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Saltimmary Homecare Professionals

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26 September 2017 and was announced. This was the first inspection since the service was registered with the Care Quality Commission in July 2016.

Saltimmary Homecare Professionals is a domiciliary care agency and provides personal care and support for people living in their own home in the area of Horsham and surrounding villages. Care is provided to adults but predominantly older people, including people living with dementia and people with a sensory loss, for example, hearing or sight loss and people with a physical disability. At the time of our inspection 18 people were receiving a service, all of whom were over 65 years old.

The service did not have a registered manager as the service is not required to have registered manager as the provider registered as an individual and retains the responsibility to be the manager as well. 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.

Feedback from people and their relatives was positive about the care provided. However, despite the positive comments, we found areas in need of improvement. Staff told us there had been a number of challenges since the service had first registered in 2016. This included an office move and the taking over of another home care service which was closing. This involved the transfer of their care staff and people who used the service. The manager told us about the difficulties in the recruitment of new care staff which had led to the manager regularly covering a number of care calls each week. This had impacted on the time available for them to undertake their management role. Feedback and observations during the inspection demonstrated the current management arrangements did not fully support the operation of the service. Procedures such as the development of care and support plans and the reviews, quality assurance audits, spot checks of care staff at work, staff competency checks, supervision, team meetings and staff appraisal, staff training had not been fully embedded into practice. Policies and procedures had not been customised to the working of the service. Local policies and procedures, for example, the Pan-Sussex Safeguarding Adults procedures had not been used to inform the services own policy and procedure. Procedures were in place to ensure the safe administration of medicines. However, records of when medicines had been administered had not always been completed as needed. There was no auditing process in place to highlight this omission or rectify it. Staff had not always been recruited using robust recruitment procedures. Moving and handling risk assessments had not been completed by staff trained to undertake this assessment. The Care Quality Commission had not been informed about important events which the service is required to send us by law. We have asked the provider to make improvements in all these areas.

People and their relatives told us they felt safe with the care provided. One person told us, "I am grateful for the support and feel so lucky and always safe." Care staff were kind and caring. Comments received included, "As a family we have all benefited and the carers have enhanced all our lives," "I feel my carers are an extension to my family they are that good," and "I think the carers and agency are exceptional."

Consent was sought from people with regard to the care that was delivered. All staff understood about people's capacity to consent to care and had an understanding of the Mental Capacity Act 2005 (MCA) and associated legislation.

People and their relatives told us there was good continuity of care staff providing their care calls. People told us they always got their care call and they were happy with the care and the care staff that supported them.

Where required, care staff supported people to eat and drink and maintain a healthy diet. People were supported with their healthcare needs.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this 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?

Requires Improvement ●

The service was not consistently safe.

People were not cared for by staff who had always been recruited through safe procedures. There had been difficulties in recruiting care staff, but there had been good consistency of care staff providing the service.

People had individual assessments of potential risks to their health and welfare. However, the system to ensure these had been fully completed and were regularly reviewed had not been maintained.

Procedures were in place for the administration of medicines. However, there were no auditing systems in place and records of when medicines had been administered had not always been completed as needed. This had not been picked up and corrected.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

There was a training plan in place. Care staff were still in the process of completing the training to ensure they had the skills and knowledge to meet people's needs. Systems to ensure care staff received supervision and appraisal had not been fully maintained.

Care staff had an understanding around obtaining consent from people, and had attended training on the Mental Capacity Act 2005 (MCA).

Where required, care staff supported people to eat and drink and maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

Care staff involved and treated people with compassion,

kindness, and respect. People told us care staff provided care that ensured their privacy and dignity was respected.

People were pleased with the care and support they received. They felt their individual needs were met and understood by care staff.

Care staff were aware of the importance of confidentiality, so that people's privacy was protected.

Is the service responsive?

The service was not consistently responsive.

People had been assessed and their care and support needs identified. Care and support plans were in place. However, there was a lack of consistency and completion of recording. Systems to ensure these were regularly reviewed had not been fully maintained.

The views of people were welcomed, and people knew how to make a complaint if they were unhappy with the service provided. However, there was no system in place to review and use this information for the development of the service.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Feedback and observations during the inspection demonstrated the current management arrangements did not fully support the operation of the service.

Systems were not fully in place to audit and quality assure the care provided. Policies and procedures had not been reviewed to reflect the practice in the service.

The leadership and management promoted a caring and inclusive culture. Staff told us the manager was approachable and very supportive.

