

# Triple Care Healthcare Services Limited

# Triple Care Healthcare Services

## 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

The inspection took place on 19 September and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of our inspection Triple Care Healthcare Services were supporting 34 people.

There was a registered manager in post who supported us during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people were not always adequately assessed and reviewed to ensure people's individual needs were being met safely. This meant that staff did not always have the guidance they required to support people safely. Although some areas of people's medicines were managed well risks regarding people's medicines were not consistently reviewed. People's legal rights were not always protected as the principles of the Mental Capacity Act 2005 (MCA) were not always followed. The providers quality assurance systems had not identified these issues as structured audit systems were not in place. People's records were detailed although not always organised to allow staff to access information quickly.

The provider followed safe recruitment processes and there were sufficient numbers of staff to meet people's needs. People told us they felt safe and were confident in the staff supporting them. Staff had received training in safeguarding and were aware of their responsibility to report concerns. Safe infection control procedures were followed by staff. A contingency plan was in place to ensure that people's care could be provided safely in the event of an emergency.

Arrangements were in place to train, supervise and provide induction to staff. Staff told us they felt supported by the provider and could call for assistance at any time. People's needs were assessed prior to the service commencing support to ensure they could be met. People were supported to access care from healthcare professionals where required. Staff were aware of people's dietary needs and preferences.

People were supported by staff who respected their dignity and maintained their privacy. People were supported to make choices and decisions about their care and their independence was respected. People and their relatives told us that staff treated them with kindness and understanding.

Personalised care plans were in place and people's care was regularly reviewed. People received their care from a consistent staff team who knew their needs and preferences. People told us they were confident to raise any issues about their care. The service were in the process of supporting staff to gain knowledge and skills in supporting people at the end of their life. There was a complaints policy in place and there was

evidence that complaints had been recorded, investigated and responded to.

The service had some systems in place to monitor the quality of service people received. Regular unannounced spot checks were completed to assess staff skills and ensure people were happy with their care. Surveys were sent to people and their relatives and concerns acted upon. The service liaised with external agencies to make improvements to the service. Staff told us they felt supported and listened to.

During the inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of 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 always safe.

Risks to people's well-being were not always identified and guidance provided to staff.

Guidance on supporting people with their medicines did not always contain enough detail. In other areas we found that medicines were managed well.

Sufficient numbers of skilled and experienced staff were employed to meet people's needs.

People were protected from the risk of abuse as clear reporting systems were followed.

Accidents and incidents were recorded and acted upon.

Staff followed safe infection control procedures.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Where people lacked capacity to make a decision about their care, their rights and best interests were not always protected.

People's needs were met prior to them receiving care to ensure they could be met.

People were supported with their nutrition and hydration where needed.

People received support to access healthcare professionals.

People were cared for by staff who received support and training to help them meet their needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People were supported by staff who treated them with kindness.

People were treated with dignity and respect and their privacy was protected.

Where possible people were involved in the planning and review of their care.

People were supported to maintain their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care and support that was responsive to their needs.

The service was in the process of developing staff skills in relation to supporting people at the end of their life.

People's complaints were investigated and responded to. People and their relatives felt able to raise a concern or complaint and were confident it would be acted on.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

Quality assurance systems were not fully embedded into the service.

The provider worked in partnership with other agencies to improve the service provided.

Staff felt supported by the management team.

People and their relatives had the opportunity to provide feedback and this was acted upon.

# Triple Care Healthcare Services

## **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 was 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 19 September 2018 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process. The inspection was carried out by one inspector.

We looked at all the key information we held about the service which included notifications. Notifications are changes, events or incidents the provider must tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five staff members and the registered manager. We also spoke with six people and two relatives on the telephone and visited two people in their homes to gain their views on the service they received. Prior to the inspection we also sent questionnaires to people, staff and professionals who are involved in the service. We looked at the care records of seven people who used the service, three recruitment files for staff and staff training records. We looked at records that related to the management of the service including, medicines records, audits, risk assessments and meeting minutes.

