

Kumari Care Limited

Kumari Care

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an inspection of Kumari Care on 10 and 11 September 2018. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection.

At our last comprehensive inspection of Kumari Care in December 2017 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to safe care and treatment, person centred care and good governance. The service was rated requires improvement.

Following this inspection, the provider sent us a fortnightly action plan around the changes being made in the management of medicines within Regulation 12, safe care and treatment. We undertook a focused inspection in the domains of safe and well-led in April 2018 to check the provider's progress. At this inspection we found some actions had been taken but not all those as detailed in the provider's action plan. This meant the provider was still not meeting the regulations.

At this inspection we reviewed the action the service had taken to meet previous breaches in regulations. You can read the report from our last comprehensive by selecting the, 'All reports' link for 'Kumari Care' on our website at www.cqc.org.uk

Kumari Care provides domiciliary care to people in their own homes in the Bath, Bristol and South Gloucestershire areas. Kumari Care provides a service to 107 people.

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

At this inspection the service was not consistently safe as improvements to recruitment checks were still needed. We identified shortfalls in the timing and duration of calls during the night that could put people at risk if care was not given as planned.

Improvements had been made to governance systems. This had identified some outstanding actions and areas for further improvement. However, further improvements were needed due to the findings of this inspection.

Care plans guided staff in supporting people with their decision making. People told us consent to care was sought. However, legislation and guidance in relation to the Mental Capacity Act 2005 had not always been followed in relation to capacity assessments.

The provider had made improvements in the safe management and administration of medicines. Care plans gave guidance about people's medicines. Environmental risk assessments were now in place to guide staff and keep people safe.

The service had made improvements that had been noted by people, relatives, staff and health and social care professionals. People spoke positively about the changes they had noticed around staffing consistency and that missed visits were rarely occurring.

Staff were supported by an effective induction, supervision and regular training. Care plans that had been updated gave guidance about people's food and fluid requirements. People told us staff supported them with their healthcare needs.

People were supported by staff that were kind, caring and respectful. People had developed good relationships with staff members. People's privacy and dignity was maintained. Improvements had been made to ensure people's care plans gave guidance around how people's independence should be promoted and supported.

A systematic review of care plans was being undertaken. Care plans that had been updated and reviewed now contained person centred information. This included details about people's background, histories and communication preferences. People's preferences were now being met around choices of carers. People knew how to raise a complaint and felt comfortable doing so.

Positive feedback was received about the changes and improvements made. The provider had been open and transparent and worked with other agencies to make improvements. Staff culture had developed and communication was more effective.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made a recommendation about assessing people's capacity to consent to care and support in line with The Mental Capacity Act 2005. You can see what action we told 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 always safe.

Recruitment checks did not always identify where further information was required.

People were not always receiving care and support during the night at the scheduled time or for the duration detailed in their care plan.

People's medicines were managed safely.

Risk assessments for people and the environment were in place.

Incidents and accidents were recorded and actions taken.

Is the service effective?

Good ●

The service was effective.

Care plans guided staff on supporting people with their decision making.

People told us consent to care was sought. However, legislation and guidance in regard to the Mental Capacity Act 2005 had not always been followed in regard to capacity assessments.

Staff were supported by an induction, supervision and regular training.

People were supported with their health and nutrition. Care plans that had been reviewed and updated gave relevant details and guidance.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans were being reviewed and updated to ensure they were accurate and person centred.

People's preferences were respected and provided for.

People knew how to access the complaints procedures and felt comfortable in raising any concerns.

Is the service well-led?

The service was not always well-led.

Governance systems had been improved since the last comprehensive inspection, but further improvements were needed as the shortfalls at this inspection had not been identified. Improvements needed to be sustained and embedded.

Communication with staff and people had improved.

People and staff had noted improvements in culture, organisational structure and service delivery since the last inspection.

Requires Improvement 

Kumari Care

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.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications we had received. Notifications are information about specific events that the service is legally required to send us.