Requires Improvement ●

Saltimmary Homecare Professionals

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 checked 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 26 September 2017 and was announced. We told the provider 48 hours before our inspection that we would be coming. This was because we wanted to make sure that the manager and other appropriate staff were available to speak with us on the day of our inspection. An inspector and an assistant inspector undertook the inspection, with an expert by experience, who had experience of older people's care services. The expert by experience helped us with the telephone calls to get feedback from people using the service and their relatives.

Before the inspection, we reviewed information we held about the service. This included any notifications and any complaints we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We contacted the local authority commissioning team, who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. We also received feedback from a healthcare professional about their experiences of the service provided. We spoke with four people using the service and five relatives.

During the inspection we went to the service's office and spoke with the manager, the administrative assistant and three care staff. We reviewed records, including policies and procedures, four people's care and support plans, the personnel records for four care staff, complaints and compliments recording, accident/incident and safeguarding recording, staff rotas and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe with the care provided by staff. Comments received included, "Very comfortable, never felt the need for a chaperone feel very safe at all times," and "The carers are relaxed and really nice to have in the house and I have never ever had any problem. I really feel safe when they are here and not so when they go." However, despite the positive comments from people and their relatives we found areas in need of improvement in relation to recruitment of care staff, the recording of medicines administration, and risk assessments.

People were cared for by staff who had not always been recruited through a safe recruitment procedure. There was a programme of ongoing recruitment of staff for the service. The manager told us they had had great difficulty in recruiting new care staff. There were policies and procedures in place for the employment of new care staff. However, these had not always been followed. We looked at the recruitment records for four care staff recruited, and we checked these held the required documentation. Not all had completed an application form or attended an interview. Not all members of staff had undergone a criminal records check and had two written reference requested as part of the recruitment process. This meant that not all the information required had been available for a decision to be made as to the suitability of a person to work with adults. We discussed this with the manager at the time of the inspection, who acknowledged this was an area in need of improvement.

Safe recruitment practices were not always followed. This was a breach of Regulation 19(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not everyone we spoke with had support with their medicines. For one person who was supported, they told us they had been happy with the care provided, "My medication is delivered and the carer sorts it out for me and gives me the night time dose." Medicines policies and procedures were in place for staff to follow and there were systems to manage medicine safely. The manager confirmed staff followed the local authority's medicines policy and procedures. Care staff told us they had received medicine training. There was a system to ensure care staff had also been observed for a competency check, completed to ensure they were following the required policy and procedures. One member of staff told us, "The manager has been out several times to do spot checks, and medicines administration was observed." However, a regular formal system of checking and recording was not fully in place. These are areas in need of improvement. We looked at a sample of the recording of medicines and saw in some cases not all medicines had been recorded when given on the medication administration records (MAR) used to record support with medicines administration. An audit system had not been put in place to check medicines administration and recording had been completed as required. We discussed this with the manager during the inspection. They acknowledged there were gaps in recording, but there was no evidence of any work completed with care staff to rectify this, or if medicines were not given an explanation as to why had not been recorded. The manager told us they had regularly provided care to people using the service and told us it was not that the medicines had not been given, but the recording had not been completed. For one person who had been supported with the administration of warfarin policies and procedures had not been followed in the recording for this administration. This is an area in need of improvement.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, to protect people from harm. There was a system in place to complete an assessment of the environmental risks and any risks due to the health and support needs of the person. However, not all the required risk assessments were in place or fully completed. A system had not been maintained to ensure risk assessments were regularly reviewed. Care staff told us if there were any changes they reported this to the manager for a review to be completed. One member of staff told us of the support from occupational therapists who had provided different hoist slings when needed. Where one person was being hoisted and supported with moving and handling the risk assessment completed which staff were following had not been undertaken by staff trained to undertake this task. The moving and handling training completed by staff was in a theoretical form on a DVD and did not have a practical element included in the training. This did not ensure care staff had the chance to try out and use any equipment they may need to use in a training environment. We discussed this with the manager who acknowledged these were areas in need of improvement.

Safe practices for the administration of medicines and risk assessment were not always followed. This was a breach of Regulation 12 (2) (a)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. However, the manager told us they were not aware of the local multi-agency policies and procedures for the protection of adults which should have been used to inform the services own policies and procedures. This is an area in need of improvement. This was rectified during the inspection and a copy was obtained for staff to reference. We talked with care staff about how they would raise concerns of any risks to people and poor practice they may see. They told us they had received safeguarding training. They were clear about their role and responsibilities and how to identify, prevent and report abuse. For example, one member of staff told us if they saw any bruising they would report this to the office.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to the manager, or directly to external organisations. Care staff all demonstrated knowledge of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns. One member of staff told us if they felt the manager was not acting on concerns they had raised they would report this to the local authority.

