Admiral Care Ltd

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

Summary of findings

Overall summary

The inspection took place from 2 to 4 November 2016. We gave the provider 48 hours' notice of our intention to inspect to make sure people we needed to speak with would be available.

When we inspected this service in July 2015 we found breaches of legal requirements, we gave the service a rating of inadequate and placed it in special measures. We inspected the service again in April and July 2016. We found some improvements had been made but the service was still inadequate in one key area and remained in special measures. People were not properly protected against risks to their health and wellbeing. Training was not always effective in making care workers aware of their responsibilities where people lacked capacity to make decisions. People's care did not always take into account their preferences. Improvements were needed to management systems, quality assurance processes and people's care records.

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

Although the service was no longer in special measures, there remained one continuing breach and one new breach of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the end of the full version of this report.

Admiral Care Limited provides personal care to people in their own homes. At the time of this inspection the service provided personal care to 57 people with a range of needs including people living with dementia, older people, and people with a physical disability.

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 provider did not always make sure people's medicines were managed properly and safely. However processes were in place to protect people against other risks to their safety and welfare, including the risks of avoidable harm and abuse. The provider carried out recruitment checks to identify that care workers were suitable to work in a care setting.

Records to do with people's care were not always accurate and up to date. The registered manager had appropriate management systems and procedures to monitor and improve the quality of the service.

The provider supported staff to deliver effective care by means of a programme of training, supervision and

appraisal. Staff were aware of the need to obtain people's consent to their care. Where people lacked capacity, staff were aware of the legal requirements to protect people's rights. Where people's care plans included support with people's food and drink, the provider supported them to maintain a healthy, balanced diet. Care workers supported people to access other healthcare services as necessary.

Care workers had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. The provider carried out checks to make sure people received care in line with their plans. People were aware of the provider's complaints procedure, and complaints were investigated and managed in accordance with the procedure.

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 were not always protected against risks associated with medicines because processes in place to make sure medicines were administered safely were not always followed.

People were protected against other risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to care for people according to their needs

Staff were guided by the Mental Capacity Act 2005 where people lacked capacity to make decisions.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

Is the service caring?

Good

The service was caring.

People had developed caring relationships with their care workers.

People were encouraged to participate in decisions affecting their care and support.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care and support met their needs and took account of their preferences.

There was a complaints procedure in place, and complaints were dealt with according to the procedure

Is the service well-led?

Requires Improvement

The service was not always well led.

People's care records were not always complete, up to date and consistent.

A management system and processes to monitor and assess the quality of service provided were in place.

Admiral Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place from 2 to 4 November 2016. We gave two days' notice of our visit to make sure people we needed to speak with were available. 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. On this inspection the expert by experience had experience of caring for a relation who used this type of service.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke on the telephone with 14 people who used the service and four relations who were closely involved with their loved one's care. Three people gave their consent for us to visit them in their own homes. We spoke with them, their relations and care workers, and looked at their care records.

We spoke with the registered manager and other members of staff, including the deputy manager, training manager, a total of nine care workers, and a senior care worker. We also spoke with two external professionals who were involved with the service. One of these was a healthcare professional

We looked at the care plans and associated records of a total of nine people. We reviewed other records, including the provider's policies and procedures, records to do with staff training, supervision and appraisal, the provider's improvement action plan, quality assurance survey returns, medicine administration records, and mental capacity assessments. We looked at the staff handbook and other information given to staff, and information given to people when they started to use the service. We saw the provider's complaints and compliments file, logs of notifications and safeguarding referrals, and logs of accidents and incidents. We reviewed the personnel and recruitment files of five members of staff.

Requires Improvement

Is the service safe?