During our inspection we went to the Kumari Care office. We spoke with seven staff members, the registered manager and the provider. We spoke with some staff members face to face, and others were spoken to after the inspection by telephone. We received feedback from three health and social care professionals. We contacted nine people by telephone who received care and support from the service. We also spoke to nine relatives by telephone.

We looked at nine people's care and support records and seven staff personnel files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

At our last two comprehensive inspections of the service in April 2017 and December 2017, and at our focused inspection in April 2018, we found the provider had not met the regulations in relation to safe care and treatment. People were at risk due to poor medicines management. Medicine Administration Records (MARs) were not being completed accurately or being effectively checked by the provider. Care plans did not give information and guidance on how to support people with their medicines.

At this inspection we found the provider had implemented their action plan and had made improvements to the management of medicines. MARs were now completed centrally and this ensured information was complete and accurate. For example, the person's name, GP details, pharmacy details, allergies and current medicines were detailed. MARs identified if people's medicines were, 'as required' and under what circumstances these may be needed. Guidance was included on MARs to show staff how to complete the record to the required standard.

MARs were being completed accurately at the point of medicines administration. MARs showed what medicines had been administered and at what time. MARs we reviewed had been fully completed. Clear information was recorded by staff in line with national guidance. MARs were now regularly collected by the provider and audited. Actions had been taken to address shortfalls identified in these audits. The provider could be assured that people were receiving their medicines as prescribed.

Topical creams and lotions had directions for use on the MAR and within the care plan. The registered manager said this information would be further strengthened with the use of body maps to give a visual aid around application. Guidance was available for staff about actions to take if someone did not wish to take their medicines. Care plans directed staff on how people preferred to take their medicines. For example, one care plan said, 'I would like my carer to pop out my prescribed medication onto a saucer and bring me a glass of water to take immediately.' Care plans also gave information about the medicines people were taking, what this was for and how it should be stored.

Staff had received recent training in medicines and medicine competency assessments were updated regularly. There was a clear system in place which staff utilised to report medicine errors. This ensured prompt actions were taken as appropriate. The provider had developed a shorter medicines policy so that it was more accessible for staff to use on a daily basis.

People told us their medicines were given on time and in the way they preferred. One person said, "They give me my tablets with a drink and hand them to me one by one, they always watch me take them and encourage me to drink." Feedback we received from two health and social care professionals commented positively about the improvements made by the provider in medicines administration and management. A staff member said, "The improvements in medicines has been noted. It is now clear and organised." Another staff member said, "Medicines are much better, everything is right."

Recruitment procedures were not consistently safe. Recruitment files showed photographic identity and

Disclosure and Barring Service checks (DBS) were completed before staff commenced employment. A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with particular groups of people. A checklist was in place to monitor the recruitment process. However, whilst the checklist had been completed with the dates when that information had been requested and received, neither this or the staff file audits identified where further information was required. This had been highlighted to the provider at the last comprehensive inspection.

We found explanations for gaps in employment were not always documented. Where application forms had not been fully completed this information was not always sought at a later date to enable verification where needed. For example, clarifying dates of employment or places of employment where addresses were omitted. One staff member had a change of name and documentation was not on file to corroborate this. Whilst all staff files we reviewed had two references supplied, three people had references that required further information. The provider's process lacked assurance that the staff employed were suitable for the role. Past employment dates had not been confirmed, it was not always clear who the reference was from and their role, or a more appropriate reference may have been available to the one obtained. For example, from a previous employer or educational tutor. One staff member had two references recorded. However, neither of these was from their last employment which had been in health and social care. The provider's recruitment policy did not give enough detail to ensure the procedure followed met legislation and guidance.

