Vale Care Limited

Vale Care Ltd

Inspection report

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Tel: 01949860681

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 6 and 7 June 2018 and was announced. At the time of our inspection visit seven people were using the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, and younger disabled adults.

Not everyone using Vale Care 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 consider any wider social care provided.

This was the first inspection of the service since they were registered on 10 March 2017. At this inspection we rated the service overall as 'requires improvements'.

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.

Pre-employment checks had not been carried out before staff worked with vulnerable people. Systems were not in place to ensure staff received appropriate induction, training, supervision and support for their roles.

Governance systems to monitor the quality of care provision was not fully implement or used effectively to drive improvements. Policies and procedures in place were not always followed to protect people's wellbeing and safety. There were limited opportunities for people who used the service and staff to share their views about the service to influence changes.

Risk assessments were in place to manage risks within people's lives. Care plans were provided information and guidance about how to meet people's needs. Information was made available in accessible formats to help people understand the care and support agreed. However, staff did not always have the information they required to provide care that met people's current needs as their care plans were not always available in people's homes.

Staff had relied on training completed in their previous employment on topics such as safeguarding and health and safety to keep people safe. The provider had identified another office where staff meetings were held.

There were enough staff to meet people's needs. Staff understood how to support people to stay safe.

People's nutritional needs were met and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager and staff team understand the Mental Capacity Act, 2005 (MCA) and gained people's consent before providing personal care.

People were encouraged to make decisions about how their care was provided and staff had a good understanding of people's needs and preferences. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff worked in a flexible way and took account of people's backgrounds and lifestyle choices to ensure continuity of care was promoted.

People knew how to raise a concern or to make a complaint. The provider had a complaint policy and procedure and complaints received were investigated.

We found three breaches 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 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 safe.

Staff were not always recruited safely.

Staff relied on their previous training completed in safeguarding and health and safety but the provider had not checked their competency. Staff followed infection control procedure and ensured people were protected from abuse and avoidable harm.

There were enough staff to provide care and support to people when they needed it.

People received their medicines in a safe way. Risks associated with people's needs had been assessed and managed safely. Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were needed to ensure staff were trained, supervised and supported in their role to ensure they had the necessary skills and knowledge to meet people's needs.

People's needs were assessed and care plans developed to ensure they received effective care and support. People made decisions and choices about their care. Staff sought people's consent. People's dietary needs were met and they accessed health care support when they needed to.

Is the service caring?

Good

The service was caring.

People were cared for by staff that were kind and caring. People were supported to make decisions about how their care was provided. People were treated with dignity and respect, and staff ensured their privacy was maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not available in people's homes for people and staff to refer to provide person centred care. People were involved in the development of their care plans but not always involved in the review of their care. Despite this people felt their care needs were met because staff knew what people needed, worked flexibly and respected their wishes.

People's needs were assessed and they were involved in the development of their care plans. These were person centred and provided staff with clear guidance about how they wished to be supported.

A complaint procedure was in place. People knew how to complain and were confident that any concern would be dealt with appropriately.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The service had a registered manager and they worked alongside staff.

The provider's governance system to monitor the quality of care was not fully implemented. Policies and procedures in place were not always followed to protect people wellbeing and safety. Systems were not in place to support staff. There were limited opportunities for people who used the service and staff to share their views about the service to influence changes.

Vale Care Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office providing care, so we needed to be sure that they would be in.

The inspection visit was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. This was returned to us by the provider and used to inform our judgement.

We reviewed the information we held about the service. This included statutory notifications regarding important events which the provider must tell us. We contacted the local authority commissioners who monitor the care and support the people receive and Leicestershire Healthwatch; an independent consumer champion for people who use health and social care services, for their views about the care provided. No information of concern was received about the provider.

We spoke with three people who used the service and five relatives of people received care and support from the service. We spoke with a health care professional involved in the care of people who used the service. We spoke with four members of staff in total; they included two care staff, a care co-ordinator and the registered manager.