Our findings

When we inspected Admiral Care Limited in April and July 2016 we found concerns with arrangements to make sure people were protected against risks to their health and welfare, including the risks of avoidable harm and abuse. There were breaches of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in April and July 2016 the provider had failed to manage risks to people's health and welfare. This was a continuing breach of Regulation 12 (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area and the provider was meeting the requirements of this regulation. However we found concerns about the safe management of medicines and identified a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relations told us their care workers supported them in a way that kept them safe. One person said, "I do feel safe with them. They have to help me with [personal care] and they are very patient with me." Another person's relation said, "Yes, [Name] is safe. He has all the equipment he needs as he is not very mobile."

The provider had introduced new forms for assessing risks. These were designed to be used for all types of risk. They guided staff to identify hazards and how they were controlled, the degree of risk, actions to take, the person responsible and target date.

We saw individual risk assessments to guide staff how to manage risks including falls, pressure injuries, behaviour that challenges, choking, and risks associated with specific medical conditions and their associated treatments. Guidance in the assessments was individual to the person. One person whose safety would be at risk if they went outside unaccompanied had a risk assessment which guided staff to make sure the person's care was "structured", included activities and exercises, and prompted staff to ask if the person would like to go out.

Where people's care included the use of equipment, for instance to support them to move about, there were detailed instructions for staff. Risk assessments contained guidance for staff on when they should call the person's GP or contact the community nurse. Where a person was at high risk of falling, there were instructions for staff on what to do if they arrived at the person's home to find they had fallen since their last call.

One person who was identified as being at risk of choking occasionally declined measures designed to reduce the risk, such as using a thickener in their drinks. As the person had capacity to make decisions in this area, there were agreements in place with the person and their family to allow them to have drinks according to their preferences. There were detailed instructions for staff how to keep the person safe while respecting their freedom to make choices about their care.

People we spoke with who were supported with medicines told us they received their medicines on time and that staff kept the appropriate records up to date. Where we could observe practice and talk to staff about how they administered people's medicines, this was done safely. People's care plans identified where staff should support people with medicines and where people chose to do this themselves. Instructions included information about medicines prescribed to be taken "as required". There were detailed instructions where a person's dose varied according to their weight.
One person was supported to take over the counter medicines which had not been prescribed but purchased by their family. This was in line with the provider's policy.

However we found examples where records did not demonstrate that medicines were handled and administered safely. One person's medicine records were incomplete and contradictory. Lists of medicines in their care records did not include all their prescribed medicines. There were two separate lists of medicines which contained different information. Care workers recorded the medicines given on medicine administration records (MARs). There was no MAR in place for paracetamol to be given "as required". Care workers and the person's family confirmed they would support the person to take paracetamol if they were in pain.

Most of this person's medicines were supplied in a "nomad" blister pack. MARs were in place for the medicines in the blister pack, but there were no MARs for three medicines provided separately. There was a form in the person's care records called "Short term medicines and medicines outside nomad", but it had not been filled in. Other medicine records were inconsistent with the actual medicines prescribed. A medicine described as a 100mg tablet was actually provided in liquid form. Another medicine described as a 20mg capsule was actually provided as a 30mg capsule with a different brand name from the name in the records. Instructions for care workers on how they should administer medicines and support the person to take their medicines were contradictory.

The person had capacity and their family were closely involved in their care and support, but the incomplete and contradictory records meant they were at risk of not receiving their medicines safely and appropriately. This was a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in April and July 2016 the provider had failed to make sure staff were adequately prepared and trained to recognise the signs associated with the various types of abuse. This was a continuing breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area and the provider was meeting the requirements of this regulation.

People told us they felt safe with their care workers. One person said, "I have never felt any threat. They never let me down, and I have got to know them all." Another person said, "We trust them all and they are always on time." A third person said, "I do feel safe. They are a good set of girls… I do get different ones, but I have seen them before."

The provider had taken appropriate steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. They gave us examples of how people's behaviour and body language might indicate concerns. We saw records including body maps which showed staff reported concerns such as bruising. These were investigated, and when explained, the records stayed in the person's file to enable staff to monitor any improvements. Staff were confident any concerns would be handled promptly and effectively by the registered manager.

