how to safeguard people and there were suitable numbers of staff to meet people's support needs. Medicines were managed in such a way that people received them safely. People were by staff that were trained in administering medicines.

Staff had received a wide variety of training and people and their relatives were confident that staff had the right skills and knowledge to support people effectively. Staff spoke positively about their induction into the service and said regular supervision was given. These and regular spot checks meant they felt positive practise was recognised and areas of improvement identified.

All of the people and relatives we spoke with gave positive feedback about the kind, caring staff team. People's dignity, independence and privacy was promoted and encouraged. Staff knew people, their preferences and support needs well. Continuity of care was achieved through familiar staff attending care calls.

People, their relatives and a health care professional said staff were responsive to people and any changing needs. Staff demonstrated good knowledge of people's communication needs and used various resources, such as pictures to support people to make choices. There was a clear complaints policy and people, relative's and staff knew how to raise concerns. Complaints were resolved in a timely way and people were satisfied with outcomes.

Everyone we spoke to was positive about the registered manager and their commitment to people and the service. Although there were areas for improvement in records, they felt the service was well-led and an open, transparent and supportive culture was promoted.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Staff had not always been recruited safety due to a lack of full pre-employment checks.

People and their relative's felt that safe care was provided. Staff demonstrated good understanding of safeguarding processes and knew the procedure to follow for suspected abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not always demonstrate understanding of the mental capacity act, particularly with regard to seeking the views of the person and those that know them well.

Staff had suitable induction, training and supervision to ensure they had the skills and knowledge required to support people.

The service supported people to maintain close links to health professionals.

Is the service caring?

Good

The service was caring.

People, their relatives and a professional spoke highly about the caring nature of the staff team. They were confident that staff knew people and their support needs well.

Staff showed kindness and compassion when they talked about people. People had their privacy and dignity respected and their independence promoted.

Is the service responsive?

Good

The service was responsive.

People, their relatives and a professional felt that staff were completely responsive to any changing support needs.

Staff were very knowledgeable of people's specific communication needs.

People, their relatives and staff were knowledgeable about the complaints process and felt comfortable raising any issues.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality audits were not consistently completed and there were incomplete or missing records which were not identified.

Staff and the registered manager knew people well. However, people's care documentation lacked consistency and did not always identify all of their care needs. More detailed assessments were required for people with specific support needs.

People, staff and relatives spoke positively about the management team and felt well supported.

Vine House Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 10 and 11 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and the manager is often supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events, which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

Two inspectors were present at the office on day one, and one inspector on day two. Although not present at the location, an expert-by experience supported the inspection team by speaking with people and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During inspection, we spoke with six people and five relatives about their day-to-day experiences of the service. We spoke with the registered manager, four staff, including supervisor's and the training coordinator. We spent time reviewing records, which included four care plans, four staff files, medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed.

Following the inspection, we spoke with a health professional about their experiences working with Vine House Care Ltd in supporting people.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I just feel safe in my own home, it's wonderful" and "Nothing is ever too much trouble, anything I need they do without hesitation." Several people we spoke to received support with their mobility needs and told us they always felt safe. One person said, "They always make sure I am comfortable and in the right position, and are very careful when moving or hoisting me". Another said, "When they are helping me move about they tell me to hold tight and shuffle forward, count to three and things, just to make sure I don't hurt myself. They care about me being safe". Another person said "They would do anything for me, I trust them with my keys, everything, I trust them with my life".

Relatives agreed that staff supported people to feel safe. We were told, "Without a doubt my relative is safe" and "My relative's safety seems to be their greatest concern." One relative said that the support from staff gave them peace of mind. "It's just so nice. I have a good night's sleep knowing that my relative is safe".

Despite this positive feedback, there were some areas of practice that were not safe. Recruitment practices were not robust. Although the provider made sure they conducted a thorough interview before offering staff a job, they had not completed all of the relevant pre-employment checks before staff began work. None of the staff records contained a full employment history, and reasons for leaving each post had not been recorded or discussed with new staff. Evidence of conduct of previous employment, where this had involved working with vulnerable adults, had not been checked for one staff member. All of the staff had completed a disclosure and barring service (DBS) check. Pre-employment checks are important as they help providers make sure, as far as possible, they only employ staff who are suitable for the role. While there had not been any impact for people using the service there was a minor risk the provider might employ someone who was not suitable to provide care for people.

