

Community Care Support Ltd

Community Care Support

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

We carried out an announced inspection at Community Care Support on the 20 March 2018. At the last inspection in November 2017, we found breaches in regulations because medicines were not managed safely, people's risks were not mitigated, people were not always safeguarded from potential abuse, staff did not have sufficient training and had not been recruited safely. There was a lack of governance at the service and systems were not in place to monitor the service to mitigate risks to people. We asked the provider to take action to make improvements and we found that there had been some improvements. However, we found that was still a breach in regulations and the provider still needed to make improvements to the way the service was managed.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older adults and younger adults who have a physical or learning disability. At the time of the inspection there were four people who used the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

There was not a registered manager at the service. 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. We were told that the co-director of the service planned to submit an application to become the registered manager. This had not been completed at the time of the inspection.

We found there was a continued breach in Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

There continued to be a lack of governance at the service. We found that there were not effective systems in place to monitor and manage the service. This meant there was a risk that unsafe and ineffective care was not identified.

The provider was not meeting the requirements of their registration and they were not displaying their previous inspection rating as required by law.

Improvements were needed to ensure that records contained accurate and up to date information.

Improvements were needed to ensure that there was sufficient guidance for staff when applying creams and medicine records were not always available.

Further improvements were needed to ensure that the provider followed safe recruitment procedures and staff had sufficient knowledge and skills to carry out their role.

Improvements were needed to ensure people's cultural and diverse needs were planned for to enable a fully individualised care provision that met people's preferences.

The provider was following the principles of the Mental Capacity Act 2005. This meant that people were receiving care that was in their best interests.

People's care was reviewed. However this information had not been included in people's records to ensure they received care that met their changing needs.

People were supported to eat and drink sufficient amounts and nutritional risks were assessed and monitored.

People's health was monitored and health professionals input was sought where needed.

Staff were aware of their responsibilities to protect people from the risk of harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety.

There were enough staff available to meet people's needs in a timely way. Infection control measures were in place to protect people from the potential risk of cross infection.

People were supported by kind and caring staff.

People's choices were promoted and respected by staff in a way that promoted people's individual communication needs. People's dignity was maintained and their right to privacy was upheld.

People received care from a consistent staff group which met their individual needs and preferences.

People and relatives knew how to complain and the provider had a complaints procedure in place.

People, relatives and staff felt able to approach the manager. Staff felt supported by the manager.

Feedback about the quality of care had been gained from people and checks on staff performance had been completed to ensure people were receiving the care required.

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.

Improvements were needed to ensure medicine records were available to ensure that staff had guidance to administer and prompt medicines safely. Improvements were needed to ensure that the provider had safe recruitment procedures in place.

Staff were aware of their responsibilities to protect people from the risk of harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety. There were enough staff available to meet people's needs and infection control measures were in place to protect people from potential infection risks.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Further improvements were needed to ensure staff received sufficient training to enable them to carry out their role effectively.

People's diverse needs were considered in the assessment of their needs. However, improvements were needed to ensure these were included when devising people's plans of care.

The provider was following the principles of the Mental Capacity Act 2005. This meant that people received care that was in their best interests.

People were supported to eat and drink sufficient amounts and their nutritional risks were managed.

People's health was monitored and health professionals input was sought where needed.

Is the service caring?

Good 

The service was caring.

People were supported by caring and kind staff who respected

their dignity and their right to privacy was upheld. People were supported to make choices in the way their care was provided and were supported in line with their individual ways of communication.

Is the service responsive?

The service was not consistently responsive.

Improvements were needed to ensure people's preferences including cultural and diverse needs were assessed and planned to enable a fully individualised care provision that met people's preferences.

People's care was reviewed to ensure they received care that met their changing needs. However, improvements were needed to ensure that people's records were updated with this new information.

People received care from a consistent staff group which met their individual needs and preferences.

People and relatives knew who to contact if they had a complaint and there was a complaints procedure in place.

Requires Improvement 

Is the service well-led?

The service was not consistently well led.