This was the first inspection of Triple Care Healthcare Services since its registration in June 2016.

## Is the service safe?

### Our findings

People told us they felt safe with the staff who supported them. One person told us, "Yes I feel very safe with them. They use a key code to get in and I know I can trust them." Another person said, "You rarely get a staff member that's a bit off. I am very satisfied with the care and I feel safe." A third person told us, "I need two carers (due to using a hoist) and they always send two. They won't do it with one which is good to see."

Despite these comments we found that systems to assess risks to people's safety were not always consistently implemented. Where specific health conditions meant people may be at risk of ill health guidance was not always in place to inform staff of the signs they should look for, action to take or the on-going monitoring required. Two people's care records reflected they had mental health support needs. However, there was no specific risk management plan in place to acknowledge this and provide guidance to staff on how to minimise the risk of the person becoming unwell. Where people had catheters in place there were no specific care plans for staff to follow on how to provide the person's care in this area, how to monitor for signs of infection or how to identify if the catheter was working properly. Other people's care records contained contradictory information which meant people may be at risk of not receiving the right care. One person's care records stated they were not at risk of falls, slips or trips. A further risk assessment stated the person was at medium risk and two staff should support the person. However, this did not state what kind of support the person required. In a separate care plan, reference was made to the person now requiring the use of a hoist. This meant that staff may not be fully aware of the person's needs and the risks of them mobilising.

The support people received with their medicines was not always in line with best practice guidance. Staff supported a number of people by preparing their medicines and leaving them out for them to take later. The National Institute for Health and Care Excellence (NICE) recommends that staff should not leave doses out for a person to take later unless this has been agreed with the person after a risk assessment and it is recorded in the person's care plan. We found no risk assessments or guidance for staff had been completed. Following the inspection, the provider informed us they were in the process of completing risk assessments for all people whose medicines were left out for them to take later. We will assess the effectiveness of these measures during our next inspection. One person required their medicines to be taken in a specific way to ensure they were effective in providing pain relief. This was not detailed within the person's medicines plan. The person told us that staff did not always administer their medicine correctly which meant they were in pain. They told us, "Some of them do it wrong and they don't listen to me when I tell them."

Failing to ensure consistent risk management systems were applied and that medicines were administered in line with best practice guidance was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people told us they felt staff supported them safely with their medicines. One person told us, "I have a blue book and they give me my tablets at dinner time and sign the book to say I've taken them." Another person told us, "They get my meds right. I make them show me to make sure. I check that they've had training." Records showed that each person had a medicines administration record (MAR) in place which

provided staff with information regarding the person and their medicines. All staff responsible for administering medicines had completed training and their competency was assessed every three to six months.

Accidents and incidents were recorded and action taken to minimise the risk of them happening again. Staff completed accident or incident forms or contacted the office to report any concerns. Records demonstrated that appropriate action had been taken to keep people safe following accidents and incidents. Where staff had arrived to find people were unwell, medical assistance had been sought. A number of incidents related to people experiencing falls. Staff had taken action to ensure the person was safe and where appropriate contacted emergency services. Action was also taken to contact relatives and other healthcare professionals to ensure that any future risks were assessed and safety measures implemented. Details of accidents and incidents were also collated electronically in order to produce trends reports for analysis.

Sufficient staff were employed to ensure that all care calls could be covered. People told us that staff arrived on time and stayed for the duration of the call. One person told us, "They always turn up on time but if they are running late they will let me know. It's important that they let me know as I am totally reliant on them. They have never not turned up." Another person said, "Staff turn up on time and stay the full time on the whole." Records showed that care calls were scheduled in accordance with people's needs and where required, travel time was built in to ensure staff arrived on time. The service used an electronic monitoring system which required staff to log in and out of care calls. This enabled senior staff to monitor that calls were being completed and that the timings of calls were correct. The PIR stated, 'All our visits are monitored for punctuality, duration and outcome. This is to ensure that we provide safe, reliable and consistent service and have clear contingency procedures to ensure that users are safe in the event of a scheduled visit being delayed or reallocated due to sickness'. We found this to be the case.

