Pulse Healthcare Limited

Pulse - Plymouth

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Pulse - Plymouth is part of Pulse Healthcare Ltd and is a domiciliary care service that provides complex care and support to adults of all ages in their own homes. The service supports people, at specific times of the day and/or night, who may have clinical and specialist care needs. At the time of the inspection ten people were receiving support with personal care needs.

A registered manager was employed to manage the service locally. 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.

People were supported, when required with their medicines and healthcare needs. People's medicines administration records, (MAR) were not always completed accurately, which meant it was difficult to know which medicines had been administered and which hadn't. Where people had been prescribed medicines to be taken, 'as prescribed,' people's records did not always include details to guide staff when they would need administering. Staff had received training on administering medicines and people told us they responded to any health concerns quickly. Comments included, ""They're straight on it. They don't hang about."

People had risk assessments in place to identify any risks related to their needs but these did not always include clear information about what staff needed to do to help mitigate the risks.
The quality of the service was regularly monitored by the provider who undertook a range of regular audits. The registered manager also spoke with people regularly to ensure they were happy with the service they received. However, these audits had not always identified the issues we highlighted during the inspection and where concerns had been identified, changes had not always reduced the risk of reoccurrence.

The service followed a thorough recruitment procedure. However, staff's full career history was not routinely requested, as required, to help ensure people were only supported by staff who were suitable to work with vulnerable adults.
People told us they felt safe using the service. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. People told us they received support from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "They're thoroughly trained."

People told us staff were caring and staff members described the importance of helping to maintain someone's privacy and dignity. People were supported staff who gave them choice about how they received

their care and used different forms of communication according to people's needs.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and how to recognise that someone no longer had the mental capacity to make decisions for themselves.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by other senior staff who had designated management responsibilities. People told us they knew who to speak to in the office and had confidence in the management and staff team.

We saw accidents and incidents had been reported promptly and any actions had been overseen by the relevant staff team within Pulse Healthcare Limited, to ensure they were sufficient and timely.

We found a breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's risk assessments did not always contain guidance for staff about how to mitigate risks to people.

People's medicine's administration records (MAR) were not always completed accurately and there was not always clear information for staff about when to administer medicines that had been prescribed to be taken 'as required'.

Staff's full career history was not routinely requested, as required, to help ensure people were only supported by staff who were suitable to work with vulnerable adults.

People told us they felt safe using the service.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they suspected or witnessed abuse or poor practice.

Is the service effective?

Good

The service was effective.

People told us they received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Staff had a good understanding of the Mental Capacity Act and were confident they would recognise when someone's capacity changed.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

People's privacy and dignity was protected.

People's different communication methods were respected by staff to help ensure people could communicate their needs.

Is the service responsive?

Good

The service was responsive.

People's clinical care plans were very detailed and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Requires Improvement

The service was not always well led.

Concerns we identified during the inspection, including lack of detail in risk assessments and inaccurate recording on MARs, had not been previously identified or acted upon.

Where concerns had been identified, for example, staff lacking confidence to complete specialist care interventions, changes made had not reduced the likelihood or reoccurrence.

People feedback was sought regularly and their views were valued.

Staff were motivated and inspired to develop and provide quality care.

Pulse - Plymouth

Detailed findings

Background to this inspection

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

The inspection took place on 12, 18 and 20 October 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

The inspection was made up of two inspectors.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we reviewed four people's records in detail. We also spoke with three staff members and reviewed three personnel records and the training records for all staff. We were supported on the inspection by the registered manager.

Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, minutes of meetings and policies and procedures.

After the inspection we spoke with three staff members, a relative and a social care professional. This was a social care case manager who had referred people to Pulse for support.

Requires Improvement

Is the service safe?

Our findings

Some people required assistance from staff to take their medicines. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. Staff who administered medicines had received training and regular competency assessments of their ability to safely administer medicines.

Where necessary, medicines administration records (MAR) were kept in the person's home. These were not always completed accurately. We looked at MARs for four different people and each of these had gaps where medicines had not been signed for or 'X' marked instead of a signature, with no explanation as to what this meant. Where medicines had been stopped or changed or gradually reduced, this was not always clearly noted on the MAR.

