

Tailor Maid Care Solutions Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

We carried out an announced inspection of the service on 25 October 2018. Tailor Maid Care Solutions Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Tailor Maid Care Solutions Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

A registered manager was not present during the inspection, however at the time of writing the manager has now become registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the time of the inspection, Tailor Maid Care Solutions Limited supported 39 people who received some element of support with their personal care. This was the service's third inspection under its current registration. During our previous inspection on 25 and 29 January 2018, we rated this service as 'Inadequate'. However, found during this inspection that some improvements had been made and we have changed the overall rating to 'Requires Improvement'.

During this inspection, we found staff punctuality had improved, but further work was needed to ensure all calls were carried out time. However, people's medicine administration records were not always appropriately completed. The manager was aware of this and was taking action against the staff concerned. However, the action taken was not always carried it out an appropriate timeframe. Some improvements had been made to the process for assessing the risk to people's health; however, there was still further work needed to ensure these assessments reflected people's needs.

Accidents and incidents were now investigated and recorded appropriately; however, analysis of any trends or themes to reduce to the risk of reoccurrence was not always completed. There were now enough sufficiently skilled and experienced staff to meet people's needs. Effective processes were now in place to ensure any allegations of abuse were actively investigated and reported to the relevant bodies such as the CQC or the local authority. People felt staff understood how to reduce the risk of the spread of infection in their home. People told us they felt safe when staff supported them in their homes.

Some improvements had been made to ensure that the principles of the Mental Capacity Act 2005 were applied when decisions were made for people. However, further work was needed to ensure people were always supported to have maximum choice and control of their lives and for staff to support them in the least restrictive way possible. The policies and systems in the service do not currently fully support this practice, and clearer documentation is required to ensure all decisions made clearly evidenced that they were in each person's best interest.

Staff training was now up to date and staff received supervision of their role. People's physical, mental health and social care needs were assessed prior to commencing using the service; however professional guidance was not always used to inform care planning. People were happy with the support they received with their meals. People were supported to access health or social care agencies.

Most people felt staff provided care and support that was kind, caring and respectful and they were treated with dignity. Staff spoke confidently about how they supported people living with dementia. People contributed to decisions about their care.

Improvements had been made to people's care records. They now included more detailed reference to people's personal choices and preferences. Care plans were reviewed and people contributed to the process. Steps had been taken to provide information for people with a sensory impairment in a way they could understand, however further development in this area was needed. People's diverse needs were discussed with them and support offered where needed. Most people understood how to make a complaint. End of life care was not currently provided by the service.

People's care records were now handled and stored securely, although we did find one example where they were not. The manager had ensured the CQC were notified of incidents that had or could have an impact on people's health and safety.

At the last inspection, the manager had been in post for one week. Over the past nine months since our last inspection, they have focused on improving the main areas of risk at the service. This has reduced the risk to people's safety. However, further improvements were needed to ensure that the risks identified at the last inspection and those that remain after this inspection, are reduced further. We were unable to judge the sustainability of these improvements, but we will be able to report on this in our next inspection.

We have made two recommendations for the provider to address, which will assist them in making improvements to the care and support people received.

This service has been in Special Measures following our inspection on 25 and 29 January 2018. Services that are in Special Measures are kept under review and inspected again within six months of the publication of the report. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and it is no longer rated as Inadequate overall or in any of the key questions. However, further improvements were needed to achieve an overall rating of Good.

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's records were not always completed correctly. The risks to people's safety had not always been appropriately assessed. Accidents and incidents were investigated appropriately, but no detailed analysis of any themes or trends was carried out.

Staff punctuality had improved. There were enough sufficiently skilled and experienced staff to meet people's needs. Effective processes were in place to ensure any allegations of abuse were actively investigated and reported to the relevant bodies. People told us they felt safe when staff supported them in their homes. People felt staff understood how to reduce the risk of the spread of infection in their home.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The principles of the Mental Capacity Act 2005 had not always been followed when decisions were made for people. People's physical, mental health and social care needs were assessed; however, it was not clear whether support was offered in line with current legislation and best practice guidelines.