There continued to be a lack of governance and provider oversight at the service and the recent changes in management had not yet been imbedded into the service.

Improvements were needed to ensure that effective systems were in place to monitor the quality of the service provided. Records were not always accurate and up to date.

The provider had not acted in accordance with conditions of their registration.

The provider was not displaying their current rating at the service or on their website.

People, relatives and staff felt able to approach the manager. Feedback had been gained from people and their relatives and checks on staff performance had been undertaken.

The manager worked in partnership with external agencies.

Requires Improvement 

Community Care Support

Detailed findings

Background to this inspection

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

This inspection took place on 20 March 2018 and was announced. The inspection team consisted of two inspectors.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 20 March 2018 and ended on 23 March 2018. It included telephone calls with people and/or their relatives and we called staff to assess their knowledge of people they supported and the procedures they needed to follow. We visited the office location on 20 March 2018 to see the manager and to review care records and policies and procedures.

We had not requested the provider to complete a Provider Information Return because we had brought the inspection because we had concerns about the management structure within the service and were concerned that the required improvements needed after the last inspection had not been progressed. Before the inspection site visit we reviewed the information included we held about the service, such as feedback from staff and people. We also checked any notifications we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries, safeguarding concerns and changes to the service provided.

We spoke with one person who used the service. People who used the service had difficulties communicating, so we also spoke with four relatives to gain their views and experiences of the support provided. We also spoke with three staff members and the manager. We viewed four records about people's care and records that showed how the service was managed. This included training and induction records for five staff employed at the service.

Is the service safe?

Our findings

At our last inspection, we found that medicines were not managed safely and people's risks were not always managed to keep them safe from harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made to meet the breach in regulation. However, some further improvements were still required.

Topical medicines were not always managed safely. People and relatives told us that the staff helped them to have their oral medicines and to apply creams. One person said, "The staff help me with my creams when I've had a wash". A relative said, "They help my relative in a morning and in the evening to have their medicines. We have never had any issues they always get their medicines as required". Another relative said, "Staff use cream to help my relative so they don't get sore". We saw that topical medicines had Medicine Administration Records in place (MARs). However, there were no Topical Medicine Administration Records (TMARs) available to show what creams needed to be applied and when these had been applied by staff. We saw that there were some entries that had been made in the daily log books that people been prompted with their creams, but these were inconsistent. For example; we saw one person's care plan stated that they required creams to be applied if they were sore if areas were red. There were no TMARs in place or body maps to give staff guidance on the cream required or where this needed to be applied. The manager was unsure of the cream that was being used. However, staff we spoke with knew when this was required. Another person's care plan stated cream to be applied on their back. There was no information about how often this was required and no body map in place to show where on the person's back the staff needed to apply the cream. There were no TMARs available and the entries in the daily logs were inconsistent. Staff we spoke with were aware of the creams needed and the frequencies. However, there was a risk that new or unfamiliar staff would not have the required information and documentation to apply and record the creams safely. This meant that improvements were needed to ensure that creams administered were recorded consistently.

People and relatives told us that staff knew how to help them safely, whilst promoting their independence. One relative said, "The staff know exactly what my relative needs and I feel they are safe when they are being supported". Another relative said, "The staff are all very good. They put my relative at ease when they are helping them to move. They feel safe and comfortable when staff are supporting them". Staff were able to explain how they supported people to reduce risks and had a good knowledge of how to reduce people's risks, which matched what people had told us. For example, staff told us how they supported people to lower their risks. One person was at risk of developing sore skin and staff explained how they ensured this person's skin was maintained to keep them safe from harm. However, the care plans and risk assessments did not contain the information that people and staff told us. This meant people were supported to lower risks to their health and wellbeing because staff knew people's needs well.

At our last inspection, we found that the provider had not followed safe recruitment procedures to ensure people were protected from the risk of support being provided by inappropriate staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made to meet the breach in regulation. However, some

further improvements were still required.