When people had medicines prescribed to be taken 'as required' there was not always information available for staff detailing when it would be required. The registered manager told us the nursing staff checked MAR when visiting people and when they had been completed and returned to the office. However, the errors in recording had not been brought to the registered manager's attention. The registered manager told us they would ensure they had a greater oversight of the work the nursing staff were responsible for, in the future.

Staff members told us they understood the MAR and what each person was prescribed. A staff member told us, "Any changes to medicines are always handed over verbally, put in the communication book and on the MAR." No incidents were identified during the inspection where people had not received the correct medicines.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. The risk assessment included the level of risk but did not always include action staff needed to take to minimise the risks, where possible. For example, one person's risk assessment identified them as having a high risk of developing a pressure ulcer but the risk assessment did not conclude what actions should be taken to reduce this risk. There was no evidence people had not received safe care but the lack of information meant staff may not always be aware of best practice for supporting that person. The registered manager told us they would ensure this information was included in the future. The registered manager explained that people who were assessed as at a higher risk, because of their health and clinical needs, were contacted by the on call staff member every day to check whether there were any problems.

Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. One staff member confirmed, "My references and DBS (disclosure and barring service) check were cleared before I started my training." However, new staff had not been asked to provide a full career history, as required. The registered manager told us the provider had recently changed the service's processes to only ask for a ten year history. They confirmed they would feed this back to the provider and ensure they checked full career histories in the future. Following the inspection, the registered manager confirmed the provider had changed their policy to check new staffs' full

career history with immediate effect.

People told us they felt safe. People told us they felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Staff told us they had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. One member of staff commented, "We do safeguarding training once a year. It's really thorough."

There were sufficient numbers of staff available to keep people safe. People confirmed the correct number of staff always attended calls and for the allocated time. For example, if two members of staff were needed to support someone to move or to use specialist equipment, two always attended. Staff were matched to support people on an individual basis and therefore had the right skills, competencies and experience to meet their unique needs. As far as possible, people had a designated team of staff who supported their needs. This meant they got to know each other well. One person told us, "I have the same carers, so they know what to do"; and a member of staff confirmed, "I like to be a regular carer and then I can see any changes. It's important to the client too to have regular carers." People were informed in advance which staff member to expect and if there were any changes, these were communicated, where possible. A staff member also told us, "If I go to a new client, the office staff phone first to check it's ok for me to go." People confirmed they did not have missed calls, staff were rarely late and any delay to staff arriving was communicated to them.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and acted promptly. Records showed appropriate action had been taken, and where necessary changes had been made to reduce the risk of a similar incident occurring in the future. The PIR stated: "Incidents and complaints are logged on our risk management system; they are managed by our complaints and incidents team who provide regular feedback and trends on both local and business wide incidents and complaints." The registered manager added that the same team checked that all appropriate actions had been taken, within the correct timeframe, before the incident record could be closed.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's comments included, "They're as good as gold. I'm well catered for", "They're thoroughly trained. They're [the company] are very strict with it." A social care professional told us they felt the staff were all professional and respectful. The registered manager added, "The staff work to a very high standard. They are fab at what they do" and the PIR stated. "The individual care workers are excellent, decent, hardworking, committed professionals. I am happy to say that there is a very good team of professional support workers on board."

New members of staff completed a thorough induction programme, which included being taken through the service's policies and procedures along with training and competency assessments to develop their knowledge and skills. A staff member told us, "Their training was amazing." The registered manager explained they had developed a checklist of tasks new staff needed to shadow during this time. The checklist was specific to the person they were supporting to help ensure the staff member had shadowed each separate element of the person's care. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. The PIR stated, "Staff have a period of shadowing before they are assessed and deemed competent by the registered nurse, before working independently." Staff members confirmed they were able to do as many shadow shifts as they felt they needed. Comments included, "You can say after shadowing if you feel competent or not. They would give you more shadow shifts with someone assessed as competent, then they assess you again" and "If you don't feel confident, you get more training. They'd never make you do something you weren't comfortable with." The registered manager told us competency assessments were repeated at least once per year to help ensure staff remained safe at each task required of them.

