

Angel Homecare Services Limited

# Angel Homecare Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This inspection took place on 23, 24 and 26 February 2016 and was announced. Angel Homecare provides personal care to older people with a sensory or physical disability and people living with dementia in their own homes in Gloucestershire. Angel Homecare was providing personal care to 26 people at the time of our inspection.

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.

People's medicines whilst given to them safely were not recorded correctly. Medicine administration records did not evidence the medicines people were currently taking and did not provide an up to date and contemporaneous record of the medicines being taken by people.

People received safe care and support which reflected their individual preferences, likes and dislikes and promoted their independence. People's care was delivered at times to suit them and by staff who understood their needs and wishes well. People were involved in the planning and monitoring of their care which was provided flexibly keeping up with their changing needs. People's consent was sought before care was given and they made choices and decisions about how this was carried out. People were treated with kindness, sensitivity and care. They shared lighter moments with staff and enjoyed their company. People told us, "Very courteous individuals. They fit in very well; have a chat and a chuckle with them. The social aspect of care is important" and "They are caring alright, very patient. Very good people who make sure that everything is safe and ok."

People were supported by staff who had been through a robust recruitment process to make sure they had the character and skills to support them. Staff completed an induction process which included shadowing existing staff and getting to know people before they worked alone. People were complementary about how this was managed. Staff felt supported in their roles and could access advice or help whenever it was needed. They had access to training to equip them with the knowledge they needed to support people and to make sure this was kept up to date. People said they had the same staff helping them and they always knew who was coming to each visit. They told us staff stayed for the correct length of time and if their needs changed additional visits could be arranged.

People were asked for their views about the service in a variety of ways. They knew how to make a complaint although no one had any. They said the registered manager was open and accessible and any calls they made to the office were responded to. Issues if they arose were dealt with promptly. Staff were confident the registered manager would listen to their concerns and take action if needed to raise safeguarding alerts or manage staff performance. The registered manager strove to deliver person centred care, to develop and train the staff team and to make improvements to the service provided. A person commented, "Must be well

led because the service they deliver is so good and the girls are happy and satisfied."

We found a breach 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 the 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?

The service was not as safe as it could be. Accurate records had not been kept for people's medicines, potentially putting them at risk of receiving the incorrect medicine.

People's rights were upheld and they were as safe as they could be. Risks had been assessed and minimised to prevent injury or harm.

Recruitment and selection processes were robust ensuring staff of the right character had been appointed. There were enough staff to meet people's needs flexibly and to ensure their safety.

**Requires Improvement** 

### Is the service effective?

The service was effective. People were supported by staff who understood their individual needs and how to make sure these were provided effectively.

Staff had access to a robust training programme to keep their knowledge and skills up to date.

People's consent was sought in line with the recommendations of the Mental Capacity Act 2005. Staff supported people to make choices and decisions about their care and support.

People were supported to stay healthy and well. If needed staff contacted healthcare professionals or emergency services to respond to changes in people's health.

**Good** 

### Is the service caring?

The service was caring. People had developed positive relationships with staff, who treated them with kindness and sensitivity. People's diverse needs were respected and understood by staff.

People were involved in making decisions about their care and support. People important to them were kept informed if this is what people wanted.

People were treated with privacy and dignity and their human

**Good** 

rights were upheld.

### Is the service responsive?

Good ●

The service was responsive. People received individualised care which reflected their personal preferences, likes and dislikes. When people's needs changed the service they received was adjusted to make sure they continued to receive the care they needed when they needed it.

People knew how to make a complaint and were confident any concerns would be listened to and the appropriate action taken in response.

### Is the service well-led?

Good ●

The service was well-led. People and staff were asked for their opinions about the service provided and these were used to improve people's experience of their care.

The registered manager was open and accessible and understood their responsibilities to support the staff team to deliver a high quality service.

Quality assurance processes were used to drive through improvements to the service.