Staff training was up to date and they received supervision of their practice. People were supported to access other health or social care agencies. People were happy with the support they received with their meals.

Is the service caring?

Good ●

The service was caring.

People felt staff were caring and listened to what they had to say. Staff understood how to communicate with people living with dementia. People felt able to make decisions about their care and staff acted on their wishes. People felt staff treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care records contained sufficient guidance for staff to support them with their personal preferences and choices. People's records were reviewed and steps had been taken to provide information for people with a sensory impairment in a way they could understand, however further development in this area was needed.

People's spiritual and cultural needs had been discussed with them.

People felt able to make a complaint and most felt it would be acted on appropriately. End of life care was not currently provided.

Is the service well-led?

Good ●

The service was not consistently well-led.

The manager had made some improvement to the service since they started their role nine months ago. Quality assurance processes were now more effective in identifying factors that could affect people's health, safety and welfare were addressed. However, further work was needed to address the concerns within this report and to show the improvement are sustainable.

Improvements had been made to the way people's care records were stored. The manager had ensured the CQC were notified of incidents that had or could have an impact on people's health and safety. Staff felt valued.

Tailor Maid Care Solutions Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 25 October 2018 and was announced. We gave the provider 24 hours to ensure the manager and care staff were available to speak with.

The inspection team consisted of two inspectors 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. Prior to the inspection, the Expert by Experience carried out telephone interviews to gain people's views in relation to the quality of the service provided. On the 25 October 2018, the inspection continued at the provider's office.

Before the inspection visit, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

Prior to the inspection visit, we attempted to speak with 36 people. We successfully spoke with 18 people who used the service and one relative. During the inspection, we spoke with three members of the care staff,

the training officer, an administrator, a care coordinator, the manager, and a representative of the provider.

We looked at all or parts of the records relating to six people who used the service as well as staff three recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, staff arrival and departure monitoring system, meeting minutes and arrangements for managing complaints.

After the inspection, we asked the manager to forward us their training matrix and company policies and procedures. These policies included the medication and mental capacity act policies. The manager sent these within the requested timeframe.

Is the service safe?

Our findings

During our previous inspection on 25 and 29 January 2018, we identified breaches of Regulation 12 of the Health and Social Care Act 2008. These were in relation to the management of people's medicines, staff arriving regularly arriving late for their calls and the management of the risks associated with people's care. These issues placed people's safety at risk. The provider sent us an action plan which explained how they would make the required improvements to meet the fundamental standards and ensure people were safe. We checked to see whether the provider had carried out the agreed actions.

We spoke with people and asked them if they felt arrival times had improved. Some people said they had although others told us there was still improvement needed. One person said, "They are very good they get here at the agreed time, it works well." Another person said, "On the whole they are on time." A third person said, "You can't always pin them on a specific time." A fourth person told us staff sometimes arrived too early and said, "I feel a bit embarrassed if I'm not up."

We spoke with the manager about what action they had taken to improve arrival times. They showed us records where they checked arrival times and the length of time staff stayed at people's homes. Where staff were regularly late, or did not remain at the call for the agreed length of time, this was discussed with them to establish why and what could be done to improve. From the records we looked at we found arrival times had improved. The registered manager told us they would continue to monitor this further to ensure all people received their calls when they needed them. This will help to reduce the risk to people's safety.

During the last inspection people told us they were concerned that late calls could affect the times they received their medicines. In some cases, people's health conditions meant they needed their medicines at set times or this could affect their health. People's feedback on whether this had improved was mixed. Some people felt more assured with better punctuality. However, others still felt worried that late calls could have an impact on their health due to late medicines. The registered manager assured us that ensuring people received their medicines at the required time was a priority. They told us that these calls were now prioritised, especially when adverse weather conditions could affect staff arrival times. They told us they would continue to monitor this and were confident that people's worries would reduce as staff punctuality continued to improve.

