

Carers Elite Limited

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Inspection report

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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 inspection took place on 9 and 10 October 2018 and was announced. At our last inspection in February 2018, we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to Regulation 12: safe care and treatment, Regulation 19; fit and proper persons employed, Regulation 9; person centred care, Regulation 17; good governance, Regulation 18; staffing and Regulation 16; receiving and acting on complaints. The service was therefore rated as Inadequate and placed in special measures. Services that are in special measures are kept under review and inspected again within six months from the publication of the report. We expect services to make significant improvements within this timeframe. We met with the provider and asked them to complete an action plan to tell us what they would do and by when to improve the service.

At this inspection we found that improvements had been made and the provider is no longer in breach of Regulations 9, 12, 16, 17, and 18. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this home is now out of special measures. We have awarded an overall rating of requires improvement. However, we found that not all the necessary improvements had been made to ensure all the required checks for newly recruited staff had been made. Therefore the provider is in repeated breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 adults. Not everyone using Carers Elite receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager. 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.

There were enough staff to keep people safe and to meet their needs. People felt safe when receiving care and support. Systems were in place to protect them from the risk of abuse. Risks to people's safety and individual needs and preferences were managed well.

Most of the required checks that are made to ensure potential new staff are suitable to work with vulnerable people were completed including a Disclosure and Barring Service check. The provider had not gained the full work history for three newly recruited staff as is required by the regulations. The provider did not have a system to audit that all recruitment checks were in place before applicants started employment. This was addressed and changes implemented during the inspection.

The registered manager and staff had undertaken basic training and improved their knowledge of the

Mental Capacity Act 2005 (MCA) since our last inspection. Care records had been improved to include any considerations regarding the MCA although information was very basic. Further work to improve this was on going.

Staff had received training in a number of different areas to provide them with the skills and knowledge to support people effectively. Further training was to be provided to staff regarding dementia care to help them develop their skills further and gain confidence. Staff received adequate support and guidance in their roles.

People's healthcare was monitored and any needs met. Relationships had been developed with outside healthcare professionals who visited the home regularly in response to any concerns raised.

People were offered choice and were involved in making decisions about their own care. The staff were kind and caring and treated people with dignity and respect. Information about how to complain was on display in the services office and in the service user guide given to people. People and relatives knew how to complain and were confident that any concerns they had would be listened to and acted on.

The staff were happy working at the service, felt supported by their senior and the registered manager and worked well as a team to deliver care to people.

Governance and quality monitoring had improved, but still required further amendments to ensure it was robust. Audits and checks in place to monitor the quality of the service had not found some of issues that were present during our inspection. The registered manager was open to suggestions for improvement and had a plan in place to drive up the quality of the service provided.

The registered manager reviewed the recorded accident and incidents. These were analysed to identify any patterns or trends and plans were put in place to reduce the risk of them happening again in the future.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

The required checks of newly recruited staffs full work history had not been completed. Records of the interview process had not been taken.

Risks to people had been assessed. There was clear guidance for staff to follow to reduce the risks, ensure people were independent and made safe choices. Accidents and incidents were recorded and action was taken to reduce the risk of a reoccurrence.

There were enough staff to keep people safe.

Staff had attended safeguarding training and had a clear understanding of abuse, how to protect people and who to report to if they had any concerns.

Is the service effective?

Good 

The service was effective.

People's needs and choices had been assessed, support was delivered in line with these and regularly reviewed.

Staff had the relevant skills and knowledge to deliver care and support to people they supported. Training was provided regularly.

People were supported to see their healthcare professional when required, the service worked alongside other agencies to deliver holistic care and support.

Staff had training in and a basic understanding of the Mental Capacity Act 2005

Is the service caring?

Good 

The service was caring.

Staff provided the support people wanted, by respecting their

choices and enabling people to make decisions about their care.

People's dignity was protected and staff offered assistance discretely when it was needed. Staff supported people in a way that promoted their independence.

Staff were kind and caring and had developed good relationships with the people they supported.

Is the service responsive?

Good ●

The service was responsive

People received personalised care and were included in decisions about their care and support. Care plans detailed the information that staff needed to support people and identified their preferences.

A complaints policy and procedure was in place and available to people. Feedback from people was sought and their views were listened to and acted upon.

Staff had undertaken basic training in supporting people who were at the end of their lives. The registered manager ensure that only suitable experienced and competent staff supported people when receiving palliative care.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

The registered manager had implemented widespread changes to the culture and practices within the service which had driven up the quality of the provision of care. People using the service and staff working there had found there to be significant improvements.