# Angel Homecare Services 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.

The inspection took place on 23, 24 and 26 February 2016 and was announced. Notice of the inspection was given because the service is small and we needed to be sure that the registered manager would be in. One inspector and an expert by experience carried out this inspection. 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's area of expertise was older people. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with 10 people using the service, eight relatives and one friend. We spoke with the registered manager, care co-ordinator and five care staff. We reviewed the care records for five people including their medicines records. We also looked at the recruitment records for five staff, staff training records and quality assurance systems including health and safety records. We observed the care and support being provided to four people. We contacted 10 health and social care professionals and asked them for their feedback about this service.

# Is the service safe?

## Our findings

People's medicines were not being managed robustly. Systems for the recording and monitoring of people's medicines did not provide an accurate record of the medicines people were taking. Some people had been prescribed their medicines which were dispensed in a blister pack. The pharmacy instructions for the medicines were printed on the blister pack identifying the medicines stored in this container. When giving these medicines to people, staff signed a medicines administration record (MAR) to confirm that the number of tablets contained in the blister pack had been given for example, six tablets in total. There was no mention on the MAR what these individual medicines were. People's care plans had a summary of medicines they had been prescribed when they started receiving the service; these had not always been kept up to date with changes in their medicines. The medicines in the blister pack were different from this record. Medicine records had not been kept in line with national guidance; this could potentially lead to medicine errors.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager discussed with us how they intended to rectify this issue, by providing a summary of medicines currently prescribed for each person and they would put checks in place to make sure these medicine records were kept up to date.

People told us they had their medicines at times they wished to have them and were helped by staff to take their medicines if needed. A relative told us, "She has a dosette box delivered directly from the chemist. The girls know exactly what to do and the length of time between every medication." Occasionally people asked for medicines to be taken as necessary, such as for pain relief. Staff recorded this on the MAR. Staff were observed discussing with people when their next pain relief medicines were due. Staff confirmed they had completed training in the safe handling of medicines. They said they checked the blister packs to make sure the correct number of tablets had been dispensed and they recognised when tablets were incorrect. They confirmed they had contacted the dispensing pharmacy when they thought a mistake had been made. A different medicines administration record had been used for tablets dispensed from boxes (and not the blister packs). These provided space to record the name of this medicine and dispensing instructions. A relative commented, "They support her with her medication from a dosette box and they make sure that she has taken it."

People's rights were upheld and staff understood how to raise concerns about suspected abuse or harm. Staff had completed safeguarding training and their knowledge was checked through discussions at team meetings. Staff discussed with us what they would do if they noticed unexplained bruising or had concerns about changes in people's well-being. They would keep robust records using a body map to record bruises and contact the registered manager. They were confident the appropriate action would be taken in response to their concerns. The registered manager had raised two safeguarding alerts with the local safeguarding team over the past 12 months. Full records had been kept, evidencing the action taken and the responses to the concerns. The Care Quality Commission (CQC) had been notified. CQC monitors events

affecting the welfare, health and safety of people using a service through the notifications sent to us by providers. People confirmed they felt safe and reassured to have the staff supporting them.

People were protected against the risks of injury or harm. A relative told us, "[Name] is very safe because they are so aware of him that they notice if any small thing is going wrong and then they will phone the office and I get a call immediately." Any hazards had been assessed to reduce any risks. Risk assessments described how people were moved and positioned safely and how their skin condition was maintained to prevent pressure sores from developing. Occasionally people needed two staff to ensure they were moved and positioned safely. When needed guidance from health care professionals had been sought. For example, an occupational therapist had advised on the appropriate equipment to enable people to be moved safely or provided a hospital bed which could be lowered when needed. Staff were observed safely moving and positioning people. An environmental risk assessment had also been completed making sure people's homes were not only safe for them but for staff to work in too. Risk assessments were reviewed annually with people to make sure they continued to reflect their current needs. When people had accidents or incidents these were recorded. There had been one near miss in the last 12 months and action had been taken to prevent this happening again.