The provider had put in place induction and refresher training to maintain staff knowledge about safeguarding. This was followed up by quizzes and questionnaires in individual supervision meetings and staff meetings. Records showed training in safeguarding adults was all up to date, and staff told us they had received the relevant training workbook.

Suitable procedures and policies were in place for staff to refer to. These included information about the types of abuse, neglect and principles of safeguarding, case studies, spotting signs of abuse, responding and reporting. The policy included the role of the registered manager and of the local safeguarding authority.

The registered manager was aware of processes to follow if there was a suspicion or allegation of abuse. Where staff had reported concerns, the registered manager had notified the local safeguarding authority and us where appropriate. The manager had also requested and attended meetings with the local authority. The provider protected people against the risk of abuse and followed appropriate processes when concerns were raised.

The provider had arrangements in place to keep people safe in an emergency, for instance if they had to leave their home urgently while being supported by staff. There were policies in place to maintain continuity of service in the event of bad weather, failure by a utilities provider and other events outside the provider's control.

There were sufficient numbers of suitable staff to support people and keep them safe. None of the people we spoke with had concerns about missed calls, and staff told us they were able to make calls as required in their rota. Where more than one care worker was required to support a person, the provider was able to meet this need. During our inspection we observed that the provider was able to provide unplanned support to a person who declined to visit their day care service. Another person's relative told us that the provider had arranged additional support within 48 hours when the person's needs changed.

The registered manager told us they maintained staffing levels and recruited to specific needs, for instance if there was a vacancy for a driver or if a person had specified male or female care workers. Office staff had trained to be able to deliver personal care in the event of illness or other unplanned absence. The registered manager monitored call attendance by a telephone based call logging system, spot checks and care reviews.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, employment history, and good conduct in previous employment. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

Good

Is the service effective?

Our findings

When we inspected Admiral Care Limited in April and July 2016 we found concerns with the provider's arrangements to make sure staff were supported by appropriate training and supervision. Staff did not demonstrate a confident understanding of the Mental Capacity Act 2005 and its implications for how they supported people. This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in this area and the provider was meeting the requirements of this regulation. The provider had concentrated on training and supervision with particular emphasis on the Mental Capacity Act 2005.

People we spoke with were confident staff were trained and supported properly. One person said, "I don't have to tell them what to do. They know what they are doing." Another person said, "I think they are trained. They know what they are doing for me." People's relations were satisfied staff were properly prepared. One said, "They certainly are trained. They can do all we ask of them." Another relation said, "Yes, they do all sorts of training like manual handling, and whatever else they need."

Staff told us they had regular supervision meetings and training "every couple of weeks". One care worker told us they had received recent training in dementia care, moving and repositioning, mental capacity and safeguarding adults. There was a variety of training, some delivered by an external trainer, and external healthcare professionals where specific training related to people's medical conditions was needed. Other training was delivered by the registered manager where a person had complex needs and their care plan was consequently detailed. Staff used workbooks for subjects such as mental capacity, dementia care, safeguarding adults, medicines, health and safety, food hygiene, dignity, equality and diversity, infection control, and behaviour that challenges. The training manager mentored staff through these books, and records showed all care staff had completed these courses.

If new staff did not have a recognised qualification, their induction training was based on 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. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff also spent time working alongside more experienced colleagues, and there were records in their personnel files of feedback from these shadow calls.

The provider had up to date and accurate records of training completed which were supported by certificates in staff members' individual files. There were similar records of spot checks, supervisions and appraisals. Staff told us supervisions were opportunities for two way conversations. The supervisions covered any concerns, areas for development, training needs and actions agreed. Appraisals covered 25 areas of practice and allowed both the staff member and supervisor to record comments about performance and future areas for development. Records showed the provider was up to date with supervisions and appraisals according to their policy of having either a supervision or appraisal every three

months.

The Mental Capacity Act 2005 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 checked whether the service was working within the principles of the Act.

