First Class Care Limited

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Inspection report

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Date of inspection visit:
24 July 2018

Date of publication:
10 September 2018

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

We carried out an announced inspection of the service on 24 July 2018. First Class Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using First Class Care Limited receives 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.

There was a registered manager in post at the time of our inspection. 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.

At the time of the inspection, 28 people received some support with their personal care. This is the service's second inspection under its current registration. At the previous inspection, the service was rated as 'Requires Improvement' overall. At this inspection, they have remained at this rating and we identified one breach of the Health and Social Care Act 2008 (Regulated Activities). You can see what action we have told the provider to take at the end of this report.

The risks to people's health and safety had not always been appropriately assessed. This included how to evacuate people safely in an emergency. There were enough staff to support people safely; however, no monitoring of staff arrival times took place. This led to some people experiencing late calls. Robust staff recruitment processes were in place. The process for the reviewing of accidents and incidents was not always effective. People told us staff made them feel safe when they supported them. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection, although some staff had not yet completed infection control training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; however, the policies and systems in the service did not always support this practice. Staff received an induction and training programme, however not all staff had completed all required training or completed the Care Certificate within a reasonable timeframe. People's care was provided in line with current legislation and best practice guidelines. People felt staff were well trained and understood how to support them. People's nutritional needs were met and staff supported people effectively with their meals where needed. Other health and social care agencies were involved where further support was needed for people.

Most people felt staff were kind and caring, treated them with respect and ensured their dignity was maintained. Relatives spoken with agreed. People were encouraged to do as much for themselves as possible and were involved with decisions about their care.

Prior to starting with the service, assessments of people's needs were carried out to enable staff to support

them effectively. People's care records contained details of their personal preferences. People told us staff supported them in the way they wanted. People felt staff responded to their complaints effectively, records viewed confirmed this. People's diverse needs were discussed with them during their initial assessment and then during further reviews. End of life care was not currently provided by the service.

The quality assurance processes that were in place had identified the issues we raised during the inspection; however, action had not yet been taken to address them. People's views were gained on how to develop and improve the service; however, a formal annual survey had not yet been sent to people. This meant the provider was unable to formally assess the performance of the service over the last 12 months. The registered manager carried out their role in line with their registration with the CQC. Notifiable incidents were reported to the CQC.

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.

The risks to people's health and safety had not always been appropriately assessed. Some people experienced late calls. Robust staff recruitment processes were in place. The process for the reviewing of accidents and incidents was not always effective. People felt safe when staff supported them. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection, although some staff had not yet completed infection control training.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's views were respected; however, the principles of the Mental Capacity Act 2005 were not always appropriately applied. Staff received an induction and training programme, however not all staff had completed this. People's care was provided in line with current legislation and best practice guidelines. People's nutritional needs were met and staff supported people effectively with their meals where needed. Other health and social care agencies were involved where further support was needed for people.

Is the service caring?

Good

The service was caring.

Most people felt staff were kind and caring, treated them with respect and ensured their dignity was maintained. Relatives spoken with agreed. People were encouraged to do as much for themselves as possible and were involved with decisions about their care.

Is the service responsive?

Good

The service was responsive.

Prior to starting with the service, assessments of people's needs were carried out to enable staff to support them effectively.

People's care records contained details of their personal preferences. People told us staff supported them in the way they wanted. People felt staff responded to their complaints effectively, records viewed confirmed this. People's diverse needs were discussed with them during their initial assessment and then during further reviews.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The quality assurance processes that were in place had identified the issues we raised during the inspection; however, action had not yet been taken to address them. People's views were gained on how to develop and improve the service; however, a formal annual survey had not yet been sent to people. The registered manager carried out their role in line with their registration with the CQC. Notifiable incidents were reported to the CQC.

First Class Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection took place on 24 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

Due to technical problems, the provider was not able to complete a Provider Information Return. 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. We took this into account when we inspected the service and gave the provider the opportunity to share this information with us during the inspection. This contributed to the judgements made in this report.

The inspection team consisted of an inspector and an assistant inspector. The assistant inspector carried out telephone interviews with people prior to the office-based inspection. They spoke with five people who used the service and nine relatives. The inspector visited the office location to see the registered manager, office staff and to speak with care staff. The inspection report was partly informed by feedback from the telephone interviews.

During the inspection, we spoke with three members of the care staff, the registered manager and the provider of the service.

We looked at records relating to five people who used the service as well as three staff recruitment records.

We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us copies of various policies and procedures after the inspection. They did this within the requested timeframe.

Requires Improvement

Is the service safe?