We looked at the care records of four people who used the service. These records included care plans, risk assessments and daily records of the support provided. We looked at four staff recruitment files. We looked at records that showed how the provider managed and monitored the quality of service. These included

complaints, staff meeting minutes and a sample of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People were not always protected by the provider's recruitment practices. A staff member told us they had a formal interview and checks were carried out as to their suitability. However, the staff files viewed did not always contain evidence that relevant checks had been carried out. This included a Disclosure and Barring Service (DBS) check. A DBS checks helps the employer make safe recruitment decisions. Three staff files had no evidence that a DBS check and the forth staff file was empty. The files did not contain satisfactory evidence about the staff members relevant qualifications, where appropriate, employment history and proof of their identity. That showed the provider's staff recruitment procedure had not been followed. We shared our finding with the registered manager. They told us that information may have been left at the registered location and not transferred to the new premises.

The following day the registered manager had additional information for some of the staff files. Two staff members had a DBS that were over six months. No assessment had been carried out to assure the provider that the staff members were suitable to work with vulnerable people. One staff file showed that references had been requested but none had been returned. The registered manager told us that had obtained a telephone reference from the staff member's previous employer. However, the feedback had not been documented. The registered manager acknowledged that they needed to make improvement to ensure staff were recruited safely. They told us that staff would be supervised whilst the DBS checks were carried out and references would be followed up.

The provider did not follow their recruitment procedures; they did not ensure the staff who provided personal care were of good character. This was a breach of Regulation 19: Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with the care provided and staff who supported them. One person said, "[Staff] know how to handle [to move] me which makes me feel safe." A relative told us that staff treated their family member safely and if they had any concerns they would speak with the registered manager.

The provider had a clear safeguarding procedure. Staff understood how to safeguard people from abuse. Staff told us they completed safeguarding training at their previous care agency. The registered manager worked alongside the staff to check they supported and treated people safely. Staff described the different types of abuse and knew how to report abuse if they had any concerns. A staff member said, "Abuse could be different things; physical signs could be bruising or looking withdrawn. If I thought someone was being abused I would tell [registered manager]. She would tell social services."

People told us that the registered manager had carried out assessments of people's needs. The written risk assessments provided staff information about the risks people faced and how to mitigate them. These covered all aspects of people's safety such as the support people needed to move around and potential hazards within the home environment where people would be supported. Records showed risk assessments had been reviewed when people's needs had changed to promote their safety and freedom.

People's care plans contained information about the number of staff required and provided clear guidance about any equipment to be used such as a hoist and how best to support people. Staff told us they were trained to move people safely in their previous employment. Staff told us that their practices had been checked by the registered manager before they were able to support people. A person said, "[Staff] help me to stand up using [stand-aid], they stay close to me and support me until I'm steady." Another person told us that staff used the key safe to let themselves into the house. A key safe is a secure method of externally storing the keys to a person's property. This helped to ensure people's safety within their homes whilst enabling staff access to the person's home.

We saw the provider's business continuity plan. This needed to be reviewed and updated to reflect the new office premises used for staff meetings. This would ensure the guidance followed by staff in the event of any emergency remained appropriate. The registered manager assured us this would be actioned.

There were enough staff on duty to support and meet people's needs in a timely way. People told us they had regular staff who were reliable and knew them well. One person said, "I have four calls a day, it's usually the same carers, all female because that's what I wanted. They are on time but if not, then someone will call to let me know if they are running late." A relative said, "We mostly have [staff name] and she's amazing; [they] know exactly what to do."

The staff team told us that they supported the same people. This meant people received continuity of care because staff were familiar with people's needs, routines and preferences as to how they wished to be supported. The staff rota we viewed confirmed that staffing levels were managed. Staff worked flexibly, when required, for example to support people to attend medical appointments.

For people who needed support to take their medicines, information had been included in their care plan. People told us they were supported to take their own medicines by staff, and this was done when required. The medicines records viewed confirmed that staff documented when people were supported with their medicines. A staff member said, "We've been trained to remind people to take their medicines. I watch to make sure they have taken their medicines. If someone's not taken their medicines I would let [registered manager] know."