Prior to the inspection, concerns were raised regarding a staff member's competency to use specialised equipment. We found some staff's competency assessments had not been completed in detail. The registered manager told us they were aware of this and assured us they would monitor responsibilities delegated to other staff members, such as competency assessments, more closely in the future. Following the inspection we were made aware of a further concern regarding staff's competence to deliver a specialist care intervention. We were told by the registered manager a staff member became 'flustered' whilst using complex equipment. These concerns are currently being investigated.

A new induction programme was also being designed for new staff. The PIR explained, "It will guide all our internal employees through the first six months of their employment with PULSE, the induction is role specific and is made up of coaching sessions, online and classroom training." The registered manager told us the Care Certificate was due to be implemented as part of this induction. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

On-going training was planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs, such as Epilepsy Training and Catheter Care. The registered manager explained staff were required to achieve a high pass rate on tests of their knowledge following the training. They told us, "Its complex care. If

staff can't pass the training, we can't use them." Where necessary, a nurse attended people's home to train staff how to meet someone's individual needs. One staff member confirmed, "A nurse came out specifically to show us how to use a piece of equipment with one man." Staff told us they had the training and skills they needed to meet people's needs. Comments included, "The training is taught by nurses who have all the equipment to show us what to do", "I would ask if I didn't feel I had enough training" and "I asked to repeat some training to make sure I felt confident and they were fine with that."

Whenever staff supported someone they had not worked with before, they attended training courses relevant to the person's needs and completed a competency assessment which was carried out by a qualified nurse. Staff comments included, "I've just started working with a new client who has different needs. A nurse comes in to do a shift with us, watches us do things, and asks us questions. Then they sign you off. We can't do it alone until they've signed you off." One staff member told us, "Every person is different so you would shadow an experienced member of staff before you're allowed to do things yourself."

People were only supported by staff who were up to date with their mandatory training and training specific to the person they were supporting, this included regular practical assessments of their competence to complete certain procedures correctly. The PIR stated, "Our systems, policies and processes do not allow workers to be booked into shift unless their recruitment file is fully compliant and they have attended all the relevant training required. Our database will also not allow staff to be booked into shift unless they have been deemed competent in the client's care needs."

Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us, "They observe clinical tasks during supervision and chat about whether you have any concerns. They listen and they've always acted when I've raised anything" and "During supervision, they always check I'm ok and comfortable with the work." Staff also told us they were supported by an on call system where they could get clinical advice, if needed. One staff member told us, "There's always a nurse on call if you need to know anything." Other staff confirmed, "They are a great support there's always someone there to give you advice; even if it's out of hours. They get back to you quickly with the advice you need then they ring back later to check everything's ok" and "They've been brilliant with just listening, if it's been a difficult day."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training on the MCA but no-one was currently assessed as lacking capacity. One staff member told us, "I would recognise changes to someone's capacity and I would inform the office and document it."

People told us staff always asked for their consent before commencing any care tasks. Staff members told us, "I would always seek consent before I do anything because I'm in their home" and "I always ask first and explain what I'm doing." People had been asked to sign their care plans to confirm they consented to the care they received, as described in their care plan. The care plans also reminded staff to gain consent before commencing any care tasks.

People told us they were able to make choices about what they had to eat. A staff member confirmed, "It's down to what the person wishes." Staff were all aware of people's dietary needs and preferences and told us they had all the information they needed regarding people's individual needs. Where people received their nutrition via enteral feeding (through the stomach wall) their nutritional care plan identified clear details for

staff about how this was to be done. Records were kept were necessary and concerns about people's weight was highlighted and referred to a healthcare professional if necessary.

People were supported by staff members who were sensitive to their health needs. Some people who used the service made their own healthcare appointments and their health needs were managed by themselves or relatives. However, staff were available to support people to access healthcare appointments if needed and liaise with health and social care professionals. Staff comments included, "If someone is unwell. We speak to the staff member in charge of their care package. They are always knowledgeable and give the correct advice" and "We report changes to the office, the family member, record it and hand the information over to colleagues too." For example, someone recently had experienced pain in their foot. The staff member told us they first contacted the office and then the district nurse, who attended and advised the person to keep their bedding off their toes. The staff member explained, "We are waiting for the correct equipment to do this, but in the meantime we worked with the family member to find a way to keep the bedding near their feet elevated." One person confirmed staff had acted promptly whenever they had felt unwell saying, "They're straight on it. They don't hang about."