People and staff had information in their homes about what to do in an emergency. Staff confirmed systems were in place for out of hours support from management either over the telephone or in person if needed. People's care records also contained information about services which staff might need to contact in an emergency such as utility providers or emergency services. Staff told us if they had to call for an ambulance or a GP, they stayed with people for as long as was needed. People said they felt safe and secure with staff. One person said, "They make sure that everything is alright when they leave. They always close the door when they leave. It's one of those that locks itself so I know that it is locked but they do check it."

People said they were supported by a consistent staff team who they knew well. A relative confirmed, "No doubts at all that [name] is safe because care is provided by the same group of people who she knows well and who know her care needs." There had been some recent changes with new staff joining the team but they said they had worked alongside existing staff until they felt confident to work alone. They confirmed there was always help and support at the end of the telephone if they had a query. Staff said there were enough staff to meet people's needs. One member of staff said, "They don't over subscribe the client list, which is kept within manageable boundaries we can cope with." Staff said they covered for each other in emergencies and the registered manager said she or the care co-ordinator were available if needed. People told us staff arrived on time and stayed for the correct length of time. One person said, "Very reliable. Never missed a call and that is very reassuring."

People were supported by staff who had been through a recruitment and selection procedure which ensured all the checks needed had been completed. For example, where applicants had not provided a full employment history the registered manager had evidenced discussion with them to fill in any gaps. Where people had worked previously in health or social care, the reason why they left this former employment had been verified. Satisfactory disclosure and barring service (DBS) checks had been received for all new staff. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. All new staff had completed the care certificate as part of their induction programme. The care certificate sets out the learning competencies and standards of behaviour expected of care workers.



## Is the service effective?

### Our findings

People were supported by staff who had acquired the skills and knowledge to meet their individual needs. People told us, "I need personal care and they are kind and know what they are doing" and "They do a marvellous job". Relatives commented, "The girls are always clean and work hygienically. They seem to have all the right skills" and "Are all exceedingly pleasant and competent." Staff said they had access to a wide range of training which included training specific to people's individual needs such as dementia awareness or oxygen therapy. One member of staff told us, "Training is really good, they keep us up to date and make sure we are safe using new equipment." The registered manager monitored the training needs of staff and a training record confirmed when refresher training was needed. Individual certificates evidenced the content of training courses. Staff also completed questionnaires to assess their understanding of the course content and they were observed by the care co-ordinator in practice to confirm their competency. A relative reflected, "They deliver safe care because [name] needs hoisting and a lot of care which is delivered safely. They do know what they are doing."

People benefitted from staff who were encouraged to develop in their roles and who said they felt "really supported" by management. They said communication between the staff team and the office staff was good; "if there is a problem we ring them, whenever". Staff met together to have shared supervisions where they discussed people's care, their developmental needs and policies and procedures. Staff confirmed this; "We have meetings and supervisions for us to learn and talk about changes to service users." The registered manager said staff were expected to attend at least three of these group meetings a year and minutes had been produced for staff to access if they had been unable to attend. In addition staff had face to face meetings with management when needed and their practice was observed at regular intervals. The care co-ordinator confirmed, "We call to check on staff and ask them to pop into the office for face to face chats and support."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's care plans clearly identified their capacity to make decisions about their care and support. People had signed their care plans acknowledging their consent. The provider information return (PIR) stated during the assessment process "we seek the consent of the service user throughout" and "if in doubt over whether the person has capacity, we would seek a referral to either their GP or the social services assessment team".

When people had appointed a lasting power of attorney (LPA), for property and financial affairs and/or health and welfare, the registered manager had seen proof of this and included this information into people's contracts of care. People were observed being offered choices about their care and support such as what to eat and drink or the clothes they wished to wear. A person told us, "Every time they come in, they ask me what I would like done today. They listen to me and sometimes they say, is it alright if I do this or that." Staff said no matter how well they knew the person they always asked just in case their preferences

had changed. When people had a "do not attempt cardiopulmonary resuscitation (DNACPR)" order in place their care records acknowledged this and they were accessible to emergency services. DNACPR orders are a decision made in advance should a person suffer a cardiac or respiratory arrest about whether they wish to be resuscitated.