Governance and quality monitoring had improved, but still required further amendments to ensure it was robust. Audits and checks in place to monitor the quality of the service had not found some of issues that were present during our inspection.

There was an open and transparent culture. People, relatives and staff were encouraged to make suggestions to improve the service.

Carers Elite 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.

This inspection took place on 9 and 10 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or visiting people. We needed to be sure they would be in.

The inspection site visit activity started on 9 October 2018 and ended on 10 October 2018. It included speaking with people who came into the provider's office, as well as speaking to them via telephone after receiving permission to contact them. We visited the office location on 9 and 10 October 2018 to see the registered manager and office staff; review care records and policies and procedures. The inspection team consisted of three inspectors.

Prior to the inspection, we reviewed information we held about the service to inform our planning of the inspection. This included notifications the provider must send us by law and any concerns and/or positive feedback received about the quality of care provided by Carers Elite Limited.

During the inspection, we spoke with seven people and two of their relatives to gain their views about the quality of care received. We spoke with four members of care staff and two senior carers. We also spoke with the registered manager who is the provider's managing director, and the human resources manager who also oversaw aspects of the day to day running of the service.

We looked at records that were kept in relation to the care that people received. This included four people's care plans and several people's daily welfare records. We also looked at staff training, four staff members recruitment and supervision records and paperwork in relation to how the provider monitored the quality of care provided to people using the service.

Is the service safe?

Our findings

At our previous comprehensive inspection on 6 and 20 February 2018, we found significant shortfalls in the safe running of the service. We rated this key question as 'Inadequate'. At this inspection, we found that improvements had been made in most areas and the provider is no longer in breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. However, further improvements are needed to be made to meet the requirements relating to safe recruitment of staff, and the provider remains in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We have now rated this key question as 'Requires Improvement'.

At our last inspection we found shortfalls in the checks made on potential new workers. This included not obtaining references from previous employment and fully exploring applicants full working history. These checks help to reduce the risks of unsuitable staff being employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment processes at the service had improved since our last inspection. Applicants had undergone the required checks to ensure their suitability including references from previous employers and a criminal records check from the Disclosure and Barring Service. Prior to recruitment original documentation was requested to confirm staff's identification, proof of age, address and eligibility to work in the country. However, we saw that three recently recruited staff had not been asked for and had not provided full details of their employment history either on their application, or during their interview. The provider's application form asked for employment history details of the previous five years, whereas the legal requirement is that a full employment history be provided. Only very limited notes had been kept of the interview process, and did not contain any reference to this being discussed. We spoke with the registered manager about this, they took immediate action to make amendments to their application form to request a full employment history from applicants, and to implement detailed note taking during the interview process. They also amended their recruitment process to include a full check that all the required information had been obtained and verified by the registered manager before employment would commence. This would also include an audit trail of the process.

This is a repeated breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in February 2018, we found that there were not enough staff to meet people's care needs. This had resulted in some people either not receiving their care visits, receiving them from unfamiliar staff or the staff arrived late. This resulted in a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and therefore, the provider is no longer in breach of this regulation.

People and their relatives told us there had been significant improvements to the consistency of staff provided, and the timekeeping of their arrival. One relative said, "It's improved a lot since they [Carers Elite]

were put in special measures, timing was a problem before, but now they are on time. Occasionally they have been late, but that's declined recently. They have also been good at covering extra visits if I have needed them." A person who received regular home care visits told us, "I'm really quite satisfied, they are reliable, brilliant in fact, very good, always stay as long as they are needed." Another person commented, "It's excellent, they are so good, they turn up on time and I have the same carer to take me shopping." People told us that if staff were delayed, it was for an unavoidable reason, such as staying to help a person who was unwell at a previous call. All the people we spoke with said staff always telephoned to explain that they were delayed in plenty of time.

Since our last inspection, the registered manager had restructured the way in which staff were deployed and were managed. The geographical area which the provider covered had been divided into five smaller areas, each one overseen by a team leader. This was a new post, and the role of this was to oversee the staff deployed to work there and ensure people's care visits were adequately covered by a consistent team of staff. Staff were also working across a smaller area which meant travel times between visits were shorter and less likely to be affected by traffic delays. The recruitment of new staff had been successful meaning that the provider's workforce had additional flexibility to cover annual leave and staff illness. The provider had also purchased a 'pool car' which was available for staff to use should their own car be unavailable. Staff told us that they had achievable workloads and although busy, did not feel rushed or under pressure.

At our last inspection in November 2017, we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had not taken appropriate action to assess or manage risks to people's safety. Staff did not always use safe methods when providing people with personal care. At this inspection we found that improvements had been made and therefore, the provider is no longer in breach of this regulation.