Where people had particularly complex clinical needs, symptoms of syndromes they may be susceptible to were clearly detailed for staff, as were instructions for staff regarding what action to take. Emergency packs were also available in people's homes, where required, which included spare parts for the equipment people used.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and social care professional told us they felt the registered manager and staff cared about the people they supported. Staff members told us, "I love working with the clients. Even if you go to the same client every day, there's always something different."

Staff respected people's privacy and dignity and were aware of confidentiality when visiting people. Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented how they would cover people as far as possible when providing personal care and ask others not to come in during this time. They would also shut doors and curtains and talk to people throughout. They said, "I understand how people feel as I have experienced some of the procedures myself." Another staff member told us, "They're human beings. You should always treat people how you want to be treated." People's care plans included information for staff about what they could do to help maintain each person's dignity.

People told us staff were respectful of people's homes and belongings. Staff members explained, "I behave in a manner that is appropriate for being in someone else's home and I make sure I put people's belongings back in the right place" and "When I was learning and had to observe people's care, I always said, 'Thank you for your patience and understanding' to the client, before I left." A recent staff meeting had been used to remind staff of the importance of remaining professional at all times when supporting people and respecting people's family, house and belongings.

Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. Staff had recorded in one person's notes that when supporting the person to meet their friend, they then "withdrew, to facilitate the person's independence." The person was also supported to go swimming and shopping, which were activities the person had chosen. The registered manager told us about another person, "Even though [….] cannot move they still have full control over what happens in their home. That's what it's all about."

People, where possible, received care and support from staff who had got to know them well. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records.

Staff knew people's individual communication skills, abilities and preferences. They supported people to use different forms of communication to enable people to make decisions and their needs known. One relative explained how their family member was supported to write things down so staff could understand what they wanted. Another person's care plan detailed a computerised communication aid they used to indicate their wishes stating, "Staff to ensure […] is able to reach their communication aid at all times." A staff member also explained, "I know with some people to ask questions so the answer is only 'yes' or 'no', so it is easy for them to respond." This helped ensure people's opinions were sought and respected.

People confirmed, staff listened to them and took appropriate action to respect their wishes. One person

commented, "If there's anything that doesn't suit, I shout about it and they listen. We have a good laugh but my word is law!"

People were given the information and explanations they need, at the time they needed them.
Staff members told us, "I tell them every single thing we're going to do when we're providing care" and "We always explain what we're doing before we do anything."

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. Two staff members had attended specific training to become end of life champions so they could advise on this process. The service had also achieved accreditation from a local hospice for the quality of end of life care they offered. People at this time, received care, as much as possible from the same care worker or team of care workers.

Good

Is the service responsive?

Our findings

People had care plans that explained in clear detail how they would like their clinical needs to be met. These included guidance for staff about how to perform each procedure and what signs and symptoms to be observant for which might indicate a health concern. These were accompanied by clear instructions to staff about what action to take if they identified the person was becoming unwell. The registered manager told us pictorial reference was available in people's homes to further guide staff with the use of equipment. The care plan also contained contact details for the office and those health care professionals involved in people's care, such as the home ventilation team.

The PIR stated, "We ensure that our clients, family & friends are included in the design of their care package to ensure that its person centred and caters to all of their social & clinical needs." However people's preferences around their non-clinical support needs, such as washing and getting dressed were not always described in detail. This meant staff may not consistently be supporting people in the way they preferred. A staff member also told us, "It would be good to know more about people's life history. It helps with making conversation. The care plans aren't so much about the person as their health needs." The registered manager told us this information would be added in the future.