We saw that care plans did not include where topical creams should be applied. There was a risk of staff not applying topical creams as prescribed. We discussed this with the registered manager. A body chart was added to the care plan to illustrate where on the body the topical cream should be applied. The changes were shared with the staff team the same day. That showed a proactive approach to protect people from avoidable harm.

Staff understood the importance of wearing disposable gloves and aprons when undertaking personal care to reduce the risk of infection potentially spreading from one person to another. A person said, "Very professional; dressed in a uniform and trained; [staff] bring their own supply of [disposable] gloves." A relative told us, "Staff always wash their hands and always put on a fresh pair of gloves." Daily care records also indicated staff undertook appropriate hygiene measures. For example, one member of staff documented they had used gloves then washed their hands after providing personal care. The registered manager worked with staff in the delivery of care which meant they could observe staff providing care and check that staff followed the correct procedures.

The staff team understood their responsibilities for raising concerns around safety and reporting any issues to the management. We found there was no central system where all incidents and accidents were logged. We discussed this with the registered manager and they assured us that they would develop a central log

that would enable them to identify any trends so that action could be taken to prevent it happening again. This showed that the registered manager was keen to learn and act on feedback. They told us that any lessons learnt from incidents and feedback from this inspection would be acted on and shared with the staff team to ensure people remained safe. We will continue to monitor this.

Requires Improvement

Is the service effective?

Our findings

The Provider Information Return (PIR) stated that the provider employed staff with previous training and experience in the delivery of care to meet people's needs. Staff also confirmed this. One staff member told us that the induction involved working with an experienced member of staff so that they learnt how to support people. Another said, "There's not a lot of training. I did the on-line care certificate and shadowed an experienced carer. I did my moving and handling with the previous agency but no one's checked what I do." The care certificate training covers the fundamental standards expected of staff working in care. The care coordinator had completed a professional qualification in social care and was undertaking the assessors training, which would give them the skills to monitor and assess staff practices.

People were at risk of not receiving safe care as the provider had not assured themselves that staff had the skills and competencies to provide a good standard of care. Although some staff files had a few certificates of qualifications and training completed at their previous care agency, there was no evidence to confirm that staff practices had been checked. This would assure the provider and people who used the service that staff were competent, had the knowledge and skills needed for their role.

There was no oversight of the skills staff required to meet people's needs, there was no central log of training completed by the staff team or the training planned in the future. This meant the registered manager was not able to monitor staff skill mix and plan training updates. We asked the registered manager about this. They told us that staff did not work alone until they felt confident to do so. The registered manager and the care coordinator had planned to develop the staff training but had not identified who would deliver the training. This meant people could not be assured that staff were trained, had the skills and were competent to meet their needs.

Although the staff team felt supported by the registered manager but they had not received any supervisions since they were employed. Supervision is one way to develop consistent staff practice and ensure training is targeted to each member of staff. Despite this staff felt they could speak with the registered manager at any time. The registered manager told us supervision meetings would start from July 2018 but the supervision frequency, format and schedule was not in place.

A staff meeting was held in March 2018. Meeting minutes showed that they only discussed the needs of the people who used the service. That meant the registered manager missed opportunities to check staff's understanding of their responsibilities, their knowledge, to raise issues or share ideas to develop the service. When we discussed this with the registered manager, they told us that future meetings would be informative.

This was a breach of Regulation 18 (2); Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems were not in place to ensure staff received appropriate training and support for their role.

Despite the provider not providing formal training to the staff team, people told us they felt staff knew how

to support them. A relative said, "[Staff] move and handle [my family member] safely. If I had any concerns about how staff were working I would stop them and speak to [registered manager]."

People's needs were assessed prior to them using the service. One person said, "When I called [registered manager] she came out and I told her what help I needed. I felt she listened to me. I agreed what times I wanted the care and she explained how they would help me." A relative told us, "[Registered manager] was willing to listen to what [my family member] needed and adjusted the timings and care [tasks] so that it suited [them]."