People told us that they felt safe when receiving support from Carers Elite staff. They told us staff knew how to support them in a safe way. People's care plans identified risks to people's safety and wellbeing. These included risks associated with their home environment. Where necessary, there was guidance in place for staff to manage and reduce the risks. For example, where people were at risk of falls, there was appropriate guidance for staff detailed. Assessments were in place for individual risks such as those associated with medical conditions or moving and positioning people. Staff confirmed they read care plans provided in people's homes and used the risk assessments when they provided personal support. The registered manager and senior care staff told us they ensured staff were aware that the needs of people changed and risk assessments reviews should be completed on a regular basis.

Some people Carers Elite supported required prompting to take medicines. Staff had received training in how to do this. Care plans contained information in how and when staff should do this. Staff we spoke with were clear that their role was only to prompt people to take their medicines, and not to administer or manage medicines on the person's behalf. Some people required staff to administer topical prescribed creams for skin conditions. Where this was required, clear instruction was detailed using a body map tool, showing where and how the cream should be applied. Where this took place, records were kept which showed the time and date they were administered and which staff member did this. However, we noted that for some people there were gaps in these records. Senior staff told us that the gap occurred when the person had declined the application as not required, or may have been unwell. The registered manager agreed with us that this method would not identify if a gap in the record was showing that a cream had been missed in error. They told us that they would tell staff to add an agreed code, identified by a key on the chart, that would show if a cream had not been given and what the reason for this was.

Staff we spoke with knew how to keep people safe and were aware of their roles and responsibilities in

reporting any concerns or incidents. They told us this could be to their manager or to external safeguarding agencies such as the police or the local safeguarding authority. Staff had undertaken training in the safeguarding of adults, and could tell us how to recognise indicators of abuse.

People and their relatives told us that staff used equipment, including disposable gloves, and followed practices to ensure infection prevention and control. Staff received training in infection control and said that they were provided with suitable equipment to promote this by the provider. Spot checks of their practice by senior staff included observing whether staff used this equipment, and followed the guidance they were expected to.

The staff we spoke with were clear that they needed to report any incidents or accidents that occurred to a senior member of staff such as falls or medicine errors. Records showed that the registered manager or senior staff had then reviewed these to ascertain if they needed to take any action such as requesting specialist advice in relation to moving and handling from an occupational therapist.

Is the service effective?

Our findings

Following our last inspection of this area in February 2018, we rated Effective as Requires Improvement. At this inspection, improvements had been made and we have rated Effective as Good.

During our last inspection of this key question in February 2018 we found that the competency of staff had not been assessed to ensure that their care practice was safe. Staff did not receive regular supervision or development. Not all staff had completed training in dementia care or supporting people with end of life care. Some staff were providing people with care using unsafe practice. This resulted in a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and therefore, the provider is no longer in breach of this regulation.

People and their relatives we spoke with told us they felt staff had the skills and experience to support them, although we did receive feedback that on occasions, newer staff appeared to need more support from experienced staff. We spoke with the registered manager about this who agreed with us and said that this was something they had identified through reviews of people's care and had implemented changes to address this. The registered manager and senior staff had assessed the competency of new staff before they started working with people on their own. The staff told us that senior or experienced staff had regularly worked alongside them to provide support and guidance in relation to their practice. Staff were able to explain to us how their competency was checked. We saw records of this which were detailed, comprehensive and provided written feedback to the staff member. Staff also told us that they received regular supervision sessions, where they discussed their performance and planned their skills development with their senior.

All of the staff we spoke with told us they felt the training they received was good and provided them with the skills and knowledge they needed to provide good quality care. Staff told us that they had also completed face to face induction training when they first started working for Carers Elite. Further training and refresher training was provided via a recognised online provider. The registered manager used an electronic tool to keep track of which staff had completed training, and when this was due for renewal. We reviewed this tool and could see that staff were up to date with their required training. Since our last inspection, staff had also completed basic training in supporting people living with dementia and who were at the end of their lives. The registered manager told us that they were looking to source additional training for senior staff in these areas, so that they could further train and mentor staff who provided this type of 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. At our last inspection in February 2018, the provider did not have a system in place to assess if a person's mental capacity changed. The registered manager and staff had a poor understanding of the MCA.

At this inspection we found that actions had been taken to improve this, but further improvements were still required.

