Universal Care Services (UK) Limited

Universal Care Services Leicester

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

Universal Care Services provides personal care and treatment for adults living in their own homes. On the day of the inspection the registered manager informed us that there were a total of 47 people receiving care from the service.

A registered manager was not in place. 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. The current manager and the regional manager stated that the application for registered manager was to be submitted in the near future. This issue will be monitored by us as it is a condition of the registration of the service that there is a registered manager in post.

On this inspection we found breaches of regulations with regard to comprehensively protecting people's safety and ensuring quality services were always provided to people. Please refer to the report for details of these breaches.

Notifications of concern had not been reported to us, as legally required, to enable us to consider whether we needed to carry out an early inspection of the service. Management have not comprehensively this carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service.

Risk assessments were not consistently in place to protect people from risks to their health and welfare. Staff recruitment checks were not always in place to protect people from receiving personal care from unsuitable staff.

Calls to provide care to people were not always at the agreed and assessed times, which meant people safety had not been comprehensively promoted to ensure they received care at the times they needed.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care from staff. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

We saw that medicines were, in the main, supplied safely and on time, to protect people's health needs.

Staff had received training to ensure they had skills and knowledge to meet people's needs, though this had not covered some relevant issues.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their

lives. Assessments of people's capacity to make decisions were not in place to determine whether they needed extra protections in place.

People and relatives we spoke with all told us that staff were friendly, kind, positive and caring. They told us they had been involved in making decisions about how and what personal care was needed to meet their needs.

Care plans were individual to the people using the service to ensure that their needs were met though this did not include all relevant information such as all of people's preferences, likes and dislikes.

People and relatives told us they would tell staff or management if they had any concerns, they were confident these would be properly followed up. Most people and relatives were satisfied with how the service was run, though there were concerns about missed calls and other calls not being on time. Staff felt they were supported in their work by the senior management of the service.

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 and the rating for the service remains requires improvement.

Risk assessments and staff support for people's health and welfare were not fully in place to protect people from assessed risks. People have not always received care at agreed times. Staff recruitment checks were not comprehensively robust to protect people from receiving personal care from potentially unsuitable staff. People and their relatives thought that staff provided safe care. Medicines had, in the main, been supplied as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective and the rating for the service remains requires improvement.

Staff were trained, in the main, to meet people's care needs, though some training was needed to comprehensively cover all people's care needs . Staff had received some support to carry out their role of providing effective care to meet people's needs. People's consent to care and treatment was sought though more action was needed so that this was always in line with legislation and guidance. People's nutritional needs had been promoted and protected. People's health needs had not always been met by staff.

Is the service caring?

Good

The service was caring and the rating for this service remains Good.

People and relatives we spoke with told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy, independence and dignity.

Is the service responsive?

Good

The service was responsive.

People and their relatives were, in the main, satisfied with the response by staff which met assessed needs. Care plans contained information on how staff should support people's assessed needs, though information on responding to people's preferences and lifestyles was limited. People and their relatives were confident that any concerns they had would be properly followed up by the manager, though this had not always happened in the past.

Is the service well-led?

Requires Improvement

The service was not consistently well led and the rating for the service remains requires improvement.

Legal notifications had not always been sent to us. Systems had not been comprehensively audited in order to measure whether a quality service had been provided. Most people and their relatives thought it was an organised and well led service. Staff told us the senior management staff provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs.

Universal Care Services Leicester

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 15 and 17 February 2017. The inspection visit was unannounced on the first day. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. The local authority commissioning unit stated that there had been issues with regard to meeting the needs of people using the service, but the current manager was working to ensure that the service improved and always met people's needs.

During the inspection we spoke with seven people who used the service and three relatives. We also spoke with the current manager, the regional manager, the nominated individual of the company, and three care workers.

We looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

We saw that people's care and support had not always been planned and delivered in a way that ensured their safety and welfare. For example, a person had been assessed as having a risk of pressure sores. The manager said that the person had a pressure sore in the past but this had healed through the treatment supplied by a district nurse. There was a risk assessment in place and directed staff to monitor the person. However, the assessment did not include important information such as the need to apply cream to manage at risk skin areas. There was also an updated support plan which stated that staff needed to reposition the person to maintain the person's skin integrity. When we checked the person's care records we saw staff had usually, though not always, applied creams. For example, there was no mention of applying creams from 1 September 2016 to 3 September 2016. There was also no record of repositioning the person. This meant there was a lack of detail with regard to the risk assessments and a lack of evidence of the consistent application of cream and repositioning the person. This meant the person had not been safely protected from the risk of developing pressure sores. The manager and area manager acknowledged this issue and said the risk assessment would be amended and care practice would be followed up with staff.