People were encouraged to eat and drink when needed to maintain their weight and hydration. Staff made sure people had access to snacks and drinks which were within reach. People discussed with staff what they wished to eat and drink and their personal preferences were respected. People who struggled with their appetite were sensitively supported to eat. Staff offered alternatives if people refused and daily records confirmed people had been given fortified drink supplements if needed. A relative commented, "[Name] eats like a little bird. She needs pampering a bit to get her to eat. The carers get her small meals because they know that's what she likes. We get the meals in and they will let us know if she doesn't like anything." If staff had any concerns about lack of appetite or possible urine infections they contacted the office who liaised with the family and health care professionals. New forms were being used to monitor nutrition and fluid intake. These were used as an additional tool to highlight any concerns and to make sure the appropriate action had been taken.

When people were unwell staff called health care professionals or emergency services if needed. A person confirmed this saying, "If I am not feeling too good then the carers will get a doctor to look in." Staff said they worked closely with community nurses and the GP. The PIR stated, "We provide assistance with accessing health care" and inform family and health care professionals of "any concerns we may have" and "as soon as needs change". Staff gave examples of how they followed guidance given by tissue viability nurses and occupational health therapists preventing further deterioration and ensuring equipment was used correctly. Relatives reflected, "If the staff notice anything that is not right they will get the doctor in straight away" and "[Name] had a fall last weekend and she was a bit bruised and traumatised. When the carer arrived she was very concerned so she rang the office. The manager phoned for the doctor and then rang me straight away to tell me what had happened".

## Is the service caring?

### Our findings

People had positive relationships with staff and were treated kindly, with sensitivity and understanding. They told us, "Very courteous individuals. They fit in very well; have a chat and a chuckle with them. The social aspect of care is important" and "They are caring alright, very patient. Very good people who make sure that everything is safe and ok". Relatives confirmed, "Caring is the key ingredient. They don't just dash in and out, it is not just a job to them, it is in their nature to be caring" and "Carers are very sweet with dad. They have a nice relationship with him. He likes the social aspect of their visits. Make time to chat with him and that is so important for him. I can't fault the care". People were observed chatting amiably with staff, confident in their presence, sharing jokes and generally happy to have their company.

People's diversity was acknowledged in their care records which included their religious or spiritual beliefs and their needs in respect of age, disability or gender. Visits were arranged flexibly around one person's wish to have communion at home and for another person to attend a local place of worship. One person's care records suggested when allocating staff they would prefer "local ladies who were older". Staff were respectful of people's age and disabilities. They recognised they needed to behave differently for people with sensory needs. For example, they raised their voices when entering their homes to ensure people were aware of their presence or described where they had placed food and drink so that they could help themselves. Staff were aware of any equipment or aids people used and checked to see they were in working order. Information had been provided to people in accessible formats using large print and symbols. A relative told us, "They know that [name] has likes and dislikes and go that extra mile to accommodate her." The provider information return stated staff had completed equality and diversity training and were given "in depth information" about people's "ethnicity, religion or belief and gender" and their "likes and dislikes" to ensure their care was "person centred".

People's human rights were respected. Their personal information was kept securely and confidentially. Their rights to privacy were recognised and staff ensured that when delivering personal care they did this discreetly. For example, providing a towel to cover the person or closing curtains in a lounge when moving or repositioning them. People were supported to maintain relationships with their family and friends. Staff kept in close touch with them, if this is what people wanted. A close friend of one person told us, "Generally very nice people who are willing to chat and keep me in the picture." Staff recognised the importance of supporting people to be independent. This was confirmed by one person, "they support me to be as independent as possible".

People were given information about their service and were asked for their views about their care and support. Each person we visited showed us a copy of the schedule of staff visiting them for the week. The importance of this to people was evident; they were able to tell us who was visiting them next. They also had copies of their care records which had been kept up to date reflecting their opinions about their care and support. A person told us, "They listen to me and do what I say, I tell the girls how I like things done and they do what I want" and a relative commented, "Never an issue with the care, carers listen and respect all our views". People confirmed they had visits from the care co-ordinator and registered manager to plan their care with them. They also said, "Staff go over backwards to meet my wishes, they are very apologetic if they

can't meet them."

