

Gateway Care Services Limited

Gateway Care Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 9 and 11 January and 15 February 2019. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager and or staff would be available at the location. This inspection was partly prompted by safeguarding concerns which had impact on people using the service and this indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of specific incidents, we did look at associated risks. At the time of our inspection there were 40 people using the service, however only 38 people were receiving the regulated activity; personal care.

Gateway Care Services is a domiciliary care agency. It provides personal care and support to people in their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection the service did not have a registered manager in post. 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.

At this inspection we found breaches of legal requirements because risks to people's health and well-being were not always managed safely and the provider did not have comprehensive robust systems in place to monitor the quality and safety of the service provided to people. You can see the action we have told the provider to take at the back of the full version of the report.

We have also made a recommendation to the provider about the correct completion of mental capacity assessments in line with the codes of practice and principles of the Mental Capacity Act 2005.

Assessments were conducted to identify, assess and manage risks to people's health and well-being. However, assessments were not always detailed or provided guidance for staff on how to support people to manage identified risks and this required improvement. There were no systems in place to check when a call was recorded as being missed or late, that staff had attended the call and people had received the support

they needed. Medicines were not always managed safely. Staff reported accidents and incidents when they occurred, and these were recorded on the provider's electronic care planning and monitoring system. However, there was no system of oversight regarding accidents and incidents when they occurred. This meant that trends were not identified so that appropriate action could be taken to reduce the reoccurrence of risk.

Care staff were aware to seek consent from people when offering them support and demonstrated a good understanding of the Mental Capacity Act 2005. However mental capacity assessments were not completed in line with the codes of practice and principles of the Mental Capacity Act 2005. Although the provider did offer new staff the opportunity to shadow more experienced staff members before starting to work with people, they had not yet introduced best practice induction training, in line with the Care Certificate and this required some improvement. Some people were living with diabetes, Parkinson's or a learning disability and staff had not received training in these areas and this required some improvement.

Although complaints received were recorded and responded to, there were no documented outcomes or learning going forward regarding complaints and this required improvement. Care plans were not always reflective of individuals physical, mental, emotional or diverse needs in line with the protected characteristics of the Equality Act 2010.

There were policies and procedures in place to safeguard people from possible harm or abuse. Staff understood their responsibilities to safeguard people and knew how to report any concerns. There were arrangements in place to deal with emergencies and infection control. There were consistent levels of staff who provided regular care to people. There were robust staff recruitment practices in place.

Staff told us they felt supported in their roles and received regular supervision. Assessments of peoples' care and support needs were conducted before they started using the service and peoples' nutritional needs were met where this was part of their plan of care.

People told us that staff treated them with respect, supported their independence and maintained their privacy and dignity. Staff were knowledgeable about people's needs and understood how best to support them to meet their needs. People told us they were involved in planning and reviewing their care and support and were provided with information. Care plans were reviewed on a regular basis. People and staff told us they had access to equipment to meet their needs when required.

People and staff spoke positively about the management of the service. Staff confirmed that they attended regular team meetings and had the opportunity to discuss areas which effected their work and the service. There were systems in place to gather feedback from staff, people and their relatives where appropriate. The service worked with external organisations including health and social care professionals to ensure people's needs were met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

Risks to people's health and well-being were not always managed safely or recorded appropriately.

There were no systems in place to check when a call was missed or late, that staff had attended the call or people had received the support they needed.

Medicines were not always managed or monitored safely.

Staff reported accidents and incidents when they occurred, however there was no system of oversight in place.

There were policies and procedures in place to safeguard people from possible harm or abuse and staff understood their responsibilities to safeguard people.

There were arrangements in place to deal with emergencies and infection control.

There were consistent levels of staff who provided regular care to people.

There were robust staff recruitment practices in place.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

Mental capacity assessments were not completed in line with the codes of practice and principles of the Mental Capacity Act 2005. We recommend that the provider refers to the Mental Capacity Act 2005 and the codes of practice for current best practice.

Although the provider did offer new staff the opportunity to shadow more experienced staff members, they had not yet introduced best practice induction training, in line with the Care Certificate.

Requires Improvement ●

Some people were living with diabetes, Parkinson's or a learning disability and staff had not received training in these areas.

Staff told us they felt supported in their roles and received regular supervision.

Assessments of people's care and support needs were conducted before they started using the service and people's nutritional needs were met where this was part of their plan of care.

Is the service caring?

Good ●

The service was caring

People spoke positively about the care they received from staff.

People and