Another person was identified as having breathing problems. There was no risk assessment in place to guide staff to assist the person to deal with any issues that arose from this condition. The manager said this would be put into place.

The assessment of another person stated that there was a fire risk. However, no risk assessment was in place to manage this risk. This meant that steps to prevent or reduce the fire risk to the person had not been safely managed.

A risk assessment for another person stated that the person displayed behaviour that challenged the service. It stated that staff should leave the property if this behaviour was displayed. However, the risk assessment did not include important information such as trigger factors for the behaviour and whether staff could use any other methods to manage the behaviour. The regional manager acknowledged this deficit and said that measures would be put into place and staff informed accordingly.

Some people we spoke with said that care calls had been on time. However, other people and relatives told us that staff could be very early or late for calls. One relative said that the problem with having the call earlier than agreed meant their family member was still drowsy after taking their painkilling medication and was at risk of having a fall. The manager stated that they had noted the relative's concern and were actively trying to ensure that staff visited at the agreed time. We noted in care notes for another person that their family member had complained that the lunchtime call had been missed. There was no evidence that this had been followed up and ensured the person was safe.

We looked at care records and found that a number of call times were earlier or later than the agreed time . For one person, the call time was 8.30 am on 2 September 2016 but staff had come at 7.50am, 40 minutes early. Later that day the person received a call at 17.54pm, when the agreed call time was 16.30pm, over 80 minutes late. The following day there was no record of a planned lunch time call so it appeared to have

been missed. On 10 February 2017 the recorded call time was at 9.27am, when the agreed time was 8.30 am, nearly an hour late. Only one staff member was recorded as attending the call on this date when the person was assessed as needing two staff to assist.

We checked the care records of another person. Call times were generally adhered to except on 30 November 2016 when the call had been at 8.23am when the agreed time was 7.15 am, over an hour late. On 9 January 2017 the person received a call at 19.09 pm when the assessed time was at 18.00 pm, over an hour late. This meant that people were not always receiving care at agreed assessed times. This did not safely meet their health and welfare needs.

We saw evidence in the service's "quarterly customer satisfaction survey" of August 2016 that people had said that staff were not always on time for calls. However, no action was recorded to deal with this issue. There was also evidence in "verbal spot checks" that some people had said in July 2016 that staff had been late for calls. However, no action was recorded to deal with this issue and to ensure people received a safe service meeting their needs.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. You can see what we have told the provider to do at the end of this report.

All the people we spoke with and their relatives thought when they received personal care, staff had delivered this safely. They were unanimous that staff kept people safe when they were with them. A person told us, "I feel very safe with staff." Another person said, "Staff always keep me safe." A relative told us, "Yes, there is no problem." They keep her safe." Another relative said, "My father has a soft diet and staff supply him with this. He cannot be left with food as he could choke. They make sure no food is available to him."

Staff told us they were aware of how to check to ensure people's safety. For example, they checked for tripping hazards, and that hoists and chairlifts were safe to use.

There was information in place with regards to checking risks in the environment to maintain people's safety. For example, of dealing with any loose rugs that people could trip on, and ensuring lighting and heating were adequate. This information assisted staff to ensure facilities in people's homes were safe.

We saw that staff recruitment practices were, in the main, in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons known to the respective staff member and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character. All staff records we viewed had a DBS in place.
However, for one staff record we saw, the references were from friends. The person had been employed in the past but there was no evidence that these this employer had been approached for a reference. The manager acknowledged this and stated that references from past employers would be sought instead. This meant that a robust system was not fully in place to prevent unsuitable staff members being employed to provide care for vulnerable people using the service .

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary, and to report concerns to relevant agencies if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were in place. These informed staff what to do if they had concerns about the safety or welfare of any of the people

using the service. However, they were not contained in the 'Carers Handbook.' The regional manager said this would be carried out. The safeguarding policy stated that whether the issue was reported was dependent on the wishes of the individual. This meant there was a risk that, if this had not been reported, safely measures would not be put into place and the person's safety would not be protected in the future. The manager and area manager acknowledged this. They stated that the procedure would be amended accordingly as they recognised there was a duty of care on the service to report all safeguarding concerns to enable the proper protection of people.

The whistleblowing policy contained in the staff handbook directed staff to a relevant outside agency, which was CQC, but not to other relevant agencies such as the police or the local authority. The regional manager said this procedure would be amended. This would then supply staff with all relevant staff information as to how to action issues of concern to protect the safety of people using the service.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about this. A person told us, "Staff give me my tablets when I need them." Another person told us, "Staff give me my eye drops and remind me to take my medication."