People were respected and treated with dignity. People's preferences for how they were communicated with were highlighted in their care records. Staff understood when to use reassurance, who to be quiet or gentle with and who liked a direct or confident approach. A person told us, "They do very well; they consider my arthritis when they help move me." A relative commented, "[Name] was quite ill and couldn't get out of bed so they treated her in bed. Really kind and understanding towards her."

## Is the service responsive?

### Our findings

People received individualised care which reflected their personal preferences, likes, dislikes and wishes for the future. Each person's needs had been assessed to make sure Angel Homecare could meet their needs. As part of this process people discussed what they were able to do for themselves and what they needed help with. The registered manager confirmed they made sure adjustments had been made to make sure people's disabilities, sensory or mental health needs had been considered before they started providing a service. They always invited representatives of the funding authorities to reviews of people's care. People's care records provided step by step guidance about how people liked to be supported with tasks such as moving and positioning. Staff understood people's preferences really well, ensuring a drink was very hot for one person and a serviette was available with meals or opening windows to allow fresh air into their room during the visit. People's care records did not always reflect this level of personalisation. The registered manager said they preferred staff to check with people at each visit that this was the way they wished their care and support to be provided. If their preferences changed these would be recorded in the daily notes and communicated to the team.

People's human rights were upheld when their needs changed. People said they were listened to and involved in making decisions about their care and support. When their care was reviewed their needs were reassessed to make sure there had been no changes or people did not wish to amend their package of care. A relative confirmed this saying, "When we first used Angel Care we were very involved with the care plan. Now if anything changes, as it does, the plan is changed. We meet to review the plan every so often. If we want any changes they listen and take them on board. For example we wanted an hour of care instead of ½ an hour so they accommodated us." People using the service told us, "The office has arranged a meeting next week and they are coming out to do a review of my care" and "[Name] came out to see me recently and we talked about my care".

People confirmed their care was delivered at times to suit them and reflected how they wished to be supported. A person when questioned about early lunch time visits said, "I get up early and am ready for my next meal at this time, it suits me fine." A relative confirmed this saying, "They do what you want them to. The Friday visit allows me to go out and do the shopping for the coming week - very helpful that they could fit in that session for us." People also said Angel Homecare were open to responding to changes in people's needs offering additional visits if needed. People told us, "When I first broke my hip Angel Homecare rallied round. They were so organised and I had extra time put in for me and nothing was too much trouble for them" and "If things change, we need more calls then they will bend over backwards to provide whatever we want". Another person commented how responsive staff were to their deteriorating health, "Very helpful, they will say anything I can do for you. I mentioned to the manager that it was difficult to go downstairs to collect my newspaper. Now the girls will say would you like me to get your paper."

People were supported to retain their independence and maintain or develop relationships with other people. The provider information return confirmed people were helped to access their local community to prevent social isolation; "We encourage service users to find out about day centres and lunch club involvement". People were also referred to a local service which provided alarm systems, sensory

equipment or equipment to help with memory loss, to "enable them to stay at home and to feel safe and happier at home".

People knew how to make complaints or raise concerns. They told us, "Only ever had one complaint. The timings of my evening visits were inconsistent, sometimes too early because they do help me in to bed. I phoned up and it was sorted out now everything is fine" and "It works for me. No complaints but I am sure that if I did have then things would be put right". A relative confirmed, "Very good lines of communication so would be easy to talk through things with the office. Not needed to complain, just little tweaks that have been addressed straight away." Each person had a copy of the complaints process with their care records. This provided contact details of the service and also who to complain to if they were unhappy with the response from the registered manager. No complaints had been received in the last 12 months. The registered manager said people and their relatives were asked questions about the service they received during reviews of their care. This provided the opportunity to reflect on any issues they might not have raised. For example, during one review a person said they would like more help having refused it previously. An issue was raised with us during the inspection which was shared with the registered manager. They said they would follow this up.