Records of capacity assessments showed the provider followed a process which was in line with the principles of the Mental Capacity Act 2005 and its associated code of practice. Assessments were decision specific and followed a two stage process. Where the decision being assessed was to do with people's personal care, the records showed which specific areas of care were included or excluded from the assessment. For instance one assessment included washing and showering but not eating and drinking, because the person was able to make decisions about food and drink. Not all assessments concluded that the person lacked capacity.

There had been repeated opportunities for staff to undertake training in mental capacity since our last inspection and there had been monthly quizzes for staff on the subject. Staff members we spoke with were able to speak confidently about the principles of the Mental Capacity Act 2005, and were confident that where people lacked capacity, decisions were made in their best interests.

Staff showed a good understanding of the need to obtain consent where people were able to make their own decisions. They understood that people living with dementia were still able to make decisions. One care worker said, "[Name] can decide what he wants to eat and I encourage him to do as much for himself as possible." One of the people we spoke with said, "They are very good and they always ask me what I want." People were protected against the risk of receiving care to which they had not agreed.

Where staff supported people to eat and drink enough, this was limited to preparing food and encouraging people. In these cases, people or their families chose what people ate. One person was supported to take in nourishment through a feeding tube. Their care plan included instructions from the hospital on how care workers should do this. Care workers kept records of the person's intake of nutrition.

None of the people supported by the service at the time of inspection were identified as being at risk of poor nutrition. There were guidelines in people's care plans which directed staff how to encourage people to eat, and information about their preferences. Where a person ate independently but slowly, staff were instructed to ask if they would like their meal reheated so that it was more enjoyable to eat.

The service supported people to attend appointments with healthcare professionals such as their GP or the community nurse. One person said, "If I am under the weather they will call a doctor for me." Another person's records showed that staff had contacted the person's GP when they were concerned about them. Other records showed where people had regular visits by the community nurse and where other professionals including the community mental health team were involved.

Good

Is the service caring?

Our findings

People and their relations were very happy with the caring relationships they had with their care workers. One person told us, "They treat me as though they have known me all their lives like one of the family." Another person said, "They treat me most kind and I can be difficult and a bit bossy." Another comment was, "They are kind, caring, pleasant and they have a chat with me. I am lucky to have them."

A person's relation said, "I would not know what to do if they were not there to help me. We have developed a relationship with them and they have become friends. They are part of our lives." Another person's relation told us how their loved one could become anxious and agitated. Their care workers knew this and were "really caring". The relation said the care workers communicated well and held the person's hand to reassure them, which they liked.

Where we were able to observe them, care workers behaved in a caring manner. They spoke with the person they were supporting, explained what they were about to do and made sure the person was ready. They gave people time to reply, listened to them and responded to any concerns they raised. People had time and were not rushed while being supported.

People and their families were involved in their care. One person's relation said, "[The care workers] are kind and caring towards her. They treat her like their own mum, and they always ask what she wants for her tea like liver and bacon for instance." Another relation said, "I always get a call if things are not OK."

Records showed people and their families were invited to take part in reviews of people's care. There were emails on file which showed how people's families had been informed and consulted when people's needs changed. Staff had noticed that people's hearing and sight were not as sharp as they were and worked with the family to arrange tests. Staff told us how they used different techniques to help people make decisions about their care, for instance by using a whiteboard to communicate with a deaf person. In another example, the provider had listened to advice from the community mental health team to remove male care workers from the team supporting a person who was showing signs of increased agitation.

People and their relations were satisfied people's dignity and privacy were respected by care workers. One person said, "They are very good. I am never embarrassed with them when they help with [my personal care] and they are very patient with me." Another person told us, "They are very pleasant and they leave me on my own … and wait for me. They definitely respect my privacy and dignity." A third person said, "I get on with them very well and they always knock on the door before they come in." Another person's relation told us how care workers encouraged the person to be independent. They said, "[Name] has been able to do far more things since she has been home because the carers encourage her to do more things."