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

The provider reviewed recruitment policies and procedures after the inspection. The provider sent us details of the changes they had made

At our last comprehensive inspection, we received mixed feedback about staffing levels and timings of people's calls. At this inspection the feedback received showed improvements had been made to daytime visits. One person said, "They have always turned up and if they are running late will inform us." Another person said, "If a visit was missed it was missed they didn't have the staff to cover sickness or holidays but not had that problem in the last six months." Another person confirmed these improvements, "Much better now with visits not had one [a scheduled visit] missed for months."

People told us that their visits during the day were the at the right time and for duration planned. One person said, "No shortcuts are taken on my visits, all the carers know what they are doing." The provider had a system in place to inform a person if a visit had to be cancelled. A letter of apology was also sent explaining the reason why. Staff we spoke to said they were allocated adequate time to get between visits during the day.

However, we found the timings of calls at night were not always being made at the scheduled time or for the duration planned. This was not the case for calls made during the day. Out of hours scheduling for staff was done on a different system to the day scheduling. We found the information staff received was not always clear about the scheduled time and duration of calls at night. Nor was adequate time given to staff members on their schedule to get between different locations. People did not always have their care given at the time specified in their care plan. This meant people may not have received care when it was required placing people at potential risk as the next scheduled call may not be for some time. Care plans did not give sufficient information about people's preferences regarding care and support at night. We found that all calls we reviewed during the out of hours service were not using the full allotted time. This meant that

people's care may have been rushed, not been given in a person-centred way or not been conducted safely. Out of hours care had not been audited by the provider and these issues had not been identified.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate steps to address these findings. We were sent details of what actions had been taken and how this would be fully monitored going forward.

Feedback from people who had care and support continually throughout the night as opposed to one or several out of hour calls was positive. One relative said, "I feel my wife is very safe during the night, they listen out for her and are always on hand if she needs anything. Another relative said, "I feel safe leaving my husband at night with the carers and they always give me feedback in the morning."

People said they felt safe with the care and support they received from the service. One person said, "My carer is so good at paying attention to me I know I am in safe hands." Another person said, "I always have the same group of carers they are gentle with me. I always feel safe and at ease with any of them." A relative said, "Excellent care is given and they always lookout for [name of person] safety."

At our last comprehensive inspection, we found environmental and equipment risk assessments were not consistently conducted. All care files we reviewed now contained this information. This ensured staff had details, for example about how to access the person's property and how to use the equipment provided for people's safety.

Risk assessments were in place for people in regard to specific areas of their care and support such as mobility, personal care and food and fluids. Risk assessments gave guidance about how staff should support people safely whilst promoting their independence.

People had an emergency plan which detailed their level of risk. A business continuity plan was in place which described the procedure to follow in particular situations such as adverse weather or equipment failure.

People told us that staff used appropriate personal protective equipment when delivering care and support. One relative said, "They are gowned up and use gloves." Care plans and risk assessment highlighted information to ensure infection control policies and procedures were followed. Staff received regular training in infection control.

Staff we spoke with were clear of the provider's policies for safeguarding people. One staff member said, "Any concerns I would ring the office and report." Staff training in safeguarding was up to date. Concerns had been reported to the appropriate agencies when required and thorough investigations had taken place. However, follow up actions had not always been completed. These outstanding actions had been identified in an audit conducted in August 2018 and concluded. The registered manager said audit frequency would be reviewed to ensure actions were completed in suitable timescales. This meant the service will aim to support people to stay safe.

Accident and incidents were clearly reported and recorded, this included missed visits and medicine errors. Accidents and incidents were reviewed and actions taken to prevent reoccurrence. We highlighted to the provider that the accident and incident overview did not always record the outcome in all incidents. The registered manager said this would be addressed. A full audit had been completed in September 2018. This

analysed accident and incidents and looked for trends and patterns.

Is the service effective?

Our findings

People said they received effective care and support. One person said, "The staff are very competent in looking after me." A relative said, "All [name of relative's] individual needs are met and they never take short cuts."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People and relatives told us that consent to care was gained. One person said, "My carer is competent in her job and always asks my consent before helping me." A relative said, "All the staff talk nicely to my wife and I can hear them asking questions, for example, 'What would you like to wear today and is it OK to wash you?' I feel totally at ease when they are with her, they are part of the family."

