

Eternal Care UK Limited

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## Inspection report

1A Wellington Avenue  
Blackfen  
Sidcup  
Kent  
DA15 9HG

Tel: 02083043818

Website: [www.eternalcare.com](http://www.eternalcare.com)

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## Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

This announced inspection took place on 12 and 13 December 2016. Eternal Care UK Limited is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection 72 people were using the service.

At our previous comprehensive inspection on 28 June 2016 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission Registration Regulations. We found the provider had not taken action to support people where allegation of abuse was raised and the appropriate bodies were not notified. The provider had not taken action to make sure medicines were managed safely. There was not always an up to date and accurate records of the medicines people were prescribed. People were being placed at risk of receiving poor care and treatment because staff had not received the appropriate training and supervision to enable them to carry out their duties. Effective systems were not in place to monitor and improve the quality and safety of the service provided to people.

Following that inspection we imposed urgent conditions on the provider's registration at the location. We told the provider to not provide personal care to any new service user without the prior written agreement of the Care Quality Commission (CQC). We told the provider to immediately undertake a thorough and comprehensive review of all records to identify whether there were any matters which should have required or do require safeguarding referrals to be made and, if so, to make any safeguarding referrals immediately. We told the provider to carry out monthly medicines audits and send CQC a report of actions taken as a result of these audits. We also placed the service in special measures. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months.

The provider had not provided personal care to any new service user since the last inspection. They sent us reports from the results of the audits they carried out and the improvements they had made. As the provider had demonstrated improvements and the service is no longer rated as inadequate for any of the five key questions, it is no longer in special measures.

At this inspection we found that the provider had taken action to support people where allegations of abuse had been raised and the appropriate bodies had been notified of the incident. People and their relatives told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. People's medicines were managed appropriately and they were receiving their medicines as prescribed by healthcare professionals. Senior staff completed risk assessments for people who used the service which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The provider had taken action to make sure that the systems for monitoring and improving the quality and safety of the services provided to people were operating effectively. The service sought the views of people who used the services. Staff felt supported by the provider.

The service provided an induction and training, and supported staff through regular supervision and annual appraisal to help them undertake their role. The service had enough staff to support people and carried out satisfactory background checks of staff before they started working. The service had an on call system to make sure staff had support outside the office working hours.

The service did not have 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 2008 and associated Regulations about how the service is run. However, the current manager had applied to the CQC to become a registered manager for the service.

People's consent was sought before care was provided. The service manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

Staff supported people with food preparation. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

The provider involved people about their care and support needs. Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. The service had maintained a complaints log, which showed when concerns had been raised senior staff investigated and responded in a timely manner to the complainant.

The service worked effectively with health and social care professionals and commissioners. Feedback from social care professionals also stated that the standards and quality of care delivered by the service to people was good and that they were happy with the management and staff at 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** ●

Improvements had been made to people's safety.

Staff supported people so they took their medicine safely.

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred. People and their relatives told us they felt safe and that staff treated them well.

Senior staff completed risk assessments and risk management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working.

We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

### Is the service effective?

**Good** ●

The service was effective.

People and their relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff. Staff were supported through regular supervision and yearly appraisal to help them undertake their role.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people with food preparation. People's relatives

coordinated health care appointments and staff were available to support people to access health care appointments if needed.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

### Is the service responsive?

Good ●

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

### Is the service well-led?

Requires Improvement ●

Improvements had been made in well-led.

The provider had taken action to make sure that the systems for monitoring and improving the quality and safety of the services provided to people were operating effectively.

The service did not have a registered manager in post. The current manager had begun the process of applying to the CQC to become the registered manager.

The provider took into account the views of the people and developed an action plan in response to the recommendations from the survey and carried out improvements as appropriate.

The service manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Staff said they enjoyed working for the service and they received good support from the service manager.

The service worked effectively with health and social care professionals and commissioners.