The provider had not ensured that all information regarding staff had been confirmed before employment. The above areas are a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's safety were assessed in their homes. This included risks surrounding mobility, falls, moving and handling, trip hazards in the home and also risks outside the home, such as dimly lit streets or restricted views when leaving the driveway. Staff knew people well and how to manage risks. This included understanding of how to support people with behaviours that challenged. Staff also knew how to recognise if people were unwell, particularly with regard to specific health conditions. They demonstrated knowledge of individual signs that a person was unwell and specific actions they would follow to support. However, records for these assessments were not always completed and we have addressed this in the Well-led section of the report.

At the previous inspection, it was identified that agency staff did not receive the same checks or induction as contracted staff. The registered manager had worked on making improvements to this. Agency staff were now required to complete a short induction before working with people. The registered manager also reviewed agency staff DBS checks and training certificates. They described how they used a small group of

agency staff so they were well known to the service and the people they supported. They also trialled agency staff for four months and then if they were suitable offered them a contract with the service.

People who were supported with medicines told us that they received them on time. We viewed Medicines Administration Records (MAR) and found that people were given medicines as they were prescribed and this was recorded accurately. Relatives confirmed staff had a good understanding of their family member's medicine support needs. Some people took medicines on an 'as and when required' basis (PRN) and there was clear guidance on the appropriate dose, time frame and any side effects. Staff had completed training in the safe administration of medicines and records showed that this was up to date. Staff were observed administering medicine to make sure their practice was safe. The registered manager made sure staff were competent in medicines administration and reviewed this annually.

There were enough staff to support people safely. People had the same staff who worked regularly with them which meant they knew and felt comfortable around familiar people. Any staff absences were covered by other core staff or regular agency staff that knew people well. This ensured that people received continuity of care.

There were contingency plans in place for emergency situations. An example of this could be in severe weather conditions where carers are unable to travel. The registered manager told us how they would manage an emergency situation and had identified people who could be at higher risk due to living on their own or in isolated areas. This was incorporated into their contingency plan.

People were supported by staff who knew how to keep them safe. Staff were able to demonstrate their knowledge of current practice and understanding of processes to follow if they suspected abuse was happening. Staff were knowledgeable of the whistleblowing policy. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. Staff were clear of how to whistle blow with any concerns and there were phone-numbers for the local safeguarding team in the office for them to contact.

Accidents and incidents were clearly recorded with evidence to show that measures were put in place to prevent incidents from reoccurring. There was also evidence to show that lessons were learned when things went wrong. The registered manager gave an example of a person with mobility support needs who was living downstairs and wished to move upstairs at night. The registered manager spoke to the occupational therapist and spent time supporting the person with their mobility during the day to see if this could be managed safely. When staff tried to support the person at night, they found the person was too tired and could not manage the stairs. Other practise support sessions were repeated at night and additional measures put in place to support the person. The registered manager reflected that trial sessions should always be done at the time support was required, so that all factors could be taken in account. This had been adopted for all future changing support needs.

Requires Improvement

Is the service effective?

Our findings

People felt that the service was effective because staff were well trained and knew what they were doing. We were told, "Oh yes, staff know exactly what they are doing and any new staff have to be trained before supporting me" and "I am extremely lucky as my carer's are very experienced and have lots of training." Relatives agreed that staff had the skills and knowledge to support people, one told us, "It's amazing how knowledgeable they are."

Despite this positive feedback, there were some areas we found that were not effective. People told us they were offered choice in all aspects of their care. Staff had good knowledge of how the Mental Capacity Act applied to people with capacity that they supported. 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.

Although staff showed understanding of choice and consent, people's care records did not always meet guidance in line with the Mental Capacity Act. People had specific decision-making forms related to consent for being supported in their homes and for sharing information with relevant others. For those that had capacity, their views were clear and they had signed their consent. However we found that records for people who lacked capacity did not contain the same information. Some records had not been completed. There was no evidence to demonstrate the person's views and those involved in their care such as relatives or social workers had been taken into consideration. Some people had advocates or lasting powers of attorney to support with decision-making, but their views had not been included. One consent form had a signature from a relative where they were not legally authorised to make decisions on the person's behalf. Another person had complex communication needs. Their care plan stated how they could give consent for some decisions. Their consent form did not identify their specific communication needs and instead of evidencing that staff had tried to obtain their consent, it had been signed by a relative.