We saw that the provider had a recruitment policy in place. There had been two new staff recruited since our last inspection and we saw that the manager had undertaken criminal record checks which ensured staff that were employed at the service were suitable to provide support to people. We saw that the new staff members had provided details of two referees for the manager to contact. However, we found that there was only one reference available on both staff files. References of previous employment are an important part of assessing staff members' suitability to provide support to people and best practice would be to have two references to enable the manager to assess staff suitability. The manager told us that they thought the previous manager had requested these references. The previous manager's responsibilities were being overseen by the provider and this had not been identified as an area that the previous manager had failed to complete as required. This meant that further improvements were needed to ensure that suitable references were sought for newly recruited staff.

At our last inspection, we found we were not safeguarded from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made.

People we spoke with told us that they felt safe when they were being supported by staff. One person said, "I feel safe with staff. I know the staff well they are very nice". Relatives told us that they trusted staff and knew that their relatives were supported safely. One relative said, "All the staff treat well. I have no concerns". Staff were able to explain how they supported people to remain safe and the action they would take if they felt someone was at risk of abuse. Staff told us that they would report any concerns that someone was not being treated properly to the manager immediately. We spoke with the manager who told us the procedures they followed if they had been made aware of suspected abuse. There had been no recent concerns identified at the service but the manager was aware of the professionals that they needed to inform if any concerns were identified. This meant that procedures were in place, which staff understood to ensure people were protected from suspected abuse.

People and relatives we spoke with told us there were enough staff available to provide support when they needed it. People told us that staff arrived on time and staff stayed for the required time. One person said, "Staff always arrive on time and stay the amount of time I need. I have never had a problem". A relative said, "We are happy with the staffing as we always get the care at the time we need. If a staff member is delayed we get a call to let us know. They even made it to us when the weather was really bad". Staff told us that they felt there was enough staff available to meet people's needs. One staff member said, "I feel there are enough staff at the moment. We have time to have a chat with people as well as providing support". This meant that there were sufficient staff available to meet people's needs.

People and relatives we spoke with told us that staff always wore aprons and gloves when they were providing support.. A relative said, "The staff are always clean and they wear gloves and aprons". Staff told us that they wore gloves and aprons when supporting people with personal care and the provider ensured that these were available for them to use. This meant that people were protected from the risks of infection control and cross contamination.

Is the service effective?

Our findings

At our last inspection, we found staff had not always received effective training to carry out their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made to meet the breach in regulation. However, some further improvements were still required.

Some improvements had been made to ensure staff had received training to carry out their role effectively. People and their relatives told us they felt that staff understood how to support them effectively. Staff told us they had recently received training to update their knowledge and skills when supporting people. For example; staff had received training in safeguarding adults from abuse and the Mental Capacity Act 2005 (MCA) since the last inspection. We spoke with staff and found their knowledge in these areas had improved. However, we found that there were still some areas that staff needed further training as this had not always been effective. For example, the provider had not ensured that medicine training was sufficient in providing guidance for staff to follow when administering creams. We viewed the staff training record and found that some training was still required such as; epilepsy awareness and the management of behaviour that may challenge. The manager told us that they had plans to carry out one to one tutorial sessions with new staff to ensure they had understood the training they had received. This meant further improvements were needed to ensure that staff had the required training to carry out their role effectively.

We saw that before a person used the service an assessment of their needs was completed to ensure that the person's needs could be met at the service. We saw that information was gathered from the person themselves, family members and any other representatives that were involved in the person's life. This information included details such as; the person's past medical history, people's support needs. We also saw that the assessment form detailed specific information about people's diverse needs such as cultural background, religion or their sexuality. However, the information gained from this assessment had not been considered and included in the planning of people's care. This meant improvement was needed to ensure that people's diverse needs were included when the manager assessed and planned people's support needs.