Safe recruitment practices were followed before new staff were employed to work at the service. Checks were made to ensure staff were of good character and suitable for their role. Each staff member was required to complete an application form and undergo a face to face interview in order to assess their skills. Records showed the provider obtained two references from previous employers, proof of identity, information and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff recognised how to identify signs of abuse and knew how to raise any concerns. Staff we spoke to confirmed they had completed safeguarding training and had access to information regarding reporting procedures. One staff member told us, "If I find something which is not right I will straight away report it to the office. If I found they were not reacting I would go to social services. I would keep going higher until someone did react. I would not leave it if I thought someone was being harmed." Records confirmed that where concerns had been highlighted these had been passed to the local authority safeguarding team and appropriate action taken.

Safe infection control procedures were in place. Staff told us they had access to personal protective equipment such as gloves and aprons and people we spoke with confirmed this was the case. One person told us, "They wear gloves and they change them for different things." Prior to people's support starting senior staff members completed a risk assessment regarding the environment. This ensured that areas which may be of risk to the person could be addressed and that staff were working in a safe environment. The provider was able to describe how they had responded to a number of situations which may have caused disruption to people's care being provided. This included where roads were closed for large events and bad weather. Although it was clear that appropriate action had been taken the provider had not implemented a contingency plan. Following the inspection, the



registered manager forwarded a completed contingency plan which highlighted staff responsibilities in the event of an emergency occurring.

## Is the service effective?

### Our findings

The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In community settings restrictions placed upon people's liberties require authorisation by the Court of Protection (CoP).

The provider was unable to demonstrate their understanding of the MCA processes which should be followed in community settings. This meant that some people's rights were not protected. The provider's PIR stated, 'Where service users have difficulties engaging in planning their care or consenting to their care, there are clear procedures in place for assessing service user decision-making capacities. In addition, processes are also in place to ensure that any best interests decisions are recorded and agreed as such by all relevant key stakeholders. Triple Care has systems and processes in place for the handling and management of service users under the Deprivation of Liberty Safeguards [DoLS] standard. Whilst there has not been cause to activate DoLS, all staff receive training and regular updates in Deprivation of Liberty Safeguards.' However, we did not find evidence to support this during our inspection. Training records showed that only one staff member had completed MCA training. The DoLS process described in the PIR does not apply to people living in their own homes and demonstrated the provider did not fully understand the processes which should be followed. The registered manager and senior staff were unable to demonstrate their knowledge of completing capacity assessments, recording best interests decisions, making applications to the CoP in conjunction with the local authority and ensuring that where decisions were being made by others they had the legal authority to do so.

Records for two people showed that relatives had signed to consent to their family members care. There was no evidence to show that the relatives had the legal authority to do this and no capacity assessment or best interests decision regarding this decision had been completed. One person's care records reflected that CCTV was in place within their home for the protection of the person and the staff working with them. In addition, external doors were locked preventing the person leaving and the person's telephone was removed at night. Whilst staff were able to clarify the reasons for these restrictions, no capacity assessment or best interest decision had been completed and there was no evidence to show if less restrictive options had been considered. The registered manager informed us that the local authority were aware that these measures had been implemented and agreed with the person's family. However, there was no record to confirm that the need for an application to the CoP had been discussed. This meant the person was subject to restrictions which had not been legally agreed.