The provider had not ensured that all care and treatment was provided with consent from the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had the appropriate skills and knowledge to support people living in their own homes. Staff told us that they received training in health and safety, safeguarding, mental capacity, equality and diversity, medicines management and food hygiene. Staff also told us about more specialised training they had received to support people with dementia and behaviours that challenged. A group of staff supporting an individual with percutaneous endoscopic gastrostomy (PEG) had also had training to support with this. PEG is a medical procedure in which a tube is passed into a patient's stomach and is most commonly used to provide a means of feeding or receiving medicines when oral intake is not possible. Staff were positive about a new training coordinator and training room in the office, which held equipment for practising moving and handling and first aid. The registered manager said, "We want to encourage more hands on training, where

staff can practise and build their confidence."

There were opportunities for staff to complete a Qualifications and Credit Framework (QCF) qualification in social care for those who wished to develop their skills and knowledge. A QCF is a work based award that is achieved through assessment and training. To achieve a QCF, candidates had to prove they had the ability to carry out their job to the required standard. Several staff had expressed an interest in building their skills and knowledge to develop into a managerial role and were being supported to complete their QCF level five in leadership and management. One staff member said, "The registered manager is keen for us to develop and really encourages us to build our skills and knowledge." The registered manager advised that they are a member of 'Skills for Care'. This is a charity that provides information about working in adult social care and tools to support them to develop staff skills. Some staff had recently been allocated 'ambassador' roles for areas such as diet and nutrition, dementia and end of life care. The registered manager explained that staff took the lead on subjects they were passionate about and supported other staff with understanding. "This also provides opportunities to teach and guide staff, particularly for those that have expressed an interest in moving into management."

Staff spoke very positively about their induction. They said that as part of the process they met people they would be supporting and shadowed more experienced staff so that they could fully understand people's care needs. Additionally, new staff completed the Care Certificate as part of their induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is comprised of 15 minimum standards that should be covered for staff who are new to care. Following induction, staff were supported in their role by receiving regular supervision and appraisals. Records showed that supervisions were held regularly and staff said they could meet with the registered manager anytime, if they had concerns. Staff said supervisions were helpful and any issues they had were listened to. One staff member said, "Supervisions are always helpful in offloading concerns. The registered manager and I discuss issues together and come up with a solution."

People we spoke to did not receive support from staff with eating and drinking but they told us their nutritional needs were met. One person said, "They ask me what I have eaten and remind me to drink, particularly in hot weather." Another said, "If I am feeling unwell, they support me with a meal which I really appreciate." A relative agreed that, "Staff are invaluable in encouraging (my relative) to drink plenty of fluids." People who had difficulty swallowing had an assessment from a speech and language therapist (SaLT) and a guidance sheet from the SALT team was available for staff to refer to. This provided information on how to support the person with eating and drinking and the best consistency for food that would reduce the risk of choking.

People were supported to maintain good health and had input from health professionals on a regular basis. People told us staff encouraged or supported them to access their GP or other professionals if they felt unwell. One person told us how they thought they had a cold and was encouraged by a staff member to get advice from the 111 service. "They were concerned that I was unwell and needed medical care. I went into hospital and was diagnosed with a much more serious condition. If it was not for the staff member encouraging me, I could have been very ill." Other people told us how staff called emergency services and stayed with them until paramedics arrived. One person said, "Time was not an issue. They sat with me much longer than was needed while I was waiting for an ambulance and made sure they knew exactly what was wrong." We saw through people's records that they were supported to access the community learning disability team, autism specialists, mental health team, GP, nurses, occupational therapists, physiotherapists and psychologists when needed.

We spoke with a health professional who had worked with Vine House Care Ltd to support people with complex needs. They told us, "The carers knew the clients very well in terms of their specific needs and also appeared to have a good working relationship with them and their relatives whenever I visited." They found staff listened to their views and "responded well to guidance and implemented recommendations made."

People and their relatives advised that they had never had a care call missed and if staff were late, they were phoned with an explanation. Staff told us they felt they had plenty of time to support people, and people told us they never felt rushed. One said, ""They always make sure I am comfortable, even if it means them having to stay a bit longer they genuinely care about my comfort". A computer system that supported staff delivery of care, allocated enough time for each care call. It also ensured that only staff with the right training could be allocated to support people with specific needs.

Good

Is the service caring?