Our findings

The risks to people's health, safety and welfare had not always been appropriately assessed or reviewed to ensure the care provided for them was appropriate to their needs. There was an inconsistent approach to assessing risk. We saw a number of risk assessments that had not been regularly reviewed to ensure any changes to people's health were taken into account. For example, one person had a condition that affected their mobility and they depended on staff to handle and move them safely. Their 'moving and handling' risk assessment had not been reviewed for over two years. The registered manager told us their needs had not changed during this time, however records did not show that any reviews or further assessments had been carried out to support this view. We also noted another person had required support with repositioning. A care plan was in place to guide staff on how to support the person but no mobility risk assessment was in place. A third person was described in their care records as being at 'high risk of falls', although reference had been made in their care records about how to support this person, no risk assessment was carried out to help reduce this risk. This placed people at risk of harm.

We noted there was an environmental risk assessment for each person that helped staff identify potential hazards in people's homes. However, these risk assessments did not take into account how to evacuate a person safely from their home in an emergency, such as a fire. Records showed people had varying mental health needs and physical disabilities. Some people were living with dementia, others we immobile and reliant upon staff to support them. Each person required an individualised personal evacuation plan that took into account their mental and physical health when trying to evacuate. These were not in place and therefore placed people at risk of harm.

People gave us mixed feedback when we asked if staff always arrived on time for their calls and if they were running late, were they notified. One person said, "They are always on time at the moment, probably a few minutes late, they are pretty good, the traffic can delay them." Another person said, "[The staff member] always arrives on time." However, another person told us their arrival times varied which sometimes affected the length of time the staff member stayed. Relatives spoken with also gave mixed feedback. Some felt staff were punctual; however, others were not satisfied. One relative said, "The carers have been late in excess of the agreed 'grace' period. We get no notification that the carer was running late." A second relative said, "They [staff] don't arrive on time, although the morning visit is usually the best."

There was no formal monitoring of the arrival times by the registered manager. They told us they did sometimes review the daily logbooks that recorded staff arrival times; however, these were not always returned to the office in a timely manner. This meant that if people did not ring the office to advise their calls were late the registered manager would not always be aware of the issue. We reviewed the daily logbooks for two people to establish whether their calls were on time or within the agreed 30 minute 'grace' period. Whilst some calls were on time, we found wide ranging variations for both people. For the first person we found 18 occasions in a seven week period when their calls were outside of the agreed 30 minute 'grace' period. For the second person their records showed nine occasions in a four week period when calls had been over the agreed 'grace' period. Both of these were vulnerable people who relied upon staff to support them with their personal care, mobility and other aspects of their care. The registered manager told us, a

new electronic monitoring system that would soon be introduced would assist them in monitoring staff punctuality more closely. However, they acknowledged that more needed to be done to address this issue now to reduce the potential risk to people's health and safety.

These were examples of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities).

The registered manager did not have an effective process for the monitoring of accidents or incidents that had occurred. When an incident took place, the staff member completed an incident form and this was kept in people's care records within their own home. They were not returned to the provider's office until the daily logs were returned. This could be one month or longer. This meant the registered manager was unable to assess the incident and whether preventative measures were needed. We noted from the small number of incidents that had occurred that these were not serious and had a minimal if any effect on people's health and safety. However, the current process was not effective in enabling the registered manager to identify any themes or trends and to act on them to avoid reoccurrence. The registered manager told us they would review this process to ensure more regular oversight took place and to aid staff development and learning.

Records showed robust recruitment processes were in place to ensure that people were supported by suitable staff. Prior to commencing their role, checks were carried out on staff's work history, their identification and whether they had committed an offence that would prohibit them from working with vulnerable people. Once these checks had been completed, they were then able to work alone with people. This process reduced the risk to people's safety.

People told us they felt safe when staff supported them. One person said, "I feel very safe, they [staff] knock on the door, and they shout out my name, and then walk in." Another person said, "I feel very safe." A third person said, "I have always felt safe." Relatives agreed. One relative said, "Yes, I would say [my family member] is safe. There is nothing untoward that I would particularly be worried about."

The majority of the people and relatives we spoke with told us they knew who to report concerns to if they were worried about their or others' safety. People told us they felt able to report issues to staff and others knew they could report concerns to other agencies such as the CQC. Staff spoken with were able to explain how they would act on any concerns they had about people's safety. They knew who to report concerns both internally and to external agencies such as the local authority safeguarding team. Staff had received safeguarding adults training and were aware of the provider's safeguarding policy. The registered manager had a good understanding of their responsibility to ensure the relevant authorities were notified of any concerns about people's safety. This reduced the risk of people experiencing avoidable harm.