We saw evidence that staff had been trained to support people to have their medicines and administer medicines safely. There was also a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people.

We saw evidence in medicine records that people had largely received their prescribed medicines, although there were a small number of gaps which had not been explained on medicine records.

The manager said that staff recorded the supply and prompting of medicine to people through an electronic application. However, this did not always work. She said she would introduce a paper-based system when the application was not working to ensure a record was in place to prove people were supplied with their medicines.

We saw that the manager had brought safety issues to the attention of staff through the February 2017 staff meeting. This included issues such as properly recording of medicine administered and observing health and safety procedures. The medication administration audit had been carried out in January 2017. This noted that a tablet for a person had not been supplied. There was action in place indicating this would be taken up with the staff member concerned. This showed the manager had taken action to ensure people had received their medicines safely.

Requires Improvement

Is the service effective?

Our findings

All the people we spoke with using the service and their relatives, except one person we spoke with said that the care and support they received from staff effectively met their assessed needs. They thought that staff had been properly trained to and provided effective care. One person said that younger staff needed training in how to wash people. The manager said this would be followed up.

One person said, "Yes, staff know what they are doing." Another person said, "Staff are well trained."

Staff told us that they thought they had received training to meet people's needs. A staff member said, "I have had a lot of training." Another staff member said, "We are expected to be trained in a lot of subjects and we have other training like for the care certificate."

Staff training information showed that staff had training in essential issues such as such as how to move people safely and keep people safe from abuse.

We saw evidence that staff had been supplied with some training about people's health conditions, such as training in dementia. However, training did not include relevant issues such as protection from developing pressure sores, stroke care, mental health conditions and diabetes. Comprehensive training in these issues would assist staff to have an awareness of people's conditions so that they understood the issues and challenges that people faced. The manager and area manager stated that training would be reviewed to ensure that staff had all the skills and knowledge to meet people's needs.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as infection control. We also saw evidence that new staff were enrolled on the Care Certificate training. Staff members we spoke with confirmed they had undertaken this training. This is nationally recognised comprehensive induction training for staff. Staff members we spoke with confirmed they had undertaken this training.

Staff told us that when new staff began work, they shadowed (worked alongside) experienced staff on shifts. A relative told us, "They are now shadowing new staff." At the end of the shadowing period, if the new staff member did not feel confident and competent, they could ask for more shadowing to gain more experience to meet people's needs . This meant new staff were in a position to confidently provide personal care to meet people's needs. We saw that a staff member without previous care experience only had shadowed staff for three visits in the course of one day. This appeared to be a limited time in order for the person to be shown how to effectively carry out personal care tasks. The manager said this issue would be reviewed.

Staff felt communication and support amongst the staff team was good. Staff also told us they felt supported through being able to contact the management of the service if they had any queries. Supervision with staff had taken place, though this had been infrequent. The manager acknowledged this and stated the frequency of supervision meetings would be reviewed so that sessions took place on a regular basis. This will then help to advance staff knowledge, training and development.

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 did not see any evidence of assessments of people's mental capacity. For example, a person living with dementia did not have a mental capacity assessment in place or any indication as to whether decisions made in the person's best interests were needed. The manager and regional manager acknowledged this and said that these would be put into place. Two staff told us that they had not received any training in the mental capacity act. The manager disputed this and said that it was contained within the care certificate, but she would review this and supply information to staff on this issue.

The registered manager indicated that all the people the service supplied care to had capacity to decide how they lived their lives. People confirmed to us that staff always asked for their consent when they were provided with personal care. One person said, "They always ask my permission when they help me." Staff were aware of their responsibilities about this issue as they told us that they asked people for their permission before they supplied care. This meant that staff respected people's rights to make decisions about how they lived their lives.

People and their relatives were satisfied with the support staff provided when they assisted with meal preparation, provision and choice offered. A person told us, "They provide food of my own choice." A relative told us, "The food staff supply is to his liking and he always gets a choice of what he wants."

People and relatives told us that food choices were respected and staff knew what people liked to eat and drink. People confirmed that, as needed, staff left drinks and snacks between calls so that they did not become hungry or dehydrated. We also saw information in people's care plans about the assistance some people needed to eat to promote their nutritional needs.