Our findings

People told us, without exception, that staff were kind, caring and respectful. We were told, "They are super, you can't fault them" and "They always go the extra mile." One person explained that following a hospital admission, the support they received from staff was "Invaluable." "I was feeling rather sorry for myself but the staff were firm and fair and got me back on my feet again in a caring way." Another explained how the care provided meant that they were able to choose where they lived, "They take pressure off my relative. I think it is the best thing ever invented. I am safe and happy and I can stay at home."

Relatives were in agreement about the caring nature of staff. Comments included, "Staff as caring, warm and friendly" and "They are just lovely. Very patient and understanding." One relative explained how changing needs were upsetting to both them and their relative, but staff were, "Beyond wonderful." They said, "It was very daunting for us both but the carers have been excellent. They are careful and communicate with my relative with lots of smiles. My relative responds to their kindness."

It was clear that staff had an understanding of people's likes, dislikes and preferences. People and their relatives told us the same carers visited each time and this made them feel they knew them well. People said, "My regular carer's know me inside and out" and "I have got to know the staff, they know me well and we all have a good giggle when they are here." The registered manager told us it was important people liked their carer's and built trusting relationships and this was something that was reviewed regularly. People received continuity of care by staff who they got on with.

Staff promoted independence and supported people to do as much on their own as possible. People told us staff were "Encouraging" and "Patient". One person who required support with certain aspects of their personal care, said, "I am encouraged to do as much as I can independently. They close the door and stay close so I can shout if I need anything. They do not stand there staring and making me feel like I need to hurry up."

Staff respected people's privacy and dignity and people confirmed that they were treated well. One person said, "Staff are so polite and listen to me. That's how I feel respected." Another person gave examples of how staff were sensitive when supporting them with personal care. One person told us, "They always make sure that I am covered up when they support me. They are sensitive if there are male carer's too and ask my views. They go to another room if I ask." Staff knew how to maintain confidentiality and that information was shared on a "Need to know basis" only. Any concerns about people and their support needs were discussed in a secure, private location. People's care plans were locked away in the office and systems password protected to protect people's privacy.

People were involved in making their own decisions and encouraged to express their views. People told us they had regular contact with supervisors and the registered manager. One person said, "Oh yes, I speak to the registered manager all the time" and another said, "They are always checking that I am okay and that I am happy with my carer's." People had regular reviews of their care needs. This alternated between over the phone conversations and face-to-face meetings. People were also asked to complete annual questionnaires

about the service provided and all feedback viewed was positive.

The caring principles of the service included the well-being of their staff. One staff member said, "Everyone I work with is so supportive, especially the registered manager. They listen to me and always thank me for my hard work." Other staff told us how they felt respected and cared about and this made them want to stay working at the service. They described the service as, "A caring, positive culture" and "a place of work that is compassionate and committed to excellent care." Other staff emphasised the support they were given to help people with end of life care. "The registered manager always meets with us to check that we are okay. They also pay for us to have counselling and support us to attend funerals if we wish to."

To conclude their views of the service provided and their carer's, one person told us, "They are just all wonderful. In an ideal world I would have all my care provided by them." Another said, "I could not have wished for a better, more caring bunch of people. They are simply fantastic."

Good

Is the service responsive?

Our findings

People told us staff were responsive to them and any changing needs they may have. People said their care was always being reviewed to make sure they were getting the right support. One person said, "I am fully involved with everything including my medication reviews and care plan." Another said, "They visited me initially to set up my care package. They asked my needs and likes in order to set up a package that suited me. I like that."

Relatives agreed staff responded quickly to people's changing needs and they were always kept informed of any changes. One relative explained that due to an advanced medical condition, their relative's needs changed frequently. "The registered manager and staff are fantastic. They have a great knowledge of my relative's condition and what they don't know, they find out. We've worked together to get the best for my relative and I always feel involved."

We spoke with a health professional, who told us the provider responded very quickly when one person's needs changed. "They reported this to me immediately and kept me up to date. They also regularly request reviews."