Care staff were aware they should report to the manager any concerns about the equipment they used. Any incidents and accidents were recorded and care staff were aware of the recording procedures to be followed. Procedures were in place for staff to respond to emergencies. Care staff were aware of these procedures. For example, care staff were able to describe the procedures they should follow if they could not gain access to a pre-arranged care call. The care staff told us they would report this to the office straight away and enable the manager to quickly locate the person and ensure they were safe. There was an on call service available, so care staff had access to information and guidance at all times when they were working. Care staff were aware of how to access this should they need to.

We looked at the times care calls were provided particularly where people needed their care calls at specific times, for example, for the safe administration of medicines. People told us that their care calls had not been missed, care staff arrived on time and provided the care and support as agreed and they did not feel rushed. One person told us, "They are amazing and always on time, to be honest, sometimes they are early and have

a chat and cuppa. So nice to have the company." Another person told us they had not had any missed calls, but there have been a few times when they have been slightly late. This cannot be helped because of traffic and they are always apologetic about the delay and stay the full amount of time. A third person said, "I get the same carer each time which I like and am told if it is a change for days off." Staffing levels could be adjusted according to the needs of people, and we saw that the number of care staff supporting a person could be increased if required, for example, where a person's mobility had changed. Staff all told us more care staff were needed, but they had managed to provide all the care required. This was reliant on the manager also covering the care calls. However, the recent recruitment of new care staff would help. One member of staff told us, "There's enough here to cover together. Between us we work as a team."

Is the service effective?

Our findings

People told us they felt staff understood their care needs, and provided a good level of care. People and relatives believed that the care staff were well trained as they behaved and acted in a professional manner. One person told us, "I know the staff are good and experienced as they can now anticipate what support I need. Whether it's more time on something or a chat about a worry they know." One relative told us, "We, as a family, feel our relative's needs are fully looked after. We cannot say if they are trained enough or properly but the care is excellent and there are no complaints." When new staff were recruited and/or different carers were due to attend to cover holidays they are always introduced to people before visiting on their own. However, despite these positive comments, we found areas in need of improvement in relation to the training, supervision and appraisal of care staff.

Care staff were still in the process of completing updates of training to ensure people were supported by care staff who had the knowledge and skills to carry out their roles. We received some feedback this had been difficult to fit in whilst also covering care calls. This is an area in need of improvement. The manager told us there was an induction for any new staff to complete which incorporated the requirements of the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that care staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There would be a period of 'shadowing' a more experienced staff member, before new care staff started to undertake care calls on their own. The length of time new care staff shadowed would be based on their previous experience, whether they felt they were ready, and a review of their performance. The manager had purchased a training package that was specific to the needs of people, which included moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, dementia care and infection control. The majority of the care staff also had completed a National Vocational Qualification (NVQ) in Care to a Level 2 or 3.

Staff told us that the team worked well together and that communication was good and they were well supported by the manager. However, feedback from care staff was varied when asked if they received regular formal supervision. This is where care staff meet with their manager one-to-one to discuss their performance. We discussed this with the manager during the inspection who acknowledged staff supervision and appraisal had not always been fully maintained. The manager told us that it was planned for staff to have an appraisal completed in November 2017. These are areas in need of improvement.

There were policies around the Mental Capacity Act 2005 (MCA.) 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. We checked whether the service was working within the principles of the MCA. Staff told us they had this training. They all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. Where possible people had been asked to sign their agreement to the care and support to be provided. The manager was able to tell us where one person lacked capacity they had sought advice and help in the care and support to

be provided. One member of staff told us how they supported one person with their personal care and they would ask the person, "Would you like your bath." Another member of staff told us about providing care to one person living with dementia, and how they always asked the person what they want to wear and what they would like to eat. A third member of staff said, "If a client refuses to take their medicines I would encourage them and if not report to the manager."

Where required, care staff supported people to eat and drink and maintain a healthy diet. People were supported at mealtimes to access food and drink of their choice. One person told us, "My food is delivered and heated in a microwave. But it is always nicely presented and on a tray." Detailed in people's care and support plans were instructions for care staff to follow where this support was provided. For example, 'Prepare and serve my breakfast. Porridge mix with milk using the little measure and heat in microwave for one minute.'

People had been supported to maintain good health and have ongoing healthcare support. We were told by people that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. Care staff told us how they monitored people's health and wellbeing. One member of staff told us, "If serious I would call the GP or the hospital." One person told us, "If I need an appointment for the GP or nurse I just have to ask but usually the carer has noticed before me that I need to see someone."