Failing to ensure that the principles of the MCA were followed was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed prior to the service providing care to ensure they could be met. One person

told us, "They visited me in hospital to talk through the care that I wanted." Assessments contained in people's care records showed that areas assessed included communication needs, mobility, personal care, eating and drinking, medicines, religious needs and hobbies and interests. Care records evidenced that the information gained during the assessment was used when planning people's care. Where assessments highlighted that people required additional equipment to support them safely the service had ensured this was addressed.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. The registered manager maintained and reviewed a training matrix which evidenced that staff had completed training in areas including safeguarding, health and safety, infection control, moving and handling and pressure sore management. All staff were required to complete the Care Certificate at the beginning of their employment. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. New staff also completed an induction period where they worked alongside senior and experienced staff until they were competent with all aspects of their role. One staff member told us, "I am used to many people's needs but working in their homes can be different. When you start your induction you are working with seniors and they stay with you until you are confident." Staff received regular supervision in line with the providers policy. This gave staff the opportunity to discuss any concerns or training needs and gain feedback on their performance.

People who received support with meal preparation told us that staff understood their requirements. One person told us, "They make what I ask them to make." Another person told us, "They (staff) divide the food up on the plate very nicely." Care plans highlighted if people required support from staff to prepare or to eat their meals. Where people required their food to be of a soft or pureed consistency clear guidance was available to staff. Care plans also prompted staff to ensure people had a drink nearby when they left them and additional prompts were sent to staff during hot weather.

People received support to access healthcare professionals when required. Care records showed that staff reported to the office when people were unwell and, where required, support to access medical assistance was provided. Where people required on-going support from health care teams such as district nurses, contact details were available along with information regarding their involvement. Referrals were also made to services including occupational therapy and speech and language therapists as required. The service worked closely with social care professionals to ensure people's care was co-ordinated and monitored effectively.

## Is the service caring?

### Our findings

People told us that staff were caring and treated them with kindness. One person told us, "The staff are very kind and caring. Just very caring people." They added, "Some of them are real fun and we have a good laugh. It's such a tonic if you've not seen someone all day." Another person told us, "The carers are all fine. Some are a bit quiet but my main carer is very good. She cheers me up." A third person said, "They are so good to me." In response to our questionnaire one person said, 'The carers are very good and kind to me and they are all like a friend to me'.

Information was available in people's care records regarding their personal history, interests and those who were important to them. This meant that staff were able to have meaningful conversations with people to help them build relationships. People confirmed that staff communicated well with them. One person told us they felt staff listened to them, "I do tell them (staff) and they do listen." Another person told us, "They know us, the girls (staff) know our story. It can be hard sometimes but they listen and understand. They are the best agency I've had." We heard office based staff speaking to people and their relatives on the telephone. It was clear from their conversations that they knew people well and understood what was important to them.

People's dignity and privacy were respected. We asked one person if staff treated them with respect, they told us, "Respect? Oh, definitely." Another person told us, "As a whole they do treat me with dignity and respect." A third person said, "I really like the girls, they've been a godsend. They don't speak about other people in front of me. I love that about them." One relative told us, "I love their attitude. They're very respectful. They come in and are very polite and gentle and encouraging. They know what Mum needs." The registered manager told us that respecting people's dignity was at the centre of the service. They told us, "This is the reason we started, it is what we set up to do." The PIR stated, 'Our dignity and respect policy (and other relevant policies) requires that staff treat every service user with the same level of dignity and respect and not to discriminate between those with mental or physical disabilities, which, if it occurred, we would treat as misconduct'. Staff we spoke with were able to describe the measures they took to ensure they maintained people's dignity. One staff member said, "I find out from the person what they want. If they are using the bathroom I ask if they want me to leave. I keep them covered for personal care. When I arrive I knock and shout my name. I wait for a response from them. I wouldn't want someone just barging in to my house so you respect them in the same way. I feel proud that I respect people and treat them like I would want to be treated."

People told us they felt listened to by staff and that staff respected their choices. One person told us, "They ask what I want and when. They work around me and what I'm doing that day." We observed a staff member asking a person how they would like their dinner prepared and when they would like it. Care records included information regarding people's preferences such as their preferred name and how they liked to sleep. One person's care plan contained a detailed description of how they liked their coffee prepared. Staff we spoke with were able to describe people's preferences.