Pre-admissions assessments were completed with each person before they received support in their homes, which identified their support needs, preferences and wishes. These were used to formulate the person's overall care plan. This included detailed information on what support was needed on each care call, the person's preferences and where things could be found in their home. There was an emphasis on asking people what support they required and encouraging independence at all times. In one person's care plan, there was detailed information on a diagnosis of a mental health condition and how staff could support them.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

Staff were very knowledgeable of people's communication needs and used a variety of tools to support with communication. One person used pictures to make every day choices. Staff explained they used a variety of pictures, including activities, food, drink, emotions and routines and that more pictures were added frequently to aid communication. A relative told us, "My relative is no longer able to talk but they smile. Even though they don't talk back, staff communicate very well with them. I can tell my relative is happy and relaxed around them." Another relative told us, "My relative has limited verbal communication but staff know them so well and recognise their facial expressions. They chat away with them and my relative smiles back." The registered manager had made sure they met the needs of people with a visual impairment by providing their care records in larger font format. They also gave an example of a person who initially spoke English, but when their medical condition advanced, they began talking in their home language. The provider changed their main carer for one who could speak the person's chosen language so that they could

continue to communicate. The registered manager said, "This has been very positive for the person and their family as they have built a real rapport with the staff member. The staff member is also trying to teach other staff simple phrases so that they can communicate also."

For one person with complex needs, staff had provided a lot of support in encouraging them to go out and participate in social activities. This included familiar staff allocation, taking small steps towards goals and continuous involvement with other professionals. The registered manager explained how they used pictorial footprints on the floor to encourage the person to explore and they were now enjoying going outside. Staff that supported the person were proud of what had been achieved. They told us, "It's great to see how the person has grown in confidence" and "Each goal achieved, no matter how small, is a celebration."

People's views were listened to. When people expressed they did not like something, this was documented and respected. There was a clear complaints policy available and people and staff told us they would feel happy raising any concerns with the registered manager. One relative said, "I've never had to complain. But if I did, I feel confident anything would be resolved without any issues." We viewed two complaints made about particular staff members. The registered manager responded politely and professionally, within a timely manner. Records showed actions were taken to resolve issues and the person contacted to check their satisfaction with outcomes.

At the time of inspection, no one required support with end of life care. Staff gave us examples of when they had provided this support and how the most important thing was that people were as comfortable as possible. One staff member told us about a person who had a list of things they wanted to do before they died. One of these things was having a meal from a specific fast food restaurant. Staff sat with the person and their family to do this, outside of work hours. The staff member said, "It's such a good feeling to know you've granted someone's wish, no matter how big or small the request seems." Staff also talked about support provided to relatives during and after end of life care. "Our care doesn't stop with the person. We also offer comfort to the relatives. Sometimes they just want to sit and talk about the person and I have done that many times." We saw numerous cards from relatives of people who had received end of life care, thanking staff for their kindness and support.

Requires Improvement

Is the service well-led?

Our findings

People complimented the registered manager and felt that the service was well led. We were told the registered manager was, "Caring", "Lovely", "Professional" and "Wonderful". One person explained, "They actually did my first few care calls so that they could get a good understanding of my needs and shared this with the carer's." People also felt that the registered manager made sure that carer's had the skills and knowledge to support them. They told us, "they make sure all carer's and new staff are trained before they visit me" and, "I must say they are very skilled at picking the right staff. All of them are wonderful."

Relative's also spoke highly of the registered manager and described them as, "Efficient", "Approachable", "Thorough" and, "Very knowledgeable." One relative praised the registered manager for their continuous involvement. "It was a very tough transition for me but the registered manager was reassuring and very knowledgeable of how they could support my relative. They are honestly absolutely fantastic." All relatives described the registered manager as "Hands on", one saying, "They are not too proud to roll their sleeves up and help. If they are ever short staffed they will come along and carry out the visit, they would not let us down".

Despite this positive feedback, there were some areas that we found not to be well led. At the previous inspection, it was identified that people's documentation did not always reflect their support needs. During this inspection, we found similar issues. Systems and processes were not consistently in place to monitor and assess the quality of service that people received. There was evidence to show that the registered manager and supervisors regularly audited daily notes and MAR records for accuracy, completeness and quality. The online system also created alerts for when reviews, spot checks, supervisions and meetings were due. However, there were no specific audits undertaken of documents related to people's care. The registered manager showed us new audit tools for monitoring care plans, however these had not yet been implemented. There were areas where records were inaccurate or issues recognised as requiring improvement that had been missed.

Some parts of people's care plans had not been completed. For one person with diabetes, their care plan stated they were receiving medicines at night but this was no longer the case. For another person, staff had worked hard to encourage them with expanding their social activities and going outside. Goals and achievements, including support provided to reach these, had not been documented in their care plan.