Assessment processes were in line with current legislation and standards. This enabled the provider to be assured that they could meet the person's needs and had the right staff to provide the care and support. People's personal preferences, their social interests, cultural and spiritual wishes, as well as physical and emotional needs were documented. People and relatives confirmed that staff understood their needs and wishes; and provided care in line with their preferences. The staff team felt they had a good understanding of the people they cared for.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working with the MCA principles. We found no applications had been made to the Court of Protection to deprive people of their liberty. Assessments took account of people's capacity and their consent had been sought about the care to be provided.

The registered manager and staff team understood their responsibility around MCA. Staff told us they sought people's consent, offered choices and respected people's decisions. People and relatives confirmed that staff sought their consent before they received their care. One person said, "They always ask permission before doing anything to help me." A relative told us, "Even though [my family member] can't speak, [staff] always talks to [them] and will do what's needed when [my family member] says so by pointing."

People were supported to have enough to eat and drink, and to stay healthy. Where agreed, staff supported people to prepare or heat up meals, and provide drinks when required. A staff member said, "The care plans have information about what people like to eat for breakfast; lunches are usually microwave meals or sandwiches." People told us they were always given a choice of what they want to eat. One person who had meals regularly prepared by staff said, "They usually leave me a hot drink, glass of water and a snack before they go."

People were supported by staff, when required to meet their health needs. People and relatives told us that staff worked flexibly to ensure people could attend medical appointments. A relative said, she will ask me to call her if there's any soreness or concerns about [my family member]'s skin condition." A staff member told us they worked with health care professionals involved in people's care. For example, one person's care plan included information provided by the dietitian to enable staff to prepare suitable drinks which they could swallow. This meant people were supported to live healthier lives.

The registered manager and staff team knew the importance of working in partnership with other healthcare professionals to ensure people's health needs were met. This was confirmed by a health care

professional we spoke with. They told us that the registered manager promptly sought advice when people's health was of concern. That meant appropriate treatment had been provided to people which included the GP reviewing the person's medicines.

Staff ensured that people's home environment and layout where care and support would be provided was suitable and documented in their care plans. A staff member told us that they always checked equipment used to support people was in good working order such as the stand aid and emergency pendant alarms. That showed equipment and assistive technology was used to provide effective care to promote people's wellbeing and independence when needed.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were kind, caring and they were treated with respect. Their comments included, "My carers are amazing, so kind and helpful." "Staff genuinely care about me." and "[Staff names] understand what's important to [my relative]; they are kind and sensitive to [their] needs. They always have time to sit and talk to [my family member]." A relative said, "I wouldn't hesitate to recommend Vale Care because the staff are so caring." This showed people had developed positive relationships with staff and recognised staff's caring attitude and approach.

People's individuality was respected. This was evident in the care plans because the language and descriptions used referred to people in a dignified and respectful manner. Staff understood people's preferences well, for example staff addressed people by their chosen name and their morning routines. A staff member said, "We get to know them as we support them; I know what my clients can do for themselves and their daily routines because we look after the same clients."

Care plans showed that people and their relatives, where appropriate were involved in the development and review of their care plans. One person said, "I explained what help I needed and that's what I get. It's all in a plan that was agreed."

The registered manager told us that they identified and provided appropriate support to enable people to communicate. A relative said, "All the staff give good care. A spelling board is used by [my family member], they spell the word out." A staff member who supported this person said, "It showed that [person's name] still can tell us what they want us to do." This showed provider was complying with the Accessible Information Standard (AIS). Organisations that provide publicly-funded social care are legally required to follow the AIS to ensure people with a disability or sensory loss can access and understand information they are given.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices. Care plans had information about the person's life history and included how they preferred to communicate. This helped staff to support people appropriately. People could have an advocate if they needed support to make decisions, or if they felt they were being discriminated against under the Equality Act, when making care and support choices.