The manager had acted since the last inspection to identify and act on errors in relation to medicine administration and recording. We noted monthly audits of people's medicine administration records (MAR) were carried out, which helped the registered manager identify any errors. We looked at these records and found the registered manager had a process in place to act on repeated errors by staff. This process included several disciplinary steps, they were, discussions with staff, further competency based assessments, re-training, verbal and written warnings and then finally, dismissal. However, we were concerned that this process would take too long to address these errors with staff. The manager agreed and told us they would amend this process. This would contribute to people feeling safer and more confident about the support they received from staff.

At the last inspection we raised concerns that risks associated with people's health and safety were not appropriately assessed and did not result in timely care plans. During this inspection we saw some improvements had been made, but further improvements were needed. Records showed risk was now assessed quicker. Some of these risk assessments focused appropriately on people's health needs and what could affect their safety. People's home environment, risks in relation to their food and drink choices and people's ability to keep themselves safe, were some of the risk assessments where we saw improvement.

However, we also noted that some assessments whilst identifying risks to people's health and safety, did not always result in these risks being addressed in care planning documentation for staff to refer to. For example, one person's risk assessment had stated that they experienced hallucinations. There was no guidance for staff on how to support this person should this happen when staff were with them. Another person's records stated they had 'difficulties with their sight'; however, there was little reference to how this could affect their health and safety and how staff should support the person when they were with them. The registered manager told us they acknowledged that more needed to be done to ensure when risks were identified sufficient action was taken to address them. They assured us they would continue to review their risk assessment processes to ensure this was completed for all.

We recommend the provider seeks guidance from a reputable source to assist with the assessment of risk associated with people's health and safety.

At the last inspection we identified a breach of Regulation 18 of Health and Social Care Act 2008. This was because we were concerned that there were not enough staff in place to support people at the time they needed and for the agreed length of time. The provider sent us an action plan which explained how they would make the required improvements to meet the fundamental standards and ensure there were enough staff in place. We checked to see whether the provider had carried out the agreed actions. At this inspection we received assurances that a stable staff team was now in place. The manager told us staff turnover was now low and this had resulted in people receiving care from a more consistent number of staff.

Records showed people's calls were more effectively planned than at our last inspection and we saw people did receive calls from the same staff. One person who used the service said, "My carers do know how to support me. Everyone knows me so well now. They know where everything goes. I don't have to explain again and again anymore."

Staff were recruited safely because robust recruitment processes were in place. Checks on people's identification and criminal record history were completed, along with references received from past employers. We did find one example in a staff file that we looked, where there was an unexplained gap between a person leaving school and their first job. The gap was quite significant and it would be expected that a gap of this size would be discussed with the applicant. However; overall, the recruitment process was robustly completed which meant people were protected from the risks associated with unsuitable staff. Most of the people we spoke with told us they felt safe with staff and the way they supported them. One person said, "They're very nice so I do feel safe." Another person said, "Yes, I feel safe. I'm building up my confidence again." This person then told us how staff made them feel safe, by assisting them with bathing, cutting and chopping food and making a meal if they wanted one. However, a small number of people told us when staff arrived late for calls this did sometimes make them feel unsafe.

The provider had ensured that people were informed who to contact in an emergency. An out of office hours phone line was provided if people needed to speak with someone urgently. Staff spoken with were confident of how to spot the potential signs of abuse and who to report these concerns to. Staff had received safeguarding training and processes were in place to ensure relevant agencies such as the local

authority safeguarding team were informed of any concerns. This contributed to people being protected from avoidable harm.

At the last inspection we noted there was not a system in place to ensure that the CQC were always notified of any incidents that could affect people's safety. The manager now had these processes in place and was using them effectively.

Staff had received training on how to reduce the risk of the spread of infection. People spoken with did not raise any concerns in way staff supported them in their homes. A home environment risk assessment was completed for all people. These recorded whether there were any issues that could affect the control of the spread of infection in people's homes.

Is the service effective?

Our findings

During the last inspection we identified a breach of Regulation 11 of the Health and Social Care Act 2008. Mental capacity assessments were not used to ensure that people who were unable to make informed decisions, such as people living with dementia, had decisions made for them in their best interest. The provider sent us an action plan which explained how they would make the required improvements to meet the fundamental standards.

During this inspection we saw some improvements had been made, however more work was needed to ensure the principles of the MCA were appropriately implemented. 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.