There was a lack of risk assessment to meet some areas of individual need and to promote people's safety and well-being, for example, in relation to the management of diabetes. For one person, there was no guidance for staff on diabetes, how to recognise signs of high or low blood sugars and the actions staff should take if the person became unwell. We spoke with staff about these areas and staff were able to tell us the actions they would take to meet people's needs. However, if regular staff were not able to visit, there would be a risk that unfamiliar staff would not have the understanding of people's support needs or recognise signs that they were unwell and this could leave the person at risk of not receiving safe and appropriate care promptly.

For one person who required support with behaviours that challenged, their care plan identified these and previous behaviours. However, it did not identify what staff should do to support the person during this time. For another person, the care plan identified that they had poor skin integrity, but there were no risk assessments to identify how this would be managed. When talking about risk management with the registered manager and staff, they were able to describe what they did to manage risk particularly around challenging behaviour and maintaining skin integrity. However if regular staff were not able to visit, there would be a risk that they would not have the knowledge or information to support people's individual needs.

To address concerns from the previous inspection, the registered manager had introduced Client Information Sheets. (CIS) These were emailed to staff before they visited the person so they had some knowledge of people and their support needs before they could view the full care plan in the person's home. When we viewed these, they did not contain all the information staff would need to care for people. One person with complex needs, did not have a CIS. Another, did not acknowledge that a person had diabetes.

The provider had not ensured good governance had been maintained and records were not up to date and accurate. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was open and honest and feedback we received from people, their relatives and staff, were that they genuinely cared about the people they supported. Quality not quantity was at the heart of their service. They told us, "I didn't want to be big, I wanted to be quality" and "At the end of the day, we are a guest in their home". The registered manager also talked about how they wanted to improve the service and that they reviewed outstanding reports on our website to look for ideas.

Staff spoke highly of the registered manager. Comments included, "Very kind and approachable" and "I don't have a bad word to say about them." One staff member said how impressed they were with the registered manager because of "their compassion and commitment to people." Staff felt part of an open and empowering culture where they were encouraged to share their views and resolve issues as a team. One staff member said, "This is a nice culture with personable staff and a team work ethic."

Staff told us that they attended regular staff meetings where they discussed any issues with people they supported or other concerns they had. Staff meeting minutes were reviewed and showed that staff met regularly and an agenda was set for items to discuss. Discussions included reviews of policies and procedures as well as training. Staff were regularly thanked for their hard work and commitment. The registered manager ensured that meeting times were flexible and occurred during the day and evenings so that all staff could attend. There were also management meetings held by the registered manager and supervisor's that focused on the business and its development.

Spot checks were carried out on staff by the supervisor's regularly. This was completed throughout the day and night to ensure all staff were providing safe and effective care. These assessments monitored whether the staff member arrived on time, whether they met all care needs and how they interacted with the person. Feedback was then given about positive work practice or areas for improvement.

The PIR we received from the provider stated that yearly questionnaires were given to people and their relatives. Records showed that feedback was had been analysed, issues addressed and findings fed back to those involved. An example of this was from staff surveys where feedback showed that rates of pay could be improved. The registered manager raised the overall rate of pay and ensured staff were paid per shift, rather than per visit. This resulted in increased staff satisfaction and fewer staff leaving. All feedback was generated

into a graph so that the registered manager had oversight of positive feedback and areas for improvement. Although questionnaires had not been sent out to professionals, the registered manager was looking at how they could also obtain professionals opinions. We saw thank you cards and emails, including those from professionals, which gave positive feedback about care provided.

During inspection we found the registered manager to be very responsive to concerns we identified. By the second day of inspection they had addressed some of the issues, such as risk assessments for people. They had amended care documentation for the person with challenging behaviour to include how to support and included goals and achievements. To address issues regarding consent, the registered manager had researched requirements of the Mental Capacity Act and designed a document that would clearly identify the views of the person and those that knew them best. This immediate address of concerns demonstrated the registered manager's willingness to improve.

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 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that care and treatment was provided with the consent of the relevant person 11 (1) (2) (3) (4)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured good governance had been maintained. Appropriate systems and processes were not in place to fully assess, monitor and improve the quality and safety of the service provided. 17(1) (2a) (2b) (2c)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not do all that is practicable to gain all information about staff before they were employed 19 (2)