People's dignity and privacy was respected. One person said, "They help by washing my back and I manage the rest." Relatives said, "[My family member] is kept clean, always has a clean vest and shirt on." and "[Staff] would make sure [my family member] is positioned comfortably and covered up when in bed." A staff member said, "I always close the curtains and shut the door. I use two towels one to dry them and the other used to cover them and to stay warm."

Staff respected people's confidentiality. There was a policy on confidentiality. This provided staff with guidance on sharing information on a need to know basis. Information relating to people who used the service and staff was stored securely. The registered manager had made the relevant changes to comply

with General Data Protection Regulation, (GDPR) that relates to how people's personal information held by the provider is managed. A certificate that showed that the provider complied with the Data Protection Act.

Requires Improvement

Is the service responsive?

Our findings

People told us they were provided with information about the service before the package of care commenced. This included the aims and objectives of the service, an explanation of the assessment process and details of what the person could expect from the service. It informed people that they would not be discriminated under the Equality Act, based on their gender, race, religion and lifestyle choices, amongst others.

Records showed that people were involved in the development of their care plans. These were personalised to reflect people's background, preferences as to how they wished to be supported and their interests and contact with family and friends.

Despite care plans being personalised not everyone had a copy available in their home. That meant staff were reliant on remembering the support people needed or would have to ask the person or contact the office. A relative told us that they had been a 'mix-up' with the invoicing but were unable to confirm the agreed frequency and length of each care call because a copy of the care plan was not always kept in the person's home along with the daily activity report which staff completed. That meant people could not always be assured of receiving care and support that had been agreed. For example, support people needed with their medicines and any food tolerances where staff prepared people's meals.

We shared our findings with the registered manager. They assured us action had been taken in relation to the invoices and that they would ensure a copy of people's care plans were available in their homes, which staff could refer to. We will continue to monitor this.

We received mixed response when we asked people whether they had been involved in the review of their care. One person said, "Review, I'm not sure." Another person said, "[registered manager] pops in to check if I'm happy with my care. If I need something changing, then I agree it with [registered manager]." A relative told us that their family member's care needs had been reviewed as their health had deteriorated. Another relative said, "A review is due and [registered manager is aware. We haven't fixed a date yet." No one expressed any concerns that their needs were not being met by the staff team. Staff we spoke with were aware of people's preferences. In addition, staff told us that they supported the same people regularly. This helped them to get to know people and their preferences and daily routines.

Staff told us that they were provided with updates about any changes to call times or changes to people's needs via telephone calls or text message. A staff member told us that if there were any concerns about a person, they would contact the registered manager who would advise them and if necessary notify their relative.

People's independence was being promoted. One person said, "[Staff] work in a flexible way. It's never a problem to change the [call] time or need an extra call. They are very accommodating." This person explained that the changes to call times meant they could attend appointments or visit friends. A relative said, "[Staff] are great with [my relative]. They have gone above and beyond; they give clear guidance to [my

relative] on how to get up. They have managed to get [them] out into the garden, which [they] like."

We received positive feedback from a social care professional about the service. They told us that staff were sensitive to people's needs and felt that people received person centred care because staff listened to what they wanted and were responsive when there were any concerns about people's health or safety. They told us that one person received prompt medical treatment because staff reported concerns about their health. This was an example of people receiving responsive care.

The provider had a policy in place to guide staff to support people at the end of their lives. Staff and people who used the service and their relatives could access to information about bereavement and counselling. The registered manager and some staff had been trained in their previous employment to provide end of live support to people. The registered manager told us that they and the staff team supported people at the end of their life to receive treatment to manage their symptoms. Records for one person showed that their wishes had been sought and recorded in the advanced care plan which included their resuscitation wishes. This assured people that staff would act upon their wishes.

People and their relatives knew who to contact if they were unhappy about the care provided and were confident that their concerns would be taken seriously and addressed. One person said, "I haven't got any complaints. [Registered manager] pops in regularly so I tell her if there was a problem." A relative said, "[Registered manager] has dealt with issues that we have raised." Another relative told us that their family member's personal hygiene had improved which showed that complaints were taken seriously and acted on. Another relative said, "If there were any problems I would speak with [registered manager]."