We saw MCA assessments were now in place for people that needed them. However, it was not always clear what specific decision the assessments were referring to. For example, the assessments we saw covered people's day to day care needs, but did not refer specifically to what decisions was being made. The recording of the decisions made for people was not consistent and it was not always clear how a decision had been reached. The registered manager assured us that most of the people who used the service could make decisions for themselves and MCA assessments were only needed for a small number of people. They assured us they would complete a review of these assessments and where further work was required to ensure the principles of the MCA were met, these would be amended.

At the last inspection we raised concerns that staff did not receive regular and meaningful supervision of their practice and some staff training was not up to date. During this inspection we checked to see if improvements had been made, and we found they had.

Most of the people we spoke with told us that staff understood how to support them. One person said, "I tell them how I want things, they just get on and do it, it's a routine now." Another person said, "I would tell them if they were doing something they weren't meant to, if they weren't doing it right." This person confirmed they had not had to do this. A third person said, "Yes, (staff know how to support them), but they're very good anyway. I haven't really had to tell them anything, there is nobody I'm not happy with."

Records showed staff now received supervision of their practice to ensure they were providing all people with effective care and support. Staff had regular 'spot checks' which is where a senior member of staff accompany them on a visit to check they were carrying out their role appropriately. There were also regular opportunities for staff to meet with the manager to discuss their role and to act on any recommendations for improved performance and to agree development opportunities. Staff spoken with confirmed they felt supported.

Staff training had also improved. Training was up to date in all areas the provider had deemed mandatory

for staff to complete for their role. New staff to the service were given the opportunity to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

People's physical, mental health and social needs were discussed with people and/or their relatives prior to them starting to use the service. While detailed assessments had been completed, there was limited reference to how care should be provided to meet best practice guidelines

Records showed that the recording of how staff monitored a person's pressure areas was inconsistently recorded. We also noted one person had a diagnosis which related to their mental health, but there was limited reference to this in their care records. This could mean people received inconsistent care and support from staff. The manager told us they would address these issues.

Many of the people we spoke with told us they did not require support with their meals. Where people did receive support from staff, they were happy with the help received. One person said, "If I haven't eaten, they offer to help. They tell me what's in the fridge and I tell them what I fancy." Another person said, "I tell them what I want and they help me put it together and to heat it up. They also give me plenty of drinks."

Assessments of people's nutritional health were carried out to assist staff in identifying any changes that could affect their health. People's food and drink likes and dislikes were recorded and people's preferred meals and the time they liked to have them were also recorded. People's daily running records showed that people received support with their meals in line with their preferences. We did note that when reference had been made to people requiring a diabetic diet, the information for staff was limited. However, this did refer to people who had the capacity to make their own food and drink choices, so this did not impact on their health.

People were offered support to access other health and social care agencies where needed. People's care records contained contact details for people's GPs and a wide range of other professionals who were available to offer guidance where needed when supporting people.

There had been some improvements to people's care records since our last inspection. This helped to reduce the risks of other health and social care professionals not having access to required information about each person should they start to need care or treatment. This would assist people to receive the appropriate care and support from other services when needed.

Is the service caring?

Our findings

People spoke more positively about the staff during this inspection. They told us staff were kind, caring and compassionate and they felt comfortable with them. One person said, "There is one very nice one, they are very good. They do all sorts of things that I don't even have to ask, they also get my lunch ready in the mornings, then I don't have to worry." Another person said, "They're all very kind. If they see my dishes not put away they help with that, I don't have to ask." A third person said, "They are kind, they always offer to make me a cup of tea and again if I'd like another one."

People also told they had built up meaningful relationships with the staff and they looked forward to their visits. One person said, "They chat to me, we have a lovely laugh together." Another person said, "We have a chat, I can talk to [the carers] about anything, it's like having someone from my family here."

One person did say that sometimes staff appeared rushed and this impacted on their visit. One person said, "Some just want to get in and out as fast as possible." A relative also felt that staff were rushed when they were supporting their family member. However; overall, we found the feedback from people was much improved in relation to the approach of staff at this inspection.