The registered manager and staff we spoke with told us that all people who solely received care from Carers Elite had the capacity to make decisions for themselves. Carers Elite staff did provide support to some people who lacked capacity in particular area as an additional resource to family or privately employed carers for a specific task requiring a second carer. The provider had made changes to their assessment of care needs records to include a section which identified where a person may lack capacity. However, information detailed in this was very limited, and did not clarify where a person required prompting due to forgetfulness rather than because they lacked the capacity to understand. The registered manager told us that the completion of these was a work in progress and that they would be making further improvements to the information contained in them.

At our last inspection in February 2018, we identified that people's care needs had not been assessed in enough detail and did not identify people's preferences in all areas of their life. These assessments did not include where people had a protected characteristic as identified in the Equality Act, for examples of persons gender. At this inspection we found that improvements had been made. The register manager had arranged for a full review of the needs of each person who was supported by Carers Elite. This review was captured and detailed in a new records format which clearly demonstrated that people's needs and preferences had been assessed. This included information such as preferred gender of carer and preferred name to be addressed by.

Where identified as a need, staff provided light meal preparation for people. This was often heating food up for people, making a snack such as sandwiches or preparing a hot meal. People told us that they were happy with the service provided, and that staff turned up on time to do this.

Carers Elite did not generally support people with routine appointments and the majority of people were supported by relatives. Where staff noticed a change in people's health or well-being, this was reported to senior staff. Staff knew how to record, report and liaise with external professionals on people's behalf. They gave examples of when they had identified that a person's needs had changed, they were proactive in making referrals and arranging visits from district nurses and occupational therapists so that people were kept safe and well.

Is the service caring?

Our findings

Following our last inspection of this area in July 2017, we rated Caring as Requires Improvement. We found that the provider had not ensured that people received a service that was consistently caring. At this inspection we found the required improvements had been made and have rated Caring as Good.

People and their relatives told us that staff were kind and caring. We were told by one person, "They [staff] are very thoughtful and kind, very polite, I can't fault them, I look forward to them coming." Another person said, "The carer is an absolute darling, she has that extra touch." All of the people we spoke with told us that since our last inspection, they had found improvements in the caring nature of staff. They said that they felt that with was because they had been provided with a consistent team of carers, and that they had been able to form caring and trusting relationships with them. One relative told us, "We feel safe with the carers coming in, they are well known to us now, we get a consistent approach now, it was up and down at the start a year ago." We also heard from a person, "I'm very happy now I have the same team, it's much better, I did used to have all different people before."

People were able to be involved in making decisions about how they received their care. People and their relatives told us that they had spent time with a senior carer reviewing how their care had been delivered, and what, if anything, they would like to change or improve. People said that their preferences had been asked for, and that the provider had ensured that these were met. Senior staff told us that when a person's needs and preferences were gathered, they endeavoured to gain as much personal history about the person. This information used together helped 'match' staff to a person, with the aim that they could share common interests that could be talked about when care was provided. For example, one person had an interest in musical theatre and singing. A member of staff who also had this interest was 'matched' to them, and together they enjoyed singing songs.

The registered manager and staff had also identified through reviews of care, where people were regularly anxious or prone to feeling isolated. Staff who were particularly experienced at listening, being empathetic and compassionate were always allocated to support where this was required. Staff we spoke with told us that it was important not to 'rush off' after providing people with care if they wanted to talk, seemed low in mood or were anxious. Staff understood the importance of providing reassurance, and empathy towards people who lived in their own homes who were at risk from the effects of isolation.

People told us staff provided care that maintained their dignity and were respectful to them. Staff were able to describe the methods they used to ensure that they protected people's privacy. This included closing doors and curtains when delivering support and ensuring that people were covered during intimate personal care. Staff had a good understanding of the abilities of the people they supported, and understood the importance of promoting and encouraging people's independence. Staff were able to demonstrate to us the importance of maintaining confidentiality about people's private information. Staff all told us that they would for example talk about one person's care, whilst supporting a different person.

Is the service responsive?

Our findings

During our last inspection of this key question in February 2018 we found that the planning and recording of people's care, did not ensure that people received person centred support. This resulted in a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We also found that the management of complaints had not been completed within the provider's own stated processes. This resulted in a breach of Regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and therefore, the provider is no longer in breach of either of these regulations.

People told us that an initial assessment of their care and support needs was carried out prior to staff providing care and support. A 'meet and greet' session was also arranged where people were able to meet staff for a cup of tea and a chat before the commencement of the care package began. This ensured as much as possible, that the service had identified what the person needed, and planned how to meet these needs. People said that they felt they were treated as individuals. Relatives we spoke with were positive about how their family member's needs were assessed and met. All of those we spoke with told us that since our last inspection in February 2018, the consistency of staff had improved, meaning that staff knew people well, and could be very responsive to their needs.