We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

# Eternal Care UK Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 12 and 13 December 2016 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector on 12 December and two inspectors and one pharmacy advisor returned to the service on the 13 December 2016 to complete the inspection. Two experts by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at 10 people's care records, 12 staff records, and 16 records related to the management of medicines. We also looked at records related to the management of the service such as details about the complaints, accidents and incidents, safeguarding, and quality assurance and monitoring. We spoke with 22 people who used the service and 15 relatives about their experience of using the service. We also spoke with the provider, the service manager and nine members of staff.

# Is the service safe?

## Our findings

At our last comprehensive inspection on 28 June 2016 we found the provider had not taken action to support people where allegation of abuse was raised and the appropriate bodies had not been informed of the incident to reduce the risk of similar future incidents. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 12 and 13 December 2016, we found that the provider had taken action to support people where allegations of abuse had been raised and the appropriate bodies had been notified of the incident. The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of investigations when known. The service manager implemented performance improvement plans for staff to make sure they used any incidents as an opportunity for learning. The service worked in cooperation with the local authority in relation to safeguarding investigations and they notified the CQC of these.

The service had a policy and procedure for safeguarding adults from abuse. The service manager and all staff understood what abuse was, the types of abuse that could occur, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. All staff told us they completed safeguarding training and the training records we looked at confirmed this. One member of staff told us, "I would report any concerns to the office staff and they will respond straight away." Another member of staff said, "Although I have not come across any abuse yet, if I come across it I will report to the manager and they notify to appropriate bodies." Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

People and their relatives told us they felt their loved ones were safe and that staff treated them well. One person told us, "I am safe and I think the service is brilliant." Another person said, "Yes I do feel safe, they [staff] are excellent." A third person commented, "I feel very safe indeed," A relative told us, "They [the service] are very safety conscious and consider health and safety, safe definitely."

At our last comprehensive inspection on 28 June 2016 we found the provider had not taken action to make sure medicines were managed safely. There were not always up to date and accurate records of the medicines people were prescribed. People were at risk of not receiving their medicines as prescribed. The provider had not conducted regular audits of people's medicines records. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken action to make sure medicines were managed safely in the service. We checked 16 medication administration records (MAR). Each MAR included information regarding the names of each medicine that was prescribed, the dose required and the frequency of administration. The MAR had allergy information, and contact information for other healthcare providers. Care workers signed and printed their names on the front of each MAR to ensure that there was a record of who had administered medicines.



Senior members of staff conducted medicine's reconciliation as part of their initial assessment visit. (Medicines reconciliation is the process of ensuring that the list of medicines a person is taking is correct.) This information was used by senior members of staff to produce electronic MAR charts. If a new medicine needed to be added to the existing MAR, care workers were trained to do this whilst in the person's home. They then relayed the information to a senior member of staff who updated the records in the office.

Medicines were given as per the prescribers' instructions. When doses were not given, a reason for this was documented on the back of the MAR chart. Any gaps on the MAR charts seen during the inspection were identified as part of regular medicines audits carried out by senior staff in the agency. For a person having their medicines administered via a specialist feeding tube, all the relevant care workers had been trained to administer medicines in this way. In addition, staff completed balance checks of all the medicines to ensure that they did not run out for this particular person. Staff had implemented this system as a way of managing stock issues that were previously identified. Staff recorded sites of the application of medicines patches. This enabled the patch application site to be rotated appropriately to prevent skin becoming sore. Self-administration of medicines was reviewed as part of a risk assessment if relevant to an individual. We saw evidence that medicines storage within clients' homes was reviewed regularly as part of the audits.

Staff who administered medicines received medicines training as part of their induction. Once complete, staff shadowed experienced care workers on home visits. After this, competency to complete medicines tasks was assessed. If successful, care workers were assigned to people requiring medicines support. If any issues were identified as part of routine spot checks and audits, staff were given refresher medicines training. Staff told us that they felt supported by senior staff regarding their training needs.

Staff contacted health care professionals if any issues were identified. For example, there was an issue with receiving dosage information for a person on a specific medicine for blood clotting problems called warfarin. Staff contacted the warfarin clinic when the dose was due to change. This ensured that the person continued to receive the correct dose. We saw that medicines audits were conducted each month when the MAR charts were returned to the office. In addition to this, every client had their medicines spot checked by a senior member of staff. Any issues discovered were discussed with the care worker concerned. Staff recorded medicines incidents using an online system. They were able to identify if there were any trends in the medicines errors. Staff received medicines alerts via the administration email address for the agency. Relevant information was then disseminated to all staff.