People had varying communication needs with some people living with dementia. Care records contained some information for staff to communicate with people or to understand their needs. The manager told us this was an area where they looking to develop staff expertise and awareness. We noted records showed that all staff had completed dementia awareness training in the past 18 months. Staff spoken with showed a good understanding of how to support people living with dementia and could explain how they communicated with people effectively.

People felt able to give their views about their care needs and that staff respected their wishes. One person said, "Absolutely, I make my own decisions about my care." This person also told us they had been visited by a member of the office staff to review their care needs and they were happy with the process. We also noted telephone monitoring was carried out to gain people's views outside of more formal meetings.

Information was provided for people if they wished to speak with an independent advocate about their care, or, if they wanted to speak with an advocate to act on their behalf. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Staff spoke respectfully about how they supported people and ensured their dignity and privacy was maintained at all times. They told us they ensured people were covered and doors and curtains closed when supporting people with their personal care.

Most people felt staff treated them with dignity and respect. One person said, "It's the way they talk to me, it's like they do care." Another person said, "I've no complaints at all. I feel very respected by them and treated with dignity."

People's independence was encouraged and their privacy respected. People's care records showed people's ability to carry out tasks for themselves had been recorded. Daily records showed staff supported people to do things for themselves. One person said, "I'll tell them I can manage; I can do this or that that and they let me unless I struggle with it." Another person said, "I try to be as independent as I can, they support me to have a wash. I do everything I can first."

Is the service responsive?

Our findings

Prior to people using the service, assessments of people's health, care and support needs were carried out to ensure staff could respond appropriately when a person started to use the service. People told us they had been involved with this process and felt the care they received met their needs.

The planning of people's care and support needs had improved since the last inspection. We noted care records were person centred, detailed and informed staff how each person wanted to be supported each day. This included people's daily routines such as the time they wished to get up or to go to bed, their preferred food and drink and the support they wanted with their personal care. The latter, contained detailed guidance for staff about people's ability to support themselves during personal care and what level of support, if any, people wanted. We saw records were regularly reviewed to ensure they met people's current needs. We did find that some care records would benefit from more detailed information about people's specific health needs. However, it was evident from the information provided that staff would be able to support people in their preferred way each day. Staff spoken with confirmed the care plans were useful in understanding people's preferences. This meant people received care and support in their preferred way.

The manager understood the Accessible Information Standard. The standard ensures that provisions were made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they could understand. They told us larger print documentation was available for people if they needed it and considerations for providing information in other formats was being considered with the provider. This included provided policies and information packs to people in varying sizes and languages with the aim to also provide audio versions in the future. This would ensure that people were not indirectly discriminated against.

The manager had ensured that people's religious beliefs, cultural background and preferences were considered when care was planned for them. Staff had received equality and diversity training. This helped to ensure people were not discriminated against because of their diverse needs and choices.

Most of the people told us they had not needed to make a formal complaint. The majority of these felt that staff would respond appropriately if they did. One person told us they, "I feel confident enough to (make a complaint) if I had to." Two other people could explain the process if they needed to make a complaint. The first person said, "I would ask to speak to a manager." The second person said, "I've got all their telephone numbers if I need to ring them for anything."

Records showed complaints had been reviewed and responded to in line with the provider's complaints process. We did note one complaint had been resolved with a verbal apology, but the manager acknowledged this should have been followed up with a written apology in accordance with the provider's complaints policy. We also noted the complaints policy did not refer to a specific timeframe in which the complaint would be investigated and concluded. Whilst records showed all complaints had been responded to in a reasonable timeframe, (within 28 days), the manager acknowledged this should be made clearer in

the policy. They told us they would amend this.

End of life care was not currently provided at this service. Efforts had been made to discuss the care people wanted when they neared the end of their life although this had not always translated into detailed end of life care plans.

Is the service well-led?

Our findings

During the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008. We concluded that the service provided was unsafe, did not meet people's needs and placed people's health and safety at risk. The provider sent us an action plan which explained how they would make the required improvements to meet the fundamental standards. Following this inspection, we found improvements had been made overall but further improvements were needed to ensure all people received care and support that met their needs.