We saw evidence in the last staff meeting that the manager had emphasised to staff that changes in health care needs of people needed to be reported so that effective action could be taken. We saw in a person's care notes that when they had falls, relatives were informed and staff had rung the emergency services to obtain treatment. This effectively protected people's health needs. However, one person told us that some younger staff were not always effective in responding to their health concerns when they felt unwell. They said some staff did not offer to ring the GP to request a visit. Staff also recorded in care notes that the person was well, when this was not the case. The manager said this issue would be reiterated again with staff. This showed that people's health needs had not always been effectively protected.

Good

Is the service caring?

Our findings

People and their relatives we spoke with all thought that staff, were kind, caring and gentle in their approach. They said that staff always gave people time to do things and did not rush them. A person said, "They are more like friends to me." Another person told us, "All the staff are good. They are very kind and caring." A relative told us, "The personal manner of staff is very good and my father really appreciates them."

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. People and their relatives considered that care staff were good listeners and followed people's preferences. People told us their care plans were developed and agreed with them at the start of their contact with the service and that they were involved in reviews and assessments when they happened. We saw evidence that people or their relatives had signed care plans to agree that their plans met their needs.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, staff used preferred names and gave a choice of food, drinks and clothes.

Staff gave us examples of promoting people's privacy such as leaving people when they were using the bathroom, shutting doors when visitors were present and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by the people we spoke with.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. We saw evidence from the last staff meeting that staff always needed to be respectful to people. This encouraged staff to have a caring and compassionate approach to people.

People told us that staff respected their independence so they could do as much as possible for themselves. One person said, "Staff give me the flannel and let me do what I can for myself." Care plans we looked at asked people what they people were able to do for themselves which encouraged people's independence. People said that being independent was very important to them.

This presented as an indication that staff were caring and that people and their rights were respected.

Care plans included people's religious, cultural and spiritual preferences to provide information to staff on respecting people's beliefs. For example, they stated important issues such as the person's preferred language and there was evidence that staff supplied could speak the first language of the person. A relative said that staff from their family member's community had been supplied which made communication easier. There was also cultural information included such as the need for staff to wear shoe protectors in the person's home. Other issues such as the handling of religious icons had not been included. The regional manager stated these issues would be contained in care plans in the future.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff usually responded to people's needs. They said that staff took the time to check whether there was anything else they needed before leaving. One person told us that staff were very attentive and always thought of things to make them feel comfortable. People and relatives told us that staff would do anything asked of them. However, one person said at times she did not feel strong enough to wash herself but staff did not offer to help. The manager said this issue would be taken forward to remind staff to offer help if it appeared the person was struggling.

A relative told us they had not been satisfied with the response from the domiciliary care service out of hours service if staff had been late for a call. They said this service had told them that the call had been cancelled, when, the relative said, this was not the case. The manager stated that there had been issues with the out of hours service and this had now been replaced by instead having office management staff on duty for out of hours calls. This had responded to the need to ensure staff were supplied to people when they needed them.

People and the relatives we spoke with told us that their care needs had been reviewed and we saw evidence of this in care plans.

We found that people had an assessment of their needs. Assessments included relevant details of the support people required, such as information relating to their mobility and communication needs. There was some information about people's personal histories and preferences to help staff to ensure that people's individual needs were responded to. However, detailed information did not include all people's preferences and their likes and dislikes. The regional manager said this had been already identified and he supplied us with a new care plan template which included these issues. He said that they were in the process of updating all care plans to include individual personal details by asking the person how they wanted their care to be provided. This will mean that staff were aware of people's preferences and lifestyles and worked with them to achieve an individual service.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that they could respond to these changes. We saw evidence of information about people's changing needs so that staff could respond to these changes.

No one told us that they needed to make a formal complaint. One person said, "I would not be afraid to get in touch with the office and get things sorted out." Staff told us they knew they had to report any complaints to the manager. They had confidence that issues would be properly dealt with.

A person said that staff would listen and clarify any issue for them. People told us they had information about how to complain in the information folder left with them by Universal Care Services.

The provider's complaints procedure gave information on how people could complain about the service. We

looked at the complaints procedure. The procedure set out that that the complainant should contact the service. It provided information about referral to relevant agencies such as the complaints authority and the local government ombudsman. However, it indicated that the local government ombudsman would investigate the complaint. This is not the case as the role of the ombudsman is to check whether the correct process has taken place, rather than reinvestigating the complaint. The regional manager said the procedure would be amended.

We saw that some complaints had been made since the last inspection. There was evidence that complaints had been investigated and action taken as needed. However, an allegation that a previous manager had not been helpful in dealing with a complaint had not been investigated. This did not provide complete assurance to complainants that they would receive a comprehensive service responding to their concerns. The feedback form, used to inform complainants of the results of the investigation, did not set out that they could contact the local authority to have their complaint investigated, if they were dissatisfied with the service's investigation. The manager stated that all concerns would be properly investigated in the future and that the feedback form would be amended.