People and their relatives told us they received support with administration of medicines. They felt they could rely on staff to ensure that their medicines were administered safely. One person told us, "Yes, I am happy with the service administering my medicine." Another person said, "They [staff] look after me and make sure I take my medicines." A relative commented, "Happy with the medicines administration, from what I see and what I witness everything is being done properly."

At our last comprehensive inspection on 28 June 2016 we found the provider had not taken action to make sure risk assessments were always reflective of people's needs, and appropriate steps were in place to mitigate future risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken action to make sure risks assessments were always reflective of people's needs, and included appropriate guidance for staff on how these risks should be managed. Staff completed a risk assessment for every person when they started using the service. One person told us, "They [staff] have done a risk assessment and I have a couple of pages showing this. All the carers look at it." Risk assessments covered areas including falls, moving and handling, nutrition and

hydration. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where someone had been identified as being at risk when using bathing equipment, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the risk. Also, where someone had been identified as being at risk from eating, a risk management plan had been put in place which identified the use of specialist equipment and the level of support people needed to reduce the level of risk. A senior member of staff told us that risk assessments were reviewed as and when people's needs changed. We reviewed 12 people's records and found all were up to date with detailed guidance for staff to reduce risks.

The service had a system to manage accidents and incidents to reduce them happening again. Staff completed accidents and incidents records. These included action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. The senior member of staff reviewed each incident and the service manager monitored them. The provider showed us examples of changes they made after incidents. For example, when medicine recording errors were found, additional training was given to staff. It was also noted that actions to reduce future risks were discussed in staff meetings.

The service had enough staff to support people safely. The service manager told us they organized staffing levels according to the needs of the people who used the service. One person told us, "Staff are on time, once they were late they rang to say they were going to be late, no missed calls." Another person said, "If there is a problem, for example this morning there was a problem with another care user. Eternal [office staff] phoned me to say they [staff] are going to be half an hour late and asked if this would cause me any problems. I said it was okay." A relative told us, "They [staff] are on time. I get a phone call from office when late but this very rarely happens. I have not experienced any missed calls." The provider had ensured that they monitored people's calls to check they were attended on time through an electronic call monitoring system, and records showed they regularly contacted people to check on this. For people who did not have phones for staff to login with, staff called the office and the office staff logged the call manually in the office. Staff we spoke with told us they had enough time to meet people's needs. The service had an on call system to make sure staff had support outside the office working hours and staff confirmed this was available to them at all times.

The provider carried out satisfactory background checks of all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

We found that the provider had addressed the breaches of regulation and were compliant with Regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved the rating for this key question to 'Requires Improvement' at this time as system and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

# Is the service effective?

## Our findings

At our last comprehensive inspection on 28 June 2016 we found that people were being placed at risk of receiving poor care and treatment because staff had not received the appropriate training and supervision to meet people's care and support needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the service trained staff to support people appropriately. People and their relatives told us they were satisfied with the way staff looked after their loved one and staff were knowledgeable about their roles. One person told us, "The ones [staff] I have is trained in how to use my equipment. They [staff] are quite proficient and competent." Another person said, "They [staff] are very good indeed well trained no faults at all." One relative told us, "They [staff] know what they are doing."

Staff told us they completed a one week comprehensive induction training when they started work, and a period of shadowing an experienced member of staff. One person told us, "I have someone coming tomorrow a new carer for me. They [office] have put in place for a regular carer as well so the new carer can see how things work. I think it is a good thing and inspires confidence in them." The service manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, and health and safety in people's homes to moving and handling, administration of medicine, and the Mental Capacity Act 2005 which included training on the Deprivation of Liberty Safeguards. Records we looked at confirmed this.. Staff told us the training programmes enabled them to deliver the care and support people needed. One member of staff told us, "I have learnt how to use the slings and am now able to adjust the slings properly."