People told us that staff asked their permission before they provided support. One person said, "Staff always ask me what I need help with". A relative said, "The staff are very good and ask my relative what they need. They never do anything without asking first". Some people were unable to understand some decisions about their care and we checked that the provider was meeting their responsibilities under the 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 saw mental capacity assessments had been carried out when people lacked capacity to make specific decisions. These assessments contained details of how staff needed to support people to make specific decisions in their best interests. Staff we spoke with understood their responsibilities under the MCA.

People and relatives we spoke with were happy with the support they received from staff in relation to their food and drink. One relative told us that staff had to support their relative with their food and fluid through a Percutaneous Endoscopic Gastrostomy (PEG). A PEG is a medical procedure which enables a person to have their food, fluids and medicines via a tube directly into their stomach when they are unable to take this orally. This person's relative told us that the staff members who support their relative had a very good understanding of how they needed to be supported. Staff we spoke with explained how they supported this person with their nutritional needs which matched the detailed guidance which was available in this person's records. This meant people were supported with their nutritional needs.

People were supported if they felt unwell and the manager sought advice from health professionals to enable staff to provide effective support. We saw staff had recognised a deterioration in people's health and alerted the relative or G.P when needed. For example; one person had fallen in their own home on two occasions and the manager had visited this person and their relative in their home to discuss any further support they needed. The relative told us and the records confirmed that the manager had suggested that this person was referred to a dietician and the falls clinic to ascertain if there was any other underlying health concerns that may of contributed to this person's falls. This meant that staff supported people to access health professionals when needed.

Is the service caring?

Our findings

People and relatives we spoke with told us that staff were caring and kind towards them. The comments we received from people and relatives included; "I like the staff they are caring to me", and "The staff are lovely who visit my relative. They have a caring way about them and they make us both feels comfortable", and "The staff treat my relative really well. They [staff] genuinely care". One relative told us that the support received had made a big difference to their relative's life and they had grown in confidence since receiving support from the service. They said, "The regular staff member is amazing. They [staff member] have made such a difference to my relative. I only wish we had known them years ago". Staff told us that they were given enough time to provide support in an unrushed way and they were able to spend time chatting with people before they left.

People and relatives told us that they were treated with dignity and respect when staff were supporting them or their relative. One relative said, "The staff treat my relative with dignity and are sensitive when providing intimate care, which puts them at ease". Another relative said, "The staff speak with my relative with respect and when they need their own private time the staff member understands and respects this". Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "I always make sure any personal care is provided in privacy to protect the person's dignity. I respect people and talk with people the way I would want to be treated myself". This meant that people's dignity was maintained and their right to privacy upheld.

People were given choices in the support they received from staff. One person said, "The staff always ask me what I want". A relative said, "The staff always give choices when supporting my relative. They ask things like; what clothes they want to wear, what they want to drink etc". Relatives told us that the support provided was led by their relative and staff always listened to their wishes. Staff told us they always asked people before they provided support and took account of their wishes. One staff member said, "I always ask people what support they need as they can change their minds about how they would like me to support them on different days. I listen to people and carry out support how they want it". The care records we viewed detailed people's preferred times for their care to be delivered and people confirmed that staff arrived when they wanted them in line with their preferences. This meant that people were able to choose how their support was delivered and these choices were respected by staff.

People who had difficulty communicating were supported by staff in a way that met their communication needs. For example; one person had difficulty communicating and their understanding was limited. Their relative told us that staff understood how to speak with this person so that they understood. We saw the care plan for this person contained detailed guidance for staff to follow to ensure that this person was able to make choices in their care. Staff we spoke explained how they supported this person which matched what the person's relative told us and the guidance in their care plan. This meant this person was supported to make choices about their care in a way that they were able to understand.

Is the service responsive?

Our findings

People and relatives told us they were involved in the assessment and planning of their care. One relative said, "The manager visited when we first started to receive care and we were able to relay what we needed". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence, such as food choices and how people liked their care providing. Staff understood different people's individual routines they liked to follow and people's interests, which helped them to have meaningful discussions. However, we found that care plans did not always contain individualised accounts of the person's care needs and people's diverse needs were not always being taken into consideration when planning people's care. For example; two of the four care plans we viewed were task focused and did not give a clear account of people's likes and dislikes. We saw that all of the care plans we viewed did not show that people's cultural, religious and sexual orientation preferences had been taken into account to ensure that this part of their life was maintained. This meant that improvements were needed to ensure people received a fully personalised service because all aspects of their life had not been considered.