The majority of people and relatives we spoke with told us they or their family member's received the support needed with medicines. One person said, "Staff help with medicines at the right time. Carers do it the way that I want and make sure I drink my water and record it and write it down." Another person said, "I get my medicines at the time I should, I have them with water which is my preference." A relative said, "The staff do it in a way that [my family member] is happy with and they understand the way that [my family member] communicates with them." Two relatives we spoke with did raise some concerns with the way their family members' medicines were managed. They told us they had raised these concerns recently with the registered manager who was addressing their concerns.

There were processes in place to ensure people received their medicines safely. Care plans and risk assessments were up to date and reflective of people's needs. People's medicine administration records were completed accurately to show when people had taken or refused to take their medicines. Staff who

administered medicines were trained and had their competency to do so reviewed regularly. We did note that a small number of staff were due for their annual refresher training course and the registered manager assured is this was in the process of being arranged. This meant people received their medicines as required.

We noted some staff had received training on how to reduce the risk of the spread of infection and others had not yet completed this training. The registered manager told us they would address this. Staff spoken with told us they always had sufficient amounts of personal protective equipment such as gloves and aprons to assist them to reduce the risk of the spread of infection.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

In each of the five care records that we looked at reference had been made as to whether people had the capacity to make decisions about their care. However, the principles of the MCA were not always applied appropriately. We noted the information on occasions was contradictory. For one person, their records stated, '[Name] has substantial difficulty making decisions'. In other parts of the person's records, it stated they did have capacity to make some decisions. A mental capacity assessment had not been completed to ascertain what decisions this person could make. Records showed another person had been diagnosed with Alzheimer's. Alzheimer's is a disease that causes dementia. We noted this person's records did not include mental capacity assessments to determine which decisions they could or could not make. However, we did note that regular meetings were held with people and their relatives to determine what support staff would provide them or their family members. The registered manager acknowledged that the principles of the MCA had not been appropriately applied; however, they were confident that decisions made for people were in their best interest. They told us they would review people's records and complete the appropriate assessments where needed. This would ensure all people's rights were protected.

We recommend the provider reviews all care provision to ensure, where needed, the principles of the Mental Capacity Act 2005 are appropriately applied and this is recorded.

The majority of people and their relatives told us staff respected their wishes and asked for consent before providing care and support. One person said, "I get choices and I am asked by staff for my consent." Another person said, "They [staff] do things in the way I've asked. The carers are used to my routine. I would speak out if I wanted something to be done differently." A relative said, "Staff have always followed what me and [my family member] have done day to day, our pattern, our routine and have always respected our wishes. The care is good and all about [my family member]."

The majority of people and relatives we spoke with told us they felt staff had the skills and experience to provide care and support for them or their family member. One person said, "Yes I do think staff know how to support me, there is a book and I have evidenced new carers reading this book and recording things." A relative said, "The beauty of this company is the consistent carers, we get to know them quicker. The carer knows how to support [my family member] and asks what we want them to do every day."

Records showed staff had completed a wide range of training the provider had deemed relevant to their role. This included training in areas such as moving and handling and safe administration of medication. We also saw some staff had received specialised training when needed to support people with specific health needs. For example, one person required support with percutaneous endoscopic gastrostomy. This is a

procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not possible. We did note from the provider's training matrix that not all training had been completed or, a refresher course had been completed where needed. For example, not all staff had completed MCA or infection control training. The registered manager told us they were aware of this and were in the process of arranging this training. The regular training and continued development of staff is important to ensure people continue to receive safe and effective care and support.

The registered manager told us staff were also encouraged to complete professionally recognised qualifications such as diplomas in adult social care and the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. The registered manager told us that most staff had completed this however, some had been working towards completion for six to 12 months. It is recommended that the Care Certificate is normally completed within the first 12 weeks of a full time employee's role, to ensure they can use the competencies and knowledge gained in the early stages of their role. The registered manager told us staff had been experiencing technical difficulties with completing the on-line elements of this course and had contacted the course provider for support. We saw the correspondence that had taken place and the registered manager assured us this would be resolved.

Staff told us they felt well trained and supported by the registered manager to carry out their role effectively. Staff received supervision of their role as well as unannounced spot checks. This enabled the registered manager to have the confidence that staff were continuing to carry out their roles effectively and safely.

The registered manager ensured people's physical, social and mental health needs were provided in line with current legislation and best practice guidelines. Where people had health conditions that staff supported them with, we noted a variety of nationally recognised guidelines and information were in place to support staff. This approach enabled staff to support people effectively with their health and care needs.