Care plans which had been reviewed and updated detailed how staff could support people in making their own decisions and choices. For example, one care plan we reviewed said, 'I may need you to offer a choice of breakfast like cereal or porridge to be able to make a decision.' Care records documented how people communicated their decisions.

People's care records contained a record of consent to care and support. However, in one care record this had been signed by a family member, rather than the person themselves. In another care record it was noted that the person 'lacked capacity' to make decisions as part of an audit. In neither case had an assessment of capacity been conducted to determine the person's capacity to consent to a specific decision.

We recommend the service reviews legislation and guidance around assessing people's capacity to consent to care and support in line with The Mental Capacity Act 2005.

Care records which had been reviewed had improved to ensure information regarding people's nutrition and hydration support needs were clear. The 'My routine' section of the care plan gave guidance to staff around people's food and drink. For example, one care plan we reviewed said, 'I will let you know what I would like for tea and what I would like to eat and drink.' It was clearly documented in another person's care plan that they were 'nil by mouth'. People told us staff prepared their food and drink as they requested. One person said, "They always make me a cuppa before they go."

Staff we spoke with said they completed an induction before they started working for the organisation. Records confirmed this. The induction consisted of mandatory training, orientation to the organisation's policies and procedures and shadowing more experienced staff members. One staff member said, "I had a good induction. They showed me how to use the hoist and other equipment. We had to do some tests." Staff

completed the Care Certificate if appropriate. The Care Certificate is a modular induction for staff who are new to health and social care. Staff's progress with the Care Certificate was monitored and reviewed. Staff commented that the induction was now ensuring that new staff members were shown how records were expected to be kept. For example, around medicines. One staff member said, "The induction has been better for new staff."

Staff received training in areas such as moving and handling, first aid and health and safety. Training was up to date and monitored to ensure refresher training was arranged when required. One staff member said, "I receive good training." Staff we spoke with said there were now clear expectations on staff around training. One staff member said, "The standard is now set." One person said, "I feel staff have the right level of training for what I need." Some staff had received training in areas specific to people's individual needs such as dementia, pressure care and end of life care. This was an area for the provider to further develop.

Regular supervision was provided for staff members. Supervision is where staff meet one to one with their line manager to discuss their performance and development. Staff said they were well supported by the provider. One staff member said, "I am well supported. I get regular supervision." Spot checks of practice were conducted by the provider. With senior team members now in post spot checks were now being conducted more frequently. This ensured the quality of care being provided was observed and reviewed.

People told us their health needs were met and should their needs change, a reassessment took place. One person said, "My carer is friendly and well informed of my needs, her attention to detail is great, she knows me so well. For example, she knew I was under the weather and informed my daughter." This showed that the service assessed people's needs and choices and delivered effective, personalised support.

Is the service caring?

Our findings

People received care from staff who were kind and caring. One person said, "Excellent carers, all efficient, kind and thorough." Another person said, "They make good conversation always pleasant and helpful." A relative said, "I always notice how gentle they are with him." A health and social care professional said, "We have received good feedback about staff."

Staff maintained people's privacy and dignity. One person said, "They are all kind. Dignity is always maintained." Another person said, "They look after me when I feel vulnerable getting washed and dressed but they always keep me covered and talk to me whilst they are assisting me." Care plans gave personalised guidance to staff about how to promote people's privacy and dignity.

People and relatives said that positive relationships had developed with staff members. One person said, "I love my carers coming in, we are on first name terms and they are really lovely." A relative said, "They [staff] are great listeners and I always have a chat with them." Staff reassured and communicated with people. A relative said, "They always tell [my relative] their names and what the plan is for him that evening."