During the previous inspection there was no system in place to effectively record, monitor and review accidents and incidents. What data there was, was not analysed to identify themes and trends to help reduce the risk of recurrence. At the current inspection, we found improvements had been made in some areas. There was now a clear process for recording these incidents. They were then reviewed by the registered manager and where required, they had made recommendations for staff to reduce the risk. Currently there was no formal analysis of the incidents that took place. However, from looking at the records, we did not have concerns that people had been involved in multiple incidents and no action had been taken. The manager assured us they had a good oversight of the incidents that occurred, but they would start to formally record that analysis of these incidents had taken place. This would further reduce the risk to people's safety.

We recommend the provider carries out detailed analysis of trends and themes associated with accidents and incidents that have occurred, to assist with reducing the risk to people's safety.

The manager, who had been in post for one week at our previous inspection, had now had nine months to implement their ideas and to address the widespread concerns we had raised. We found they had made progress and had reduced the immediate risk to people's safety. There was now effective recording of accidents and incidents, improvements had been made with staff punctuality, and some efforts had been made to incorporate the Mental Capacity Act 2005 (MCA) appropriately when assessing people's care needs. We found further work was still needed to improve the assessment of risk in relation to people's health and safety and to reduce the number of recording errors on people's medication administration records. Improvements were also needed to ensure accidents and incidents were appropriately analysed and that the MCA is appropriately followed when making decisions for people. However, we were satisfied that the quality assurance processes they have implemented in these past nine months has reduced the immediate risk to people's safety.

At the time of the inspection the manager was in the process of completing their application to become registered with the CQC. At the time of writing this report, we can now confirm that the manager is now registered. This is important as it is a legal requirement for all services providing regulated activities to have a registered person in post.

We were concerned with regards to the lack of assessment of the manager's performance this past nine months. We saw no evidence of the manager being set targets or having agreed actions reviewed with the

provider to ensure they had the ability to improve the service's performance and rating with the CQC. Despite this, the manager has carried out their role effectively and they have contributed significantly to the improvements made and reducing the immediate risks to people's safety. We were unable yet to judge the sustainability of these improvements, but we will be able to do so at the next inspection.

We noted a new office based staffing team were in place. We spoke with them and they could explain their roles clearly. The manager told us that relations between office based and care staff had improved and this had benefited the people who use the service. The care staff we spoke with told us they had a good working relationship with the office staff and this had improved their ability to do their job.

During our previous inspection we identified a breach of Regulation 18 of the Health and Social Care Act Registration Regulations 2009 as systems were not in place to ensure the CQC were notified of events, incidents or allegations of abuse that could affect the people supported. The provider sent us an action plan which explained how they would make the required improvements to meet the fundamental standards.

During this inspection we found systems were now in place and records showed these notifications had been sent when needed. This open and transparent approach meant we were now more aware of incidents that could affect peoples' health, safety and well-being. The manager was aware of their responsibilities to ensure the CQC were always informed of all notifiable events that occurred at the service.

At the last inspection we were concerned that people's records were not handled securely. These records were stored in a large unsecured box in the office and included people's personal information. We found improvements had been made at this inspection, however further improvements were needed. There was now a process for the safe destruction of records and archiving in line with UK and EU data protection laws. We did however, find a small number of a previous service user's records stored in a box inside the downstairs toilet of the provider's office. This toilet was easily accessible. The manager told us this was an error and the record should not have been stored there and removed the record immediately. We reminded the manager of their responsibility to ensure all people's records, whether they used the service or not, were handled appropriately and securely.

Some of the people we spoke with told us they knew who the manager was, found them approachable and that they could give them their views on how the service could be improved. However, some people felt office-based staff could improve their performance when responding to their concerns. We did find overall, that the feedback in relation to the office-based staff and the manager had improved since our last inspection.

Staff spoken with felt valued. The feedback from the staff we spoke with told us that there was now a stable staff team in place and they worked well with office-based staff. Staff rotas were now consistent and staff knew where they needed to be each week, with minimal changes to their rota. This resulted in staff feeling appreciated and people receiving care and support from a consistent team of staff.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the office and on their website.