## Is the service well-led?

### Our findings

People and staff were involved in reviewing and developing the service provided. They were asked for their views about Angel Homecare and how it could be improved. People using the service had been invited to respond to an annual survey and were also asked for feedback as part of their annual review of care. In response to the annual survey a report had been produced which was sent to people detailing any action taken as a result. The provider information return noted, "We believe that the service users should see how our service is performing and how we intend to make progress and improvements in the future." A person confirmed this; "The office phone me from time to time to ask me if I am happy with things and they send me a form to fill in about what I think of the care" and a relative commented, "We get regular calls from the office asking us if everything is alright and we have filled in several questionnaires, in fact one has just arrived". Staff through individual and group meetings discussed their roles and responsibilities and the people they supported. They told us, "We always get a quick response" and "Our meetings are very professional".

The registered manager said their visions for the service were to "provide person centred care, the highest quality of care and consistency of care. To go that extra mile to do this. To make sure staff are as trained as they can be, to have a good team and excellent communication between the office and care staff". The care co-ordinator commented, "I ask the question is this the service I would want provided to my mum." Staff confirmed these values telling us, "We get involved with people in a professional way but don't switch off on a day off, if they are unwell, we want to know how they are." The website for Angel Homecare quoted the visions for the service as "Excellent care and compassion in the comfort of your home" and "When receiving personal care, you appreciate a carer who is discrete, understanding and proficient. Privacy and dignity are paramount in our team."

People said the registered manager and care co-ordinator were accessible to them and they were confident of a response when they contacted the office. Relatives confirmed, "We have a very good relationship with the managers, easy to contact them and they are easy to talk to" and "If there is something I need to talk about I phone the manager and always get good answers. Management is well organised and co-operative". A person reflected, "Must be well led because the service they deliver is so good and the girls are happy and satisfied." The provider information return stated, "We are open and honest with both staff and service users" and "We have an open door policy for carers to encourage them to communicate with us and to voice concerns". The registered manager thought the reasons for the low numbers of complaints was due to their responsiveness and openness when dealing with issues. The registered manager was well aware of the duty of candour and said, "If anything we do is wrong, we admit this and apologise." She gave an example of an invoicing error which was quickly picked up and rectified. A relative reflected, "The agency is managed excellently and they have always responded quickly and efficiently to any requests or queries that we've had."

The registered manager discussed the challenges of maintaining a consistent staff team and continuity of care. There had been a number of changes to the staff team over the past 12 months and she reflected that this had not impacted on people's perception of the service they received. She told us "new staff fitted in

smoothly". If she had concerns about the practice of new staff, they were given additional support or their performance was managed through the probationary period. People were aware of these changes and told us new staff had been integrated well alongside existing staff. People commented, "I am very happy with them all. The young ladies are all very nice/pleasant" and "I am very happy with the service I get".

A range of quality assurance audits were in place to assess the quality of the service provided. These included observation of medicines administration, monitoring the quality of care records and ensuring risk assessments were kept up to date and current. Accidents and incidents were monitored just in case a trend had developed which had not already been picked up by staff and discussed at team meetings. The registered manager said a member of staff had just been appointed to carry out quality assurance and to monitor people's experience of their care and support. It was intended they would be responsible for changes in the recording of medicines in response to the breach highlighted in this report. Policies and procedures were reviewed and updated as needed. Planned improvements included further development of the care certificate, with management completing the assessor's qualification, networking with the county dementia group and allocating dementia lead workers. The registered manager also planned to change the way in which annual reviews were scheduled to make this more efficient. Discussions had also been held with staff about possible schemes to recognise their achievements and contributions towards the service.

The registered manager kept up to date with changes in legislation and best practice, through training, attending local provider meetings and working closely with health and social care professionals. Staff commented she was "very fair, approachable" and "professional". A person told us the service "does me the world of good".



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  A contemporaneous record of the medicines people were taking had not been kept in respect of each person using the service. 17(2)(c)