The care records that we viewed were sufficiently detailed to instruct staff and contained person-centred information. 'Person centred' means care which is based around the needs of the individual. Examples included assistance with mobility, personal care, day and night time routines, nutrition and pressure area care. Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them. Also included was the person's family history, life history and medical history. This helped staff to get to know the person and provide individualised care which was responsive to the person's needs. Guidelines were in place for staff regarding assisting and prompting people with their personal care needs along with details of people's daily routines. We saw that people were receiving the care and support which was right for them and specific to their assessed needs.

People and their relatives told us that they knew how to complain, and that any complaints had been dealt with to their satisfaction. Since our last inspection the provider had received four complaints regarding the care being provided to people. Each of these complaints had been replied to, fully investigated and the outcome communicated to the complainant.

Carers Elite provide support to people who were at the end of their lives. This support was usually provided to assist family members who were caring for relative, with the input and oversight of a specialist organisation, such as MacMillan or Marie Curie Nurses. Only staff deemed suitable and experienced were tasked with providing this support. Staff had received training in end of life care recently, and the registered manager told us that they were seeking additional in depth training for some staff members, as the requests for this type of support were increasing.

Is the service well-led?

Our findings

Following our last inspection in February 2018, we rated Well-Led as Inadequate. We found that the provider had not ensured there were robust quality assurance systems in place to assess, monitor and improve the quality and safety of care that people received. This resulted in a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found most areas of care were now monitored and therefore, the provider was no longer in breach of this regulation. However, some issues we found had not been identified by these current systems. At this inspection we have rated Well-led as Requires Improvement.

The service had a manager that was registered with the Care Quality Commission (CQC). They were also the provider's managing director. Since our last inspection in February 2018 they had implemented new systems to monitor and mitigate the risks relating to the health and welfare of people. We found that these had improved the quality of care that people received, however were not yet fully developed or embedded and been in place for a relatively short period of time. Audits were carried out monthly in areas such as medicines, care plans, health and safety, infection control, fire safety, and equipment.

Staff recorded any accidents and incidents that occurred. Each event had been analysed and measures were in place to reduce the risk of re-occurrence, this helped to ensure the wellbeing of each person. The registered manager or senior staff reviewed this information to look for any trends or patterns, for example, what time of day the event happened or if it took place in a particular location. We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals, for example a community nurse.

People and their relatives told us that they felt that the service was well managed. One person told us, "[Registered manager] came around to see us, we asked if we could always have the same carers, he sorted this out for us." People said that the management and organisation of the service had improved greatly since our last inspection. People told us missed or late calls no longer happened unless in exceptional circumstances, any requests for a change in what was provided were met, and that staff seemed happier. Relatives knew the registered manager by name.

Staff told us that the registered manager was supportive and approachable. Staff we spoke with said that morale was good and they worked well as a team. The registered manager was visible at the service. They had an 'open door' policy, people and relatives were comfortable to go into the office and chat about anything that was of concern to them. Staff told us that the restructuring of the deployment of staff into five geographical areas, each led by a senior staff member was a significant improvement. Staff felt they now had regular contact with Carers Elite, and spoke with their senior for support whenever required. As staff often worked in isolation supporting people in their own homes, this contact gave them reassurance they had the channels to regularly update the provider if they had any concerns about a person's needs or if changes should be considered.

Staff told us that communication was good and they worked well as a team to ensure that people received

the care they needed. Our observations and discussions with people, staff, and relatives, showed that there was an open and positive culture between people, staff and managers.

The registered manager told us about the arrangements in place to enable people and their family members to provide feedback on the quality of the care provided. Regular reviews of the care people received took place and details of this were recorded. Where actions were required, it had been noted when these had been completed. The registered manager also undertook visits to meet people informally and discuss how they were finding the service received.

Staff told us they had been provided with information about whistleblowing. Whistleblowing is a way in which staff can raise any concerns to the management or recognised bodies, such as the CQC. All the staff we spoke with were confident if they raised a concern it would be investigated appropriately by the manager in line with the provider's procedure.

The registered manager told us that staff were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, feedback was given to staff in a constructive and motivating manner. This ensured staff were aware of the action they needed to take.

The registered manager understood their responsibilities in recording and notifying incidents to the local authority and the CQC. All services that provide health and social care to people are required to inform CQC of events that happen in the service so we can check appropriate action was taken. The registered manager notified CQC in line with guidance.

It is a legal requirement of all services that have been inspected by CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment processes were not robustly applied to contribute to protecting people from the employment of staff who were not suitable to work in care.</p>