People were supported to maintain their independence. Care records identified what people were able to

do for themselves and areas where they required support. For example, one person's records guided staff on how to position the person's bed and to keep all areas tidy so the person was able to mobilise around their home safely. One person told us, "Without the staff I don't know how we'd manage to stay at home and keep what independence I still have." Staff were able to describe to us how they supported people to maintain their independence. One staff member told us, "We all try to let people do the things they can do and not disable them. It's about maintaining their dignity. It's just instinctive to give people time and let them do the things they have always done."

## Is the service responsive?

### Our findings

People and their relatives told us they were involved in developing and reviewing their care plans. One person told us, "I have a very good social worker. I have an assessment every six months and (staff member) comes too. I feel involved in my care plan." Another person said, "I do tell them (what I want) and they do listen." A third person told us, "Of course, they need to know what to do so I had to be involved." One relative told us, "Other agencies insisted on coming at 7am and that was no good for Mum. (Registered Manager) understood and listened and they come later. They are very client centred. They seem to have a natural understanding and are so genuine."

People's care plans were personalised. This meant that staff had the guidance they required to ensure people's needs were responded to. Information regarding the care people required included areas such as personal care, moving and handling, eating and drinking, communication and security. Care tasks were broken down into a list for each call in a way that was clear for staff to follow. Staff told us that care plans contained the information they required and were easy to follow. One staff member told us, "The care plans are fully detailed. You'd know the person from the plan. The most important things about how they like things done are all there." The service supported some people who for a variety of reasons had experienced difficulties in finding care services to support them. Through ensuring people received consistent support from staff who knew people well, they had met people's needs and ensured they were able to remain living in their own homes. One relative told us, "One of the lovely things about them is they try to stick to continuity. Staff learn the little nuances about people from being with them all the time."

During our inspection we observed staff speaking to people, relatives and social care professionals regarding providing care to people and changes to planned care. Staff were responsive to people's needs whilst being clear what they were able to do and the support they would require from other agencies to ensure the right outcomes for people. One social care professional told us, 'They are always available to speak to and respond quickly to any concerns that may arise and inform social care straight away'. Regular reviews of people's care were undertaken. Care records contained evidence of people's care being discussed with them to ensure no changes were required. Where people's needs changed quickly the service responded to ensure they continued to receive the care they required. For example, one person's mobility had changed and they were no longer able to mobilise independently. Relevant health and social care professionals were contacted to ensure the person had the equipment and care package they required.

At the time of our inspection the service was not supporting anyone receiving end of life care. The registered manager told us that this was an area of development within the service. They provided evidence of discussions with the local hospice and staff had been booked to attend training to support them in developing the skills they required. Where appropriate, people had basic care plans in place regarding their end of life care wishes.

People and relatives told us that they would feel comfortable in making a complaint and that where they had raised concerns these were addressed. One person told us, "We had a complaint the other week when things went wrong. I called the office in the morning and in the afternoon the care manager came out and

chatted to us. It was sorted straight away and she apologised and told us it wouldn't happen again and it hasn't." Another person said, "I complained about my meds. They listened and sorted it out." A third person told us, "If I have any problems I just ring them up and they will sort it out for me." The registered manager ensured that a complaints log was completed and monitored. This meant that any concerns were recorded, listened to, investigated and responded to in line with the providers policy. The service had recently invested in a new software programme which enabled them to analyse data from complaints in order to identify and trends or themes.

## Is the service well-led?

### Our findings

People, staff and professionals told us they felt the service was well-led. One person told us, "We know the managers and you can always speak to them if you need to." One staff member told us, "When we phone they always answer and respond. You know they will come and help you if you need them." One professional told us, "The manager is very approachable and professional. She goes above and beyond on every case and a lot of the service users like to think of her as a friend. She has a gift of being able to comfort and earn the respect of those who were anxious of services before Triple Care started. We have also had the same feedback on some of their care workers."