Records showed the service supported staff through quarterly supervision, monthly spot checks and annual appraisal. One person told us, "Yes there have been spot checks, the head person comes and sees what the carers are doing." One member of staff said, "The spot checks will put me on my toes, it gives me a sense of duty." Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. One member of staff told us, "The supervision meetings help me to improve upon what I am doing." Staff told us they worked as a team and were able to approach their line manager at any time for 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and established that the service was meeting the requirements of the

legislation and that it had not applied for an order from the Court of Protection at the time of the inspection.

The service had systems to assess and record whether people had the capacity to consent to care. Staff understood the importance of asking for consent before they supported people. One person told us, "They [staff] ask me if it is okay with me before doing things for me." Another person said, "They [staff] don't do anything without my permission." A member of staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs. At the time of inspection the service manager told us that most people using the service had capacity to make decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where the service had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their best interests in line with the MCA.

Staff supported people to eat and drink enough to meet their needs. One person told us, "They [staff] cook breakfast and meal at night. They are very clean and wipe everything." Another person said, "She [staff] gives me a choice, and I am very happy with my meals." One relative said, "They [staff] put a lot of effort into her [loved ones] meals, they take guidance from nutritionist and encourage her to eat." People's care plans included a section on their diet and nutritional needs.

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a GP or a hospital appointment.

We found that the provider had addressed the breaches of regulation and were compliant with Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved the rating for this key question to 'Good' this is because the provider had taken appropriate action to support staff through appropriate training and supervision to enable them to carry out their duties.

## Is the service caring?

### Our findings

People and their relatives told us they were happy with the service and staff were caring. One person told us, "All staff are respectful, kind and caring." Another person said, "I'm absolutely delighted and very happy with her [staff] it's like having a new friend." One relative told us, "The carers genuinely seem to care." Another relative said, "We get to know them [staff] like personal friends." A third relative commented, "The carers do a grand job, I give them 110%, they go out of their way and are the highlight of my [loved ones] day."

Staff involved people and their relatives, where appropriate, in the assessment, planning and review of their care. They told us if a change of need arose, these were discussed with people and their relatives as appropriate and that the service met their needs. People's care records showed that they were involved in planning and subsequent reviews of their care.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us, "I always give choices; I ask them if we are going to have a shower or wash this morning, they decide. I'm always chatting to my service users whilst giving care about anything like weather, it is important because I'm the only person she sees during four calls in a day. Communication is the best thing." Another member of staff said, "I always give people options, they make a choice of certain foods and I ask them before giving any personal care, how they liked to be supported."

People were supported to be as independent in their care as possible. One person told us, "She [staff] encourages me to do things." One relative said, "They [staff] encourage her [loved ones] to achieve things for herself." Care records we saw confirmed this. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One staff member told us, "I always encourage people to do things for themselves, like washing their own faces, and the places they could manage to reach on their own."

Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relationships with people they cared for. Staff kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential, to respect their privacy. They said they would share people's information with their manager or the relevant health and social care professionals. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. One relative told us, "We have mainly female carers, happy with either."

## Is the service responsive?

### Our findings

People and their relatives told us they had a care plan. One person told us, "They [staff] are aware of my changing needs and are responsive." Another person said, "My needs have changed, now carers come twice a day instead once a day." One relative commented, "My [loved ones] hurt herself, the care package was changed to take this into account. The agency were proactive and did this well." Another relative said, "When she [loved ones] came out of hospital, we asked for her care to be increased. They [staff] reviewed the care and increased the care visits, they dealt with this well."

Staff carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. This assessment was used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. The senior staff updated care plans when people's needs changed and included clear guidance for staff. We saw 10 care plans and all were up to date.