Care workers showed a good understanding of respecting people's dignity and privacy and gave as examples making sure doors and curtains were closed and covering people while supporting them with personal care. One care worker said, "I always ask myself, would I like this? I stop and think. I like to treat people how I like to be treated." Care workers said they always respected people's wishes if they declined

their planned care for any reason. They would encourage them but if the person insisted they would make sure a senior member of staff was aware.

None of the people using the service at the time of our inspection had particular needs arising from their religious or cultural background. Forms used for care assessments showed this would be taken into account, and there was a workbook for equality and diversity in the provider's training materials which staff would be completing when higher priority and more directly relevant training was complete. The provider's dignity and respect policy took into account supporting people from minority groups and people living with a disability. It had information about protected characteristics, contained examples and scenarios, and descriptions of various religious and national cultures.

Good

Is the service responsive?

Our findings

People told us they received assistance with their personal care that met their needs and took into account their preferences and wishes. One person told us, "My daughter deals with the care plan but I have everything I need." Another person said, "They do ask me what I want but they are used to doing things for me and we have a routine." A third person commented, "Yes… I tell them what I want and they do it."

People were aware of recent reviews of their care assessments and planning. One said, "They review it from time to time but everything is fine. I have all I need." Another person told us, "They came out a few months ago to review it." A third person stated, "They came out a few weeks ago and I speak up if don't like something, but we have a set routine. I don't demand a lot."

People were satisfied they had calls at the correct time, and that care workers stayed for the agreed duration of a call. One person said, "They are usually on time and I have recently had the same carer all week, but I am different from other people. I like different ones because of the social side and variation." Another person told us, "They are a good set of girls and they are usually on time barring any trouble with traffic. I do get different ones, but I have seen them before." A third person said, "If they are a bit late they ring me. I can't fault them. They are brilliant [compared] to what I have had in the past."

Since our previous inspection the provider had completed a review and update of people's care plans. They had kept records of when care plans had been reviewed and when they were next due to be reviewed. Records showed that care plans were reviewed both regularly and when people's needs changed, although we found examples where reviews had not been followed up by necessary changes to people's plans. People and their relations were involved in care plan reviews.

Care plans were detailed and tailored to the individual's preferences. The plans contained information about the person as well as their care needs. The care records included information about people's objectives, risks, ailments, allergies, capacity, medication, and equipment used in the person's care. There was information for care workers about individual medical conditions. A relation of a person we spoke with was aware of the contents of the person's care plan, and said, "Any new carer could come in and know what to do after they had read the plan." Care workers were confident the care plans contained the information and guidance they needed to support people according to their needs and preferences.

Care workers recorded the care delivered in daily logs of care. The daily logs we saw were complete and detailed. Care workers returned log books to the office periodically where they were audited by senior staff. Staff told us any concerns identified in these audits would be referred to the registered manager. This process was designed to ensure people received support in line with their plans.

People and their relations were aware of how to make complaints if they needed to. The provider's complaints process was included with people's contracts and contained in the file of information kept in people's homes.

The registered manager maintained a file of compliments, concerns and complaints. The file contained separate sections for "informal" and "formal" complaints. There were no informal complaints recorded. There were no records of concerns, but the file contained a flowchart process showing how the manager would deal with concerns. There had been one formal complaint logged since our previous inspection. It concerned missed calls. The provider had sent the complainant an explanation and apology.

The registered manager told us they received many more thank you cards than they did complaints. The compliments section of the file included some of these. One read, "I was relieved and impressed with the high quality of care given by the team to my wife and I know how grateful she was." Another relation had written, "Thank you to you and your team of carers for looking after Mum over the past years. [Name] has gone beyond basic care duties and has looked after Mum in a very caring manner."

Requires Improvement

Is the service well-led?

Our findings

When we inspected Admiral Care Limited in April and July 2016 we found concerns with the governance of the service. The provider's quality systems had not identified shortcomings in meeting the requirements of the regulations, and records of people's care were not always accurate and up to date. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made in this area, but we had continuing concerns about the completeness and accuracy of certain records.