Despite these positive comments we found that quality assurance systems did not always identify where improvements were required. There was no system in place for ensuring that care records were regularly checked and updated. This meant that areas such as risk management and consent to care were not routinely checked to ensure that staff had all the information they required to provide safe and effective care. Whilst some quality systems were built into the management of the service other checks were still in the process of being developed. For example, forms were available to show that audits such as care call notes, MAR records and weekly activity sheets for managers were being looked at and occasionally completed. However, there was no agreed system of timescales for this to be met. Whilst care records contained detailed information regarding people's needs we found that information was not always easily accessible as records in the office were not always organised. Following the inspection, the registered manager forwarded copies of audit processes they intended to implement. We will check the effectiveness of this during our next inspection.

Failing to ensure that effective quality monitoring systems were in place and that records were clear and organised was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In other areas we found that quality assurance systems were managed well and people had the opportunity to provide feedback. Senior staff completed unannounced spot checks of staff skills on a regular basis. These covered areas including timekeeping, moving and handling, medicines, infection control, communication and respecting dignity and independence. In addition, people were also asked for their views on both the individual carer and the service they received as a whole. Where concerns were identified these were discussed with staff and addressed further if required. A detailed analysis of spot checks was maintained in the office to show areas where the service was performing well and would identify any areas of staff performance which required improvement. In addition, annual surveys were sent out to gain people's views of the service. Results from the 2017 survey were generally positive although did include comments regarding staff timekeeping. This issue had been addressed by heightening staff awareness and the introduction of electronic monitoring. The provider had changed the format of the most recent survey and few had been returned. It was felt this was due to the survey being much longer. The registered manager had therefore taken the decision to re-issue the survey using the shorter format.

Staff told us they felt supported in their roles. One staff member said, "I feel very supported, every minute I'm



at work. They often send us messages telling us to ring them if we need anything or to let them know if we are struggling. They are always behind us and we don't feel as though we work on our own." We observed friendly conversations between staff and the management team and there was a good understanding of staff circumstances. Regular staff meetings were held and staff had the opportunity to comment if things weren't working well or if things could be changed to better meet people's needs.

The service worked proactively with other agencies to improve the service provided. Social care professionals told us that the service initially struggled to embed the structure required which resulted in them needing to find alternative care for some people. However, the service had accepted support and advice from the local authority. This had enabled them to develop systems for assessment and create stability for people and for the service as a whole. One social care professional told us, 'The management and staff have done well recently to manage the service and improve the service quality. The reports suggest that the staff are caring, committed and empathetic. We would like to see Triple Care developing further and looking forward to working closely with them'. The registered manager acknowledged they initially experienced problems as they had agreed to provide support over a wide geographical area and were not able to maintain this. They told us, "It was so difficult but we have now learnt how to do things the right way. We have had tremendous support."

There was a positive culture within the service. The registered manager told us they believed that communication was paramount in ensuring everyone was working towards the same goal of providing person centred care. They told us, "The name Triple Care comes from bringing the three strands of the service user, their family and the carers together. We tell staff this can only be done with good communication." The employee handbook described the background to the service and its commitment to providing person centred care, 'Our philosophy is to provide people with a flexible service to enable them to make their own choices and support them at home with well trained staff who are familiar with their needs.' Staff meeting minutes demonstrated that the vision of the service and standards of care the provider expected from staff were discussed. Staff told us the management team were clear about their expectations of staff and the support they provide. One staff member told us, "They want staff to get it right for the people we're caring for. They tell us we shouldn't aim for very good. We should aim for excellence. That way if we do slip a bit then we are still making it very 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to ensure that the principles of the MCA were followed
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure consistent risk management systems were applied and that medicines were administered in line with best practice guidance
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure that effective quality monitoring systems were in place and that records were clear and organised