Some people told us they received support from staff with their meals and drinks. One person said, "If you want them [staff] to do anything they will help. I cannot fault them. They prepare tea and coffee for me." A relative said, "The carers do prepare [my family member's] food. They will make a sandwich, give choice, and are really good at making drinks. They leave a bottle of juice with a cap on, plus they will leave [my family member] with a hot drink."

Where people needed support with their nutritional health staff were provided with the guidance needed to ensure people received appropriate care and support. We noted where there were risks associated with people's nutritional intake, the amount of food and drink people consumed was recorded and monitored. This helped to inform staff if people were at risk of losing or gaining weight and action could be taken. This included making amendments to people's care or referring people to external professionals such as GP's or dieticians.

Records showed the registered manager and the care staff were aware of which health and social care agencies to contact to ensure that people continued to receive care and treatment for their current and changing health and social care needs. When staff needed to contact people's GP for them they had done so. Referrals to health and social care agencies had been made where needed.

Good

Is the service caring?

Our findings

The majority of the people and their relatives told us they found staff to be kind and caring and they were happy with the staff who supported them or their family member. One person said, "Yes staff are kind and caring, if they weren't I would tell them." A relative said, "There is nothing wrong with the carers they do a good job."

Staff spoken with were respectful of people's wishes and could explain how they ensured people were involved with decisions about their care and support needs. Staff could explain how they supported people living with dementia to communicate their needs. One staff member told us they had taken the time to sit and talk with one person who struggled to communicate their wishes. They said they now understood the way the person spoke and used body language to express their views.

People and where appropriate their relatives told us they were involved with making decisions about their or their family member's care. One person said, "My carer has been here quite a long time now, I can make my own decisions, but [staff member] is very capable." A relative said, "[My family member] can make choices even though they cannot express themselves (verbally). The carer 100% respects [my family member's] decisions, even if they think differently."

People's care records showed efforts had been made to include them and/or their relatives, where appropriate, in discussions about their care and more formal reviews. The registered manager told us they used this information to ensure that people received the care and support they needed.

The majority of the people and relatives we spoke with told us staff treated them or their family members with respect and dignity. One person said, "Yes, they cover me up with towels and would respect my privacy." Another person said, "Yes they do, they are very dignified, they cover me." A relative said, "Staff throw towels over [my family member], they wash one half of their body and then the second half. They are very respectful."

The staff were passionate about ensuring people were treated in a positive manner. Positive relationships had formed between staff and the people they supported. This led to staff enjoying their role and people looking forward to the staff visiting them. One staff member told us, "This is more than a job; they are like family to me."

Some of the people and relatives we spoke with told us they received care and support from a consistent team of staff and they were informed of any changes in advance. However, some did tell us that they were not informed and felt that communication could be improved if changes to rotas needed to be made. Some people said late changes, which involved new staff coming to their home, made them feel uneasy at times, however all were happy with the quality of the care provided. The registered manager acknowledged that more could be done to improve communication with people and they would seek to make improvements in this area.

People's care records contained guidance for staff to support and encourage people to lead independent lives wherever possible. Care plans guided staff on the level of support each person needed with a variety of everyday living tasks. This included people's ability to manage their medicines or the support needed to maintain good personal hygiene. People's daily record logs showed how the staff had supported people each day to do things for themselves. For example, if a person had been supported to make themselves a drink or meal. The staff we spoke with could explain how they encouraged people's independence.

People's care records were treated respectfully within the service's office to ensure people's confidentiality and privacy were respected. Some records were stored electronically and access to these records could only be gained via password and authorised personnel. Where paper records were in place, these were stored safely in locked areas to prevent unauthorised people from accessing them. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Good

Is the service responsive?

Our findings

Before people started to receive care and support from staff, a detailed assessment was carried out to ensure that people's needs could be met. This assessment took into account people's health needs as well as their personal preferences for how they would like their care to be provided. Once agreed that the provider could meet their needs, care plans were put in place. These care plans contained guidance for staff to follow to enable them provide people with care in line with their personal preferences. This included people's daily routine such as; the time people wanted to get up or to go to bed, what meals they liked and the support they needed with personal care. The staff we spoke with were knowledgeable about people's needs.

People told us they had a care plan in place. Some people could recall being involved with the formation of the plan although others could not. Some relatives told us they had been involved with reviews of their family member's care records. We noted people had signed their care records, where able, or relatives had signed on their behalf to show they had been involved. The registered manager told us they tried to involve people and their relatives where appropriate in all reviews to ensure the information was up to date and relevant to each person's current health and care needs.