Staff had logged an incident in which a person had "swung at" their care worker. Their risk assessment for behaviour which challenges, which had been reviewed one month after the incident, read, "… has never been violent to a carer." This person's records were not kept up to date and accurate, and staff were at risk of not fully understanding risks to their own safety when supporting this person.

We observed another person's care call. When their care worker had finished the call, they left the person in their wheelchair with the lap strap secured. The care worker told us this was because the person was at risk of falling from their wheelchair. However their care plan did not contain records to show this risk had been assessed or that the use of a lap strap had been agreed as the least restrictive measure to manage the risk. The registered manager told us the lap strap should be used when the person was due to travel to a day service for their own safety. They agreed the person's care plan was not clear on this matter.

We saw the same person had cotton gloves to wear to prevent damage to the skin of their hands. These were not mentioned in their care plan, and their care worker did not support the person to put on these gloves at the end of their care call. The person's care plan had not been updated to reflect their changing needs.

Failure to maintain accurate and up to date records of people's care was a continued breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relations told us they found the service to be approachable and well managed. One person told us, "I would just say they are efficient." Another person said, "When I phone the office they are as helpful as can be, very pleasant, and they address me by my first name." Another person's relation said, "I cannot fault Admiral Care, I always get a call if things are not OK. Communication is superb." Another relation said, "[Admiral Care] have been very helpful and informative. I did not know what things [Name] would need and they went out and purchased them for me. I have had a very positive experience with Admiral Care, they are all very kind and helpful."

Care workers told us they had seen improvements in the culture of the service. They now felt listened to and involved. They were enthusiastic about their work and told us communication within the service was good. The registered manager had an "open door" policy and a senior staff member told us they thought staff

morale was the best it had ever been.

The provider had made changes in the office including an additional telephone line, and new files and filing cabinets. Changes to computer based files which were in progress at our last inspection had been completed, and staff were able to use them confidently. These measures had improved the impression of professionalism given by the service. The registered manager now sat in the main office which improved two way communication with staff and visitors.

Changes to the management system and organisation were more embedded than at our last inspection. A consultant originally engaged to assist with necessary improvements was now spending three days a month to review and audit progress, and had one month of their contract to run. In addition to the registered manager there was a deputy manager, training manager and office manager and two established senior care workers. A third senior care worker, who had IT skills, had recently joined the team.

There was a system of weekly office meetings, monthly staff meetings and monthly governance meetings which were minuted. These records showed, for instance, that the weekly meeting covered progress on keeping filing up to date and disciplinary actions, and the monthly staff meeting covered areas such as mandatory training. The monthly governance meeting dealt with audits, tracking of accidents and falls, care planning and action plans. The provider's improvement action plan had moved on since our last inspection, with only one action item which had been open during our inspection in April. There were ten open items with target completion dates in the future, and the records showed the plan was being actively and effectively managed.

The formal meetings were supplemented by informal meetings as required. The registered manager used staff memos to communicate with staff who were not able to attend the monthly meetings. The most recent memo had covered training, swapping shifts, our inspections, staff meetings, and signing in and out procedures.

The provider took steps to monitor and improve the quality of service. They had sent out quality assurance questionnaires to people and had received 24 back at the time of our inspection. We sampled five of these and found that people said they were satisfied their needs were met and that their care worker let them make choices. People were quite satisfied or very satisfied with the service overall, and the same numbers judged it "good" or "excellent". In answer to the question if the service ever missed a care call, people replied "hardly ever" or "never".

The provider had also asked care staff to complete a questionnaire, but at the time of our inspection only one of these had been returned.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment were provided in a safe way for service users by means of the proper and safe management of medicines. Regulation 12(1) and (2)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not operate effective systems by maintaining accurate, complete and contemporaneous records in respect of each service user. Regulation 17(1) and (2)(c)