A formal complaint process was in place to manage and respond to complaints. Records showed that complaints were handled appropriately, investigated and action taken. Information about advocacy service was available to people should they need support to make a complaint. That meant people could be assured their complaints would be listened to and acted on.

Requires Improvement

Is the service well-led?

Our findings

The provider had a system to monitor the quality of care but it had not been fully implemented. There were no central systems to enable the provider and registered manager to manage and monitor the service. For example, incidents, accidents, complaints were all logged in people's care files. That meant the registered manager could not identify any trends or patterns of concerns and act.

The provider had policies and procedures in place that reflected the current professional guidance and standards. For example, the medicine policy referred to best practice guidance such as NICE (National Institute for Health and Care Excellence) on the handling of medicines in social care. However, procedures were not always followed. For example, pre-employment checks had not been carried out new staff which confirmed that recruitment procedure had not been followed to protect people from unsuitable staff.

Regular audits and checks were not always carried out. Information contained in people's care records were not always checked to ensure information was current and appropriate to meet people's needs. The daily reports completed by staff had been returned to the office each month and checked. We noted that any gaps the records were not always clarified or addressed with the staff member who had completed the records.

The provider had not audited staff files which would have identified that the missing information. The lack of checks carried out did not ensure that staff were suitable to support people. There was no system in place to ensure staff were trained, or their competence and practices had been assessed and that they were supported in their roles. The only staff meeting had been held in March 2018. The meeting minutes showed that the needs of people had been discussed. There were no updates from the previous meeting, no information about training or developments within the service or no opportunity for staff to share ideas to improve the quality of care provided.

The provider did not have a system to check people were receiving their care as planned. Staff practices were checked through an unannounced spot check. A sample of the spot check forms showed that staff were on time, wore their uniforms, followed infection control procedures and the care and support provided. However, as no care plan was kept in people's homes it was difficult to ensure all the agreed support had been provided to the person's satisfaction. We also noted that people were not always asked to provide any feedback. Records showed the frequency of reviewing people's care and support needs varied, unless their needs changed. This meant people had limited opportunity to check whether the care plan in place remained appropriate.

We asked the registered manager how they sought people's views about the service they received. They told us, "Any concerns about staff practices or if any of the clients raise any issues, I deal with in immediately. We haven't had any concerns." They told us that they had planned to develop surveys that were meaningful and the feedback used to develop the service.

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

2014.

People's views about the care had been sought individually. One person said, "[Registered manager] always asks if I am happy with the care and if I have any concerns." A relative told us that the registered manager provided care to their family member occasionally. They said, "[Registered manager] is approachable and I'm sure if there was something that could be improved, she would do it."

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

The registered manager knew that they needed to notify CQC of any significant events and incidents within the service. They were aware of the legal requirement to display the registration certificate, inspection report and rating from this inspection. It is a legal requirement that a provider's latest CQC inspection report and rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

The registered manager had understood what good care looked like. They acknowledged that as a new provider there were some areas that needed to improve. They felt that they had learnt from this inspection visit and assured us that they would make the required improvements. This would enable the provider to be assured that people would receive the support from well managed provider.

Staff told us the registered manager provided leadership and they felt supported. One staff member said, "[Registered manager] came out immediately to re-assess [person's name] when I called her. She responds quickly and is always on the end of the phone."

A health care professional told us that the registered manager was approachable and responsive to ensure people's needs were met. People's care records showed that the registered manager worked in partnership with other agencies to improve people's quality of life.

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 17 HSCA RA Regulations 2014 Good governance Governance systems were not in place to manage and monitor the quality of service provided, effectiveness of staff and to drive improvements. There were limited opportunities for people who used the service and staff to share their views about the service to influence changes. Regulation 17

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff were not recruited safely to ensure people were protected from unsuitable staff. Regulation 19.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems were not in place to ensure staff received appropriate training and support for their role. Regulation 18 (2)