No people or relatives we spoke with said that they had other agencies involved such as the occupational therapy service and social workers. The manager stated they would be involved as assessed. This showed that the service was aware they sometimes needed to contact other agencies to ensure that people's personal needs were responded to.

Requires Improvement

Is the service well-led?

Our findings

In records, we saw that incidents of alleged abuse had been reported to the relevant local authority safeguarding team to protect people from abuse. However, some incidents had not, as legally required, been reported to us. For example, allegations of the neglect of people in February 2017 and August 2016. This meant we were not aware of incidents so we did not have comprehensive information to assess whether we needed to carry out an inspection of the service to judge whether it met people's needs. The manager and regional manager acknowledged this and said this would be carried out in the future.

We saw quality assurance checks such as medicine audits and care records audits were made to check the quality of the care provided and to check that calls had been made within required times. However these were not sufficiently robust to ensure that they were able to measure the quality of the service to meet people's needs. For example, they had not always identified late or early calls, or that recording of the supply all prompting of medicines had always taken place. The monthly care records audit, carried out in January 2017 had noted that a care call had not been recorded, so it appeared to have been missed. The section, "what action was taken and timescales?" was blank so no action had been taken to deal with this.

These issues were was in breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. You can see what we have told the provider to do at the end of this report.

When asked if they would recommend Universal Care Services, most people and relatives we spoke with all said they would. One person said, "The staff are gentle, caring and respectful." Another person said, "I can have a good laugh with staff. They do whatever I ask them. They are very good." One relative told us "Yes, they are good staff. I have no issues with their manner." We saw a number of compliments in records such as, "The service provided by your carer… is brilliant."

However, two relatives told us that they are their family members did not always receive calls from the office of the service if staff were going to be late. One relative said it was the out of hours service that had been the issue. They had been told on some occasions that the call had been cancelled by the relative, when they were adamant it had not been. The manager said she had taken note of these comments and reorganised the service so that it did not rely on the out of hours service.

We saw evidence that the manager had raised the issue of the quality of care for people at a recent staff meeting. The minutes of the meeting emphasised important issues such as, "putting things in place for better care." This indicated the manager was proactive in trying to ensure a quality service was provided to people.

People and relatives told us that initial assessments of the personal care needed were made.

We saw evidence that some staff had received visits by senior staff to observe the care staff at work, which are called spot checks, and review their care to ensure the supply of quality personal care. The manager acknowledged that some people had not received spot checks and other checks had taken place some time

ago. It was her intention to have regular spot checks in the future. These checks covered relevant issues such as promoting the privacy and dignity of the person and the completion of all assessed care tasks. However, they did not include important issues such as the manner of the staff member towards the person. The area manager said this would be added to the checklist.

All the people spoken with were satisfied with their packages of care which, they said, had met their needs. They said that if they had a query they rang the management of the service who responded quickly. Relatives told us they had been kept informed of any important issues relating to the care needs of their family members.

People and relatives told us that Universal Care Services tried to provide them with the same staff and that this was important to them, as staff knew them and their preferences. Achieving this produced a culture in the organisation to be mindful and respectful of people's needs and recognise how potentially disruptive changes of staff can be.

Staff had been provided with information in the staff handbook as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people. We saw evidence from the last staff meeting that the manager emphasised that staff always needed to be respectful to people.

All the staff we spoke with told us that they were supported by the manager. They said that the manager was available if they had any queries or concerns. We saw evidence of awards being made to staff, which recognised quality care provided to people. This encouraged staff to provide quality care to people.

Staff confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people. We saw evidence of this in the records we looked at. This indicated that a system was in place to ensure staff had up-to-date knowledge of people's changing needs.

All the people and their relatives told us that they had care plans kept in people's homes so that they could refer to them when they wanted. They confirmed that staff updated records when they visited.

We saw evidence that a survey had been sent to people in 2016 using the service asking them what they thought of the care and other support they received. The manager acknowledged this had not been carried out for all people who used the service but it would be in the future. This will mean people will have an opportunity to state their experiences of the care and whether this needed to be improved.

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 The service had not comprehensively kept people safe as risk assessments to promote their safety were not detailed enough, care was not always provided to protect people's health needs and calls were not delivered at assessed and agreed times to promote people's health and welfare needs.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been robustly audited to ensure a quality service to people provided with personal care. Safeguarding referrals had not been sent to the Care Quality Commission as legally required.