Is the service caring?

Our findings

People told us people were treated with kindness and compassion in their day-to-day care. One person told us, "My carers really know when I am down and try and stay a little longer, they are very experienced." They told us they were satisfied with the care and support they received. They were happy and liked the staff. Many positive comments included, "The care is exceptional in every way and the carers are gentle and kind and not bossy and ordering my relative to do things," "My parent has such good chats with the carers she says she knows such a lot about them and it's nice to feel they like to talk as well," and "I pop into my relatives at all times and any time of the day and I always see that the carers are consistently kind and caring, what more could you ask."

Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and an understanding of the importance of respecting people's privacy and dignity. One person told us, "I love talking to people and so do the carers who come and look after me. It's like they have this special gift and can instantly make you feel at ease." Feedback from people and their relatives was of care staff being respectful and always aware of dignity when offering care. Care staff had received training on privacy and dignity and had a good understanding of how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they treated them with respect. One member of staff told us how they ensured when they were providing personal care people were covered and doors shut.

People consistently told us they were happy with the arrangements of their care package. They had been involved in drawing up their care plan and with any reviews that had taken place. They felt the care and support they received helped them retain their independence. Staff told us how people were encouraged to influence their care and support plans. One person told us, "My thoughts and feelings were taken into account when writing the care plan, it wasn't just about what I needed but what I wanted too, which makes a big difference." Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and attended regular handover meetings. The manager showed us how calls were rostered. They told us of individual's preferences to be considered and how this was used when scheduling the care calls.

Care records were stored securely at the service's office. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all care staff and was also included in the staff handbook. People received information around confidentiality as well. Care staff were aware of the importance of maintaining confidentiality and could give examples of how they did this.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people. The manager was aware of who they could contact if people needed this support.

Is the service responsive?

Our findings

People told us they felt included and confirmed they or their family were involved in the setting up of their care and support. People told us they were listened to and the service responded to their needs and concerns. The care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. However, despite the positive comments we found areas in need of improvement in relation to reviews of people's care and support needs and information given to people should they wish to make a complaint.

An assessment had been completed for new people wanting to use the service. This identified the care and support people needed to ensure their safety. People told us they had been involved in developing their care plans, and felt they had been listened to. One person told us, "I had a visit from the new manager and she had all the time in the world for me and my questions. What a wonderful team they are." A relative told us, "We appreciated the involvement that we were able to contribute to my relative's care plan it makes it so much more personal with us all involved." The care and support was personalised and care staff confirmed that, where possible, people were directly involved in their care planning and in any review of their care needs. The completion of the care and support plans was varied. Although most were detailed and contained clear instructions about the care and support needs of the individual and the outcomes to be achieved, not all had been fully completed. This had not ensured people's care and support had been identified and recorded to inform care staff and ensure care and support was provided consistently by all the care staff. This is an area in need of improvement. Care staff told us that they had a good understanding of people's care and support needs. There was good communication between the staff so they were kept up-to-date with any changes in the care provided. They spoke of having had the opportunity to suggest changes, and people's family as well. Any changes were then made promptly within a few days. One member of staff told us, "If there are any problems they are dealt with straight away." The manager also told us as it was a small service and they regularly provided people's care they were aware of any changes in people's care needs. However, a system for formally reviewing care plans had not been maintained. This had not ensured paperwork had been fully completed as required, any changes in people's care and support had been identified or that the care and support plans detailed people's current care and support needs. This is an area in need of improvement.

The complaints policy gave information to people on how to make a complaint, and how this would be responded to. However, there was no system in place to formally record any complaints if received. The policy set out the timescales that the representatives of the service would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. However, people or their relatives had not been made aware of all the agencies which could be contacted for support and guidance if needed. These are areas in need of improvement. The information provided to people encouraged them to raise any concerns that they may have. Care staff told us they would direct people to raise any issues that they may have with the manager. One member of staff told us, "Clients have forms in their folder to complete. I would encourage the person to do so." We looked at how people's concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service.

People told us that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. One person told us, "We have the numbers and contact details of the office but thankfully we have not had to use them so far touch wood." Another person told us, "The staff at the office are easily contactable and will sort out any issues as soon as possible." No formal complaints had been received since the service was registered with the Care Quality Commission. Where people had raised any concerns they told us the staff had acted promptly and appropriately.

Feedback from people and their relatives demonstrated care staff had ensured people were well looked after, they were always in control of their care where possible and their independence was promoted. Care staff were asked how they helped promote people's independence. One member of staff told us, "We encourage the client to do as much as they can themselves, and use more prompting." Another member of staff told us, "Get them involved in things they can do. Ask them for things and don't just do."

People and their relatives had been able to comment on the service provided through a quality assurance questionnaire in 2016 and any review of the care provided which had been completed. One person told us the, "Manager calls in regularly and wants to know if all is ok." The three people who responded rated the service they received as excellent or good. One person commented, 'Best carers I have ever used.'

Is the service well-led?

Our findings

The manager promoted an open and inclusive culture. People were asked for their views about the service and commented they felt heard and respected. People's and their relatives comments included, "The management are always at the end of the phone to advise guide and inform," "The staff at the office are easily contactable and will sort out any issues as soon as possible," and "We get to see (Manager's name) regularly and the team is always working hard to be the best and they are." Care staff told us they felt well supported. One member of staff told us, "It's a family friendly service. It feels well led. We are a small service and take the time to get to know clients." Another member of staff told us, "I find (Manager's name) as a boss very passionate about the job. She likes to know about anything straight away, and puts too much pressure on herself. "When asked what the service did well they told us, "It's a lot more organised, it's good on infection control and calls we have the time that client's need." Another member of staff told us, "Clients come first, there is a good team of staff. I am very happy in my work." However, despite the positive comments there were areas in need of improvement in relation to the management of the service and quality assurance.

Feedback and observations during the office visit demonstrated the current management arrangements did not fully support the operation of the service. The manager was only supported by a part-time administrator. The manager told us about the difficulties in the recruitment of new care staff which had led to them regularly covering a number of care calls each week. They told us this had impacted on the time available for them to undertake their management role. For example, they had not yet accessed training provided by the local authority to support them in their role as a manager of the service, and they had only just signed up to complete a professional qualification which was due to commence shortly. Not all systems needed to support the service were in place and embedded into practice. For example, care and support plan reviews, quality assurance checks, spot checks of care staff at work, staff competency checks, supervision, team meetings and staff appraisal, staff training, quality assurance audits had not been either recorded or completed. We discussed this with the manager during the inspection who acknowledged this and told us of plans to further develop a management team for the service. However, this was not yet in place. These are areas in need of improvement.

We found there was a lack of regular and effective auditing and monitoring of the quality of the service, and embedded into the practice of the service. A system to review people's care and support plans and spot checks to ensure the quality of the care and support provided had not been fully established. A quality assurance questionnaire completed in 2016 had not been collated, so it was not possible to see how this had been used to improve the quality of the care provided. Care staff told us they felt well supported. The manager regularly worked in the service and so there were occasions when they had been able to catch up with care staff, monitor and observe the care provided. However, formal staff supervision and appraisal and regular staff meetings had not been maintained. There had been limited opportunity to both discuss problems arising within the service, as well as to reflect on any incident that had occurred. These are areas in need of improvement.

Policies and procedures were in place for staff to follow. However, these had been purchased and had not

been reviewed and customised to the working of the service. Local policies and procedures for example, the local multi-agency policies and procedures for the protection of adults which should have been used to inform the services own policies and procedures. This is a local agreement between agencies to ensure consistent procedures and practices are followed to safeguard people. This is an area in need of improvement.

The provider did not have effective governance to enable them to assess, monitor and drive improvement in the quality and safety of services provided, including the experiences of people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager did not demonstrate an understanding of their responsibilities in relation to the need to submit notifications to the Care Quality Commission, in a timely manner, about any events or incidents they were required by law to tell us about. We discussed this with the manager during the inspection, who acknowledged this omission, and has subsequently rectified this and provided the relevant notification.

The vision and values for the service was recorded for people to read, and discussed with new care staff in their induction. The aim was, 'Saltimmary Homecare Professionals are committed to supporting vulnerable people so they can continue their lives with dignity and independence, and be participating members of their own communities.' Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and they understood the importance of respecting people's privacy and dignity. We were told by care staff that there was an open culture at the service with clear lines of communication. All the feedback from people and care staff was that they felt comfortable raising issues and providing comments on the care provided in the service.

Feedback from a professional about their experiences of the service provided was staff in the service had worked well with them. They had requested support and advice as required from healthcare professionals. Their experience had been staff had worked hard with people to provide appropriate care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were placed at risk as the provider did not have effective systems in place for the administration of medicines, and where care staff were moving and handling.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were placed at risk as the provider did not have effective systems to monitor and improve the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were placed at risk as the provider had not ensured that effective recruitment and selection procedures had been followed.