There was limited information in people's care records to show their diverse needs had been discussed with them. People's religion had been recorded but there was no further information recorded to show discussions had been held about people's other diverse needs. However, when we spoke with the registered manager and staff, they were able to give detailed examples of how they supported people in this area. The registered manager assured us that when people's diverse needs were identified they were always discussed with them and acted on. They acknowledged more needed to be done to ensure this was reflected in people's care records so that staff unfamiliar with the person would be able to respect their wishes. This would ensure people were not discriminated against.

The registered manager had an understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. They told us they had 'easy read' versions of some policies and procedures and could make documents such as the 'welcome pack' people received available in larger fonts if required. They told us they would continue to review the way they presented their information to ensure that people were empowered, treated fairly and without discrimination.

People and relatives told us they knew how to make a complaint and felt their concerns were responded to appropriately. One person said, "I've never had to, but if I had a complaint I would speak my mind. If I needed to I would talk to the them [staff] or maybe talk to the manager." A relative said, "I have made complaints and these have been responded to."

Records showed people were given a copy of the provider's complaints policy and emergency numbers to call if they needed to speak with someone about any concerns they had. We looked at the log of formal

complaints made. We found these had all been responded to appropriately and in line with the provider's complaints policy.

People had not been offered the opportunity to discuss their wishes for the end of their lives. Although end of life care was not currently provided at the service, opportunities to support people to think about this may have been missed. The registered manager told us this was a difficult and sensitive subject to raise with people. However, they agreed that during a person's initial assessment and at subsequent reviews, a respectful conversation could be had to discuss this.

Requires Improvement

Is the service well-led?

Our findings

The overall rating for this service is rated as Requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding.' Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement or Inadequate' on two consecutive inspections. This shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

Processes in place to ensure the service was managed effectively and to identify areas for development or improvement were not always effective. The registered manager and the provider worked together to oversee the management of the service. This included carrying out reviews of people's care, assessments of people who wanted to use the service and staff development. The registered manager and the provider had defined responsibilities within the service. However, these were not always carried out effectively to ensure people always received high quality care and support from well trained and professionally developed staff. The issues raised during this inspection were known to the registered manager and the owner, however sufficient action had not yet been taken to address them. If not addressed, this could increase the risk of people receiving care and support that was detrimental to their health and safety.

The registered manager acknowledged this. They told us, they were currently recruiting a care coordinator who would support them with office-based administration. This would then give them more time to address known issues within the service and to ensure they were dealt more quickly. They told us they would inform us when this new member of staff commenced their role.

People told us they had been asked for their views on the quality of the service provided and whether they had any areas where they felt improvements could be made. One person said, "First Class Care Ltd rang about a month ago for a courtesy call, requesting feedback." A relative said, "[The manager] in the office contacted us asking if we were happy with how things are, although I'm not aware how often she calls."

People's individual views were requested throughout the year to help the provider to identify any concerns and to act them. We noted an annual survey to gain the views of all people had not been sent to people. An annual survey would support the registered manager in identifying themes and trends across the service rather than for specific people. The registered manager told us they would send a survey out to people in the near future.

People, staff and relatives spoke positively about the registered manager and the provider . One person said, "I have met [the registered manager], she was very nice actually, I was quite pleased and she was very sensible. I could have a discussion with her. She was definitely approachable." A relative said, "[The manager] is lovely, she contacted me saying can we do the care plan, she is approachable and she texts me." Another relative said, "I can talk to [the nominated individual] and we have a good relationship." The two staff we spoke with told us they found the registered manager and nominated individual approachable and willing to listen to their concerns.

The majority of the people and relatives we spoke with told us they felt a good level of care was provided and they would recommend the service to others. One person said, "Oh yes, I find it good, I'm quite happy with them." A relative said, "Yes I would, although I have not had any other carers in the past to compare with. They are very caring, all different personalities. They are pleasant people and treat [my family member] nice." The staff we spoke with told us they felt valued and enjoyed working for the service. One staff member told us they were made to feel welcome when they first started at the service and received encouragement and on-going support from the registered manager and nominated individual.

The registered manager was aware of their responsibilities to ensure the CQC were always informed all notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff. This ensured there was an open and transparent approach to providing people with high quality care and support.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and their office.

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 Safe care and treatment 12.—(1) Care and treatment was not always provided in a safe way for service users. 12 (2) (a) the registered person did not always effectively assessing the risks to the health and safety of service users of receiving the care or treatment; 12 (2) (b) the provider did not do all that was reasonably practicable to mitigate any such risks.