People were involved in planning their own care and making decisions about how their needs were met. One person told us, "I've had several staff here to do my care plan. They have involved me in it and it covers what I want." One person had chosen to complete their own care plan about how they wanted their care delivered. This was recorded in the person's notes and respected by staff. Staff told us support plans were kept up to date and contained all the information they needed to provide the right care and support for people

People told us their needs were reviewed regularly and as required; Where necessary health and social care professionals were involved. The PIR explained, "We are constantly reviewing and requesting feedback from all persons involved in the support of the client. During these reviews the client, their family and their workers have the opportunity to provide us with feedback about the service they receive. Our reviews include their satisfaction with staffing, standards of infection control, courtesy, time keeping, response to their changing needs and explanation of their needs. We encourage our clients, workers, family members or advocates to contact us immediately if there are any issues and not wait until a review."

The service was flexible and responded to people's needs. Some people had support on a 24 hour, seven day per week basis. Other people had set hours during the day or night dependent on their assessed need. The PIR stated, "We have dedicated case managers who would address any changes people require; for example, would they like the carers to come in late one day, change their hours or roll over hours."

People were supported to follow their interests as far as possible. Individual preferences and disabilities were taken into account to provide personalised, meaningful activities. The registered manager told us, "Some people take their staff on holiday with them and we support them to make sure everything they need is in place for a safe holiday."

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. There was a specific team within the wider organisation who dealt with complaints and made sure they were investigated and responded to in good time. People told us they had no complaints. Comments included, "The carers they've sent have been really good. I've no complaints at all" and "I can't fault them."

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led.

There was a quality assurance system in place to drive continuous improvement within the service. The PIR stated, "Audits are conducted internally unannounced on a quarterly basis, action plans are agreed, reviewed and signed off when completed." The registered manager explained this included a separate clinical governance audit which looked at MAR and clinical care plans. The registered manager explained, "It's all to strive for quality so it's good." Nursing staff were also responsible for auditing MAR, once they had been returned to the office. However, recent audits had not identified the concerns identified during this inspection, for example the inaccurate recording on MARs or the lack of detail in some risk assessments.

Competency assessments had not always been completed in detail. The registered manager told us they had identified improvements needed to be made and had taken action. However, following the inspection, a second significant concern regarding staff competence was raised by relatives. The registered manager told us a new staff member had become flustered whilst delivering a specialist care intervention despite having been recently assessed as competent. This showed the registered manager had not reviewed the effectiveness of the competency assessment following the changes made.

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

People told us they knew who the registered manager was and had seen them regularly. They told us they felt confident contacting the office and the registered manager, and felt they were listened to. A social care professional told us they thought the registered manager had been excellent supporting them find appropriate staff for someone.

There was a clear structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service and knew people and staff well. They were supported by other senior staff who had designated management responsibilities.

Staff were positive about how the service was run and told us they felt empowered to have a voice and share their opinions and ideas they had. Staff meetings were held to provide a forum for open communication and covered any changes to people's needs or concerns staff had. The registered manager told us, due to someone's needs changing, a respiratory nurse had attended a team meeting, to explain to staff what the changes were and what actions staff needed to take. The registered manager told us it also gave staff the opportunity to discuss their feelings about the changes to the person's health.

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. The PIR explained a recent staff survey showed a lack of effective relationships between different levels of staff. It stated, "We have now introduced regular meetings and forums and this year the survey has

shown an increase in the positive responses." Staff told us they were confident raising any concerns they had and were always listened to.

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. A social care professional told us they felt the agency was one of the best they had worked with and that they responded very quickly to any requests made of them.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The PIR stated, "We also have a whistleblowing scheme for all our field staff which is called the Boomerang Scheme. All field staff get a letter from the director with personal pledge that if they have issues and are not being resolved or listened to they can contact her by emailing their issues or concerns directly to her using this scheme." Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

People and those important to them had opportunities to feedback their views about the quality of the service they received. People told us the staff and registered manager regularly asked them if they were happy with the service. The registered manager told us, "I go out to do reviews as well, so people have the opportunity to speak with different staff members." In addition a customer satisfaction survey was sent out twice per year and the results were sent to people outlining any improvements being implemented as a result.

The registered provider had introduced a policy in respect of the Duty of Candour (DoC) and understood their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always ensured that risks relating to the health, safety and welfare of service users were assessed and monitored or that an accurate, complete and contemporaneous record was maintained for each service user, which included a record of the care and treatment provided to the service user.