At our last inspection, we found that the provider did not have an effective system to handle and deal with complaints at the service. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made.

People and their relatives told us that they knew how to complain and they would approach the staff directly or the new manager if they had any concerns. One relative said, "I would raise any issues with the staff face to face at the time. If I wasn't happy with the response I would speak to [manager's name]". Another relative said, "It has been difficult to speak with anyone in the office, but things have improved recently. I would not hesitate to make a complaint if I needed to but we are happy with the care provided". Staff told us they would pass any complaints onto the office and recorded any concerns in the daily notes. We saw there was a complaints policy available at the service and this had been provided to people and their relatives. At the time of the inspection there had been no formal complaints received at the service. However, we saw that a system had been implemented to record and monitor any complaints received. This meant there was a complaints policy in place and people and their relatives were aware of how to complain if they needed to.

People and relatives told us they had been involved in the reviews of their care and changes had been made to their care when people's needs had changed. A relative said, "[Manager's name] has visited us to make sure that my relative is receiving the care they want and need. They have also referred them to other agencies to help. They have provided information for me as a carer too, which has been helpful". Another relative said, "The manager has carried out a review and has suggested things to help". We saw records of the reviews undertaken and although staff we spoke with were aware of these changes in people's needs these had not always been reflected in the care plans.

People and their relatives told us that carers arrived on time and they had consistent carers who they knew well. The comments we received included; "I get the same two staff. It's good because we have built up a

good relationship" and, "My relative always has the same staff, which is important to them. My relative knows them well and trusts them". People and staff told us that when a new member of staff was recruited they were introduced to people they would be supporting before they provided care so that people knew who would be attending. One staff member explained that it was important one person that they received consistent staff because this person can become anxious when they are not familiar with people and they need particular routines to maintain their emotional wellbeing. This meant that people were supported in a consistent way by staff who knew them well.

Is the service well-led?

Our findings

At our last inspection, we found there was a lack of governance and oversight at the service and effective systems to monitor the service were not in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the required improvements had not been made and there was a continued breach.

Action had not been taken to ensure effective systems were in place to monitor the quality of the care and mitigate risks to people. We saw that the manager had implemented a system to audit people's daily records since our last inspection, which had been completed for one person over a three month period. However, this had not identified that staff were applying topical medicines and that there were no TMARs in place or guidance for staff to follow when applying this cream. This meant this new system was not effective in identifying improvements needed.

There had been no action taken to implement other systems to monitor the service since our last inspection. For example; we found that care plans did not always contain information about people's planned needs. There was no system in place to check that care records were up to date and accurate. There was not a system in place to monitor incidents and accidents to ensure that steps had been taken to mitigate risks to people. We saw that there was a quality assurance policy file, which contained the actions needed to ensure that the quality of the service was monitored. This was not being followed in practice. The manager told us they had only taken over the management of the service the week of our inspection. They said, "I have taken on board your comments and I will rectify these straight away". This meant that there were not effective systems in place to monitor the quality of the service and mitigate risks.

Records we viewed were not always up to date and accurate. Staff were aware of people's needs and the support required, which matched what people told us they needed. However, the records did not always contain an accurate reflection of people's needs and care plans did not reflect the risks assessed and the support people needed to keep them safe. For example; one person's risk assessment stated that they needed support when having a bath to ensure that water temperatures were safe and this person needed supervision due to possible seizures. The care plan we viewed stated that this person was able to bathe themselves. This meant that the risks that had been identified had not been planned for and there was a risk of inconsistent care and potential harm. Another person was at risk of falls and their risk assessment had been updated to show this. However, this person's care plan did not show the support they needed from staff to lower the risk of falls. The manager and staff told us another person was at risk of developing sore skin and they needed to use water to clean this person as cleansing wipes had caused irritation. The care plan we viewed did not include this valuable information and there was a risk that this person may receive inappropriate care. This meant that improvements had not been made to ensure all records contained an accurate reflection of people's needs.