Staff discussed any changes to people's conditions with their line manager to ensure any changing needs were identified and met. We saw that care plans were updated when people's needs changed. For example, when one person's needs changed, extra hours of care were provided and the care plan was updated to reflect the change. Staff completed daily care records to show what support and care they provided to people. Care records showed staff provided support to people in line with their care plan.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "For a while I had one carer who was difficult to connect with. They [office] changed back to another carer, I am now very happy." One relative said, "We had a period of lots of different carers it was a bit chaotic. We raised the issue with the agency. Now things have stabilised and we have regular carers, one is outstanding." The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded in a timely manner to the complainant and where necessary staff held meetings with the complainant to resolve the concerns. These were about general care issues. For example, one member of staff's work was not satisfactory, and on some occasions another member of staff was late for a lunchtime call. The service manager told us they had not received any complaints after these concerns had been raised and the records we saw confirmed this.

## Is the service well-led?

### Our findings

At our last comprehensive inspection on 28 June 2016 we found that effective systems were not in place to monitor and improve the quality and safety of the service provided to people. These issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 12 and 13 December 2016, we found that the provider had taken action to make sure that the systems for monitoring and improving the quality and safety of the services provided to people were operating effectively. The service carried out spot checks and audits covering areas such as the administration of medicine, health and safety, care plans, complaints, incidents and accidents, and risk assessments. As a result of these interventions the service had made improvements, which included updating care plans to reflect people's change of needs, staff meetings were held to share learning and additional training was given to staff.

People who used the service completed satisfaction surveys. The provider analysed the findings that showed the service had made significant improvement in relation to overall satisfaction of people who use the services, compared to the results from 2015 to June 2016. Examples of this were related to aspects of people's choices, timely response to complaints, and communication with people about any changes to the service. The provider developed an action plan in response to the recommendations from the survey to show how the identified concerns were resolved. For example, the complaint's procedures had been revised and the service managed complaints in line with the provider's policy in a timely manner. Where concerns were identified spot checks to people's homes were increased from monthly to weekly, staff received regular supervision and were given additional training specific to their roles and responsibilities.

The service manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings we saw included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service.

During the inspection we saw the service manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is a star, if I came across problems with Medication Administration Record (MAR) charts, log book, they get on it straight away. They are fantastic, really very good." Another member of staff said, "The manager is very supportive, I know they would deal with any issue straight away, but I have not come across any issue to report."

The service manager told us the service used staff induction and training to explain their values to staff. For example, the service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the service manager, supervisors and their conversations were friendly and open.

At our last comprehensive inspection on 28 June 2016 we found that the provider had not notified incidents



to Care Quality Commission (CQC) as required. This was a breach of Regulation 18 of the CQC (Registration) Regulations 2009.

At this inspection on 12 and 13 December 2016, we found that the provider had taken action to make sure that they notified all reportable incidents and accidents to CQC and other relevant bodies in a timely manner. The service manager told us that they maintained a record of all incidents and accidents, including those that are notified to appropriate bodies and have ensured a close monitoring to identify any trends. If there were trends the manager discussed them with staff and took action to reduce the likelihood of the issue occurring again. Records we saw further confirmed this.

At our last comprehensive inspection on 28 June 2016 we found that the provider did not have a registered manager as required under the conditions of the provider's registration. This was a breach of Regulation 15 of the CQC (Registration) Regulations 2009.

At this inspection, we found that the provider had recruited a new manager in August 2016 and that the new manager's application for a registered manager with CQC was in progress. The new manager demonstrated good knowledge of people's needs and the needs of the staffing team. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. We will continue to monitor the provider's compliance with this requirement.

People and their relatives commented positively about staff and the service. One person told us, "Yes, they [staff] are well managed, I am quite happy with what they do." Another person said, "The service is well managed because, I am very satisfied with the care I receive." One relative told us, "I think it [service] is working well." Another relative said, "They [staff] have been brilliant." A third relative commented, "Nothing missed off, everything that needs to get done gets done."

The service worked effectively with health and social care professionals and commissioners. We saw the service had made improvements following recommendations from these professionals and had received positive feedback from them. Feedback from social care professionals also stated that the standards and quality of care delivered by the service to people was good and that they were happy with the management and staff at the service.

We found that the provider had addressed the breaches of and were compliant with Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and Regulation 18 of the CQC (Registration) Regulations 2009. We have revised and improved the rating for this key question to 'Requires Improvement' at this time as system and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.