The staff group was consistent. A relative said, "The continuity is good and we all get on, they are very good at knowing his needs." One person said, "They know me really well, they are so lovely." However, two people said that the consistency of staff on Sundays could be different to the rest of the week. One person said, "During the week its fine and most Saturdays I get the same pool of carers its Sundays they seem to send anyone and sometimes you never see them again."

The service had received seven compliments since January 2018. One compliment said, "We have had amazing carers from Kumari during the night, my parents have built a great relationship with the team as they understand their needs." Another compliment said, "To thank-you and the rest of the team at Kumari for your support service."

A new section in people's care plan gave information and guidance about how to promote people's independence. This section described what people could and liked doing for themselves and the areas they required support in. For example, what areas of personal care people could undertake without support.

The service sent people a card on their birthday. This aimed to further develop the personal relationship they had with people.

Is the service responsive?

Our findings

At our previous comprehensive inspections in April 2017 and December 2017 we found the provider had not met the regulation in regard to person centre care. This was because care records did not contain sufficient or consistent person-centred information. There was a lack of consistent information about people's personal history and background, communication preferences, health conditions and medicines support.

At this inspection we found that the provider had undertaken a systematic review of care plans. However, 29 care plans were still in progress of being updated and amended and 40 were yet to be completed. Care plans had been re-written to ensure they contained consistent, accurate and personalised information. New sections had been included to detail people's routines, background and histories, maximising people's independence and medicines support requirements. A staff member said, "There has most definitely been improvements in the care plans. You can read the care plan and know exactly what the client wants." However, the provider had not yet completed this review and still had a number of care records to check and update.

Care plans that had been reviewed and updated now contained personalised information. For example, one care plan said, 'I used to work in the finance department of a hospital.' This enabled staff to be aware of key information that was important to the person and to facilitate topics of conversation. People's preferences were described. For example, one care record said, 'I am very active and like to walk around.' Preferences for people's gender of carer were documented and people told us this was respected and provided. One person said, "I have all the same carers. I don't mind if they are male or female, I was asked which I preferred." Another person said, "I have the same lady [staff member] and I will only have a female and this has happened even when she is away."

People's communication preferences were now described in care plans. One care record said, 'I speak English. I am able to communicate and express my wishes.' We did highlight to the provider where further details may be beneficial. The registered manager said this would be addressed. Guidance was available on how to support people with their mental health and well-being. For example, one care record said, 'Should I become confused or anxious I may begin to wander more than usual. Should this happen care staff should engage me in anxiety management such as deep breathing and relaxation exercises.'

People told us they were involved in the initial care plan. However, people said that care records had not been always been regularly reviewed since. Audits were now conducted on care plans and systems were in place to monitor when a care plan required reviewing. We saw that people had been contacted to check and discuss the care they received to ensure they were happy with the service provided. The registered manager and staff told us there was better communication within the service about when care plans needed updating.

Records were kept about each visit. One relative said, "They [staff] always write in book and inform me of anything that had happened." A person said, "I sometimes read what they write and it is always true what they put."

Care records described people's cultural and religious requirements and how people expressed these. For example, one record said, 'I am a non-practising Christian.' Some people's care plans contained information around their end of life wishes however this information had not been consistently sought.

Information in care plans that had been reviewed gave information about people's health conditions, how they needed supporting and guidance on what staff should do in particular circumstances. For example, one care record described how a person's health condition affected their ability to weight bear and described how staff should support them with their mobility. In one person's care plan, which had not yet been reviewed, we found conflicting information around a health condition. A complaint had been raised at the beginning of the year and actions taken to address the issues raised. However, the older care plan information had not been removed from the person's care plan. The registered manager removed this information and ensured the information was accurate before the end of the inspection.

People knew how to raise a complaint if needed. People commented, "I have a folder with the complaint procedure in," "I never needed to make a complaint but would know the office number is in the folder if needed to" and "I cannot fault the service I would not complain unless I felt I had to."

Since our last inspection of the service people told us that there was improved communication and responsiveness to issues or concerns raised. One person said, "The communication is good and they have always been flexible if I needed to change a visit time for a hospital appointment." Another person said, "I had a no show so I phoned the office and they sorted out another carer to come in and see me that day, they were helpful and did not make me feel I was a problem."

The service had received six complaints since January 2018. We found that some complaints at the beginning of 2018 had not had the actions that were meant to be taken completed. This had been identified in an audit in August 2018 and the actions were subsequently taken. Complaints were now being regularly audited.

Is the service well-led?

Our findings

At our previous comprehensive inspections of the service in August 2016, April 2017 and December 2017 we found the provider had not met the regulation regarding good governance relating to the quality assurance systems in place. At the last comprehensive inspection in December 2017 we found the provider had made changes to quality monitoring systems. However further improvements were still required to ensure the regulation was fully met and the improvements sustained.

At this inspection we found detailed audits were being undertaken in areas such as safeguarding, complaints, accident and incidents, daily records and staff training. This ensured issues were identified and actions taken to improve the quality of the service. Key areas found at the last inspection, which included care plans, medicines management and quality assurance systems had followed the action plans submitted by the provider to make improvements.

The provider acknowledged that further improvements were still required. Such as, more detail in care plan audits around the changes made to improve quality. Also, ensuring other areas identified for improvement are fully completed. For example, around assessments of capacity. Following this inspection, the provider sent us details of how the auditing of recruitment procedures and care and support during the night had been changed. This was because audits had not identified the shortfalls we had found.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider acknowledged that improvements needed to be sustained. For example, at the last comprehensive inspection in December 2017 a monthly newsletter and a staff recognition scheme had been introduced. Since this inspection these had both lapsed but had now restarted again. The newsletter shared information about staffing changes and events. The provider was developing links with the community by supporting a national charity event by hosting an event which was open people, relatives and staff.

Feedback about how the organisation was led and managed had improved. A staff member said, "Kumari have got a lot better." Staff said they were well supported and that the registered manager and provider were approachable. One staff member said, "The registered manager is very good. I can speak to them about anything and raise any concerns."

Staff told us that previously, issues raised with the registered manager and provider had not always been followed up. Since our last comprehensive inspection in December 2017 there had been further changes in the office and administration staff and senior staff, who were both operational and supporting the registered manager and provider. These changes had enabled the organisation to have the structure in place to implement and monitor improvements. Team leaders were now in post to undertake staff supervision, observations and spot checks and support staff as needed. Team leaders had supported the implementation of improvements in medicines management

People, relatives and staff spoke positively about the improvements in the office and the impact it had on the quality and efficiency of the service provided. Feedback we received was that office staff were friendly, efficient and responsive. One staff member said, "The office staff now forward plan." This had resulted in less missed visits. One person said, "If a visit was missed it was missed they didn't have the staff to cover sickness or holidays but not had that problem in the last six months." Another person said, "Much better now with visits not had one missed for months."

The staff culture had continued to develop. There was a positive 'can do' attitude adopted by the provider and registered manager who had made changes and worked in partnership with other agencies to implement improvements. Health and social care professionals gave positive feedback about the service and improvements made. Staff said they were happy working at the organisation and felt the improvements made had positive impacts on the people they supported. One staff member said, "I am happy working at Kumari."

Information was communicated and this was followed up individually with staff when needed. For example, around changes in procedures, findings in audits, areas for improvement and feedback received. One staff member said, "Everything is more organised. Communication is good from the office." Staff told us that when they received communication that had to confirm they had received and read the information provided. Regular staff meetings occurred. Staff said these were useful for sharing information and keeping up to date with changes. Staff said they could approach senior staff for support. One staff member said, "They help me, I feel supported."

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the service. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that people were protected from unsafe care and treatment during the night. 12 (1)(2)(a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers quality assurance systems had not ensured all areas requiring improvement had been identified. 17 (2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's recruitment and selection procedure was not always effective in ensuring that complete information was obtained about the suitability of staff. 19 (1)(a)(2)