We also saw and staff told us they had not had not always received a supervision. A supervision is an opportunity for staff and management to discuss work related issues and areas of staff development. We saw that one staff member had received a supervision to discuss their role and any development needs they

had identified. However, other staff members had not yet received a supervision to have these important discussions. This meant that improvements were needed to ensure all staff were given the opportunity to discuss their development and any work related issues.

The provider continued to have a poor oversight of the service and there had been issues with regard to the sustainability of the management which had contributed to at the lack of action taken with regards to the implementation of systems to monitor the service. The provider had not ensured that all the actions required from the last inspection had been completed in a timely way to ensure that risks to people were mitigated. We saw there had been a recent change in the directorship at the service and the manager had become a co-director at the service. The manager had started to implement some changes at the service and we saw a progress report had been completed. However, some areas of this report showed as complete but we found outstanding concerns that had not been actioned. For example; the report showed that all care plans had been updated, but we had identified that care plans were not always accurate and did not always show the current needs of people who used the service. The manager told us that they planned to make the required changes and since the 19 March 2018 they were now based in the office to ensure these changes were implemented. However, due to the previous issues with the management we could not be assured that this would be sustained.

The above evidence shows that systems were not in place to effectively monitor and manage the service and there continued to be a lack of oversight at the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in November 2017 we rated the service inadequate because they breached multiple regulations. However, we found that this rating was not displayed in the provider's office and website as required by law. This was a breach of Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was not a registered manager at the service. The co-director was acting as the manager and told us that they planned to make an application to CQC to become the registered manager for the service. However, there had not been a registered manager at the service since our last inspection. We were unable to be assured that an application would be completed in a timely manner. This was an offence under Section 33 of the Health and Social Care Act 2008.

After the last inspection in November 2017 we placed a condition on the provider's registration. This stated that the provider must inform on the 17th of each month of any staff recruited and supply evidence that suitable checks on staff suitability had been undertaken. Prior to this inspection we identified that this information had not been submitted and two new staff members had been recruited in January 2018. The manager told us that they had assumed that this had been completed by the previous manager. This was an additional offence under Section 33 of the Health and Social Care Act 2008.

People and their relative's told us that the new manager was approachable. One relative said, "[manager's name] is really helpful and approachable. They have asked for feedback about the care and seem to understand. They have helped support my relative if needed". Another relative said, "There has been some improvements very recently in the ability to contact the manager. Before I always spoke with staff as I couldn't get hold of anyone in the office, but that does seem a bit better now". We saw that questionnaire had been sent to people and their relatives to gain feedback about the quality of the care provided. The questionnaires we viewed contained positive comments about the care provided. This meant feedback had been gained from people and their relatives to ensure the support was provided as required.

Staff we spoke with told us that the new manager was supportive and approachable. One member of staff said, "The manager is very approachable and things are improving. The manager listens to any ideas that I put forward and I feel involved in making suggested improvements". Another member of staff said, "[Manager's name] is supportive and approachable and is available when I need them. I think there has been an improvement since the management has changed". Staff told us and records showed that the manager had carried out 'spot' checks on staff's performance. For example; one member of staff had been observed whilst using equipment to move a person. The spot check showed that this had been carried out safely and in a caring way. This meant checks were completed to ensure people received safe and effective support.

We saw that the manager had contacted other agencies to ensure that people received support that met their needs. This included health professionals such as G.P's. Relatives told us that the service had contacted other agencies when their relatives needed intervention from professionals to ensure they were safe. For example, occupational therapists and the falls team. Relatives also told us that they had been provided with information to consider as a care giver for their relatives. The records we viewed showed details of these referrals and there were details of professionals that were involved in the people's care. This meant that the manager worked in partnership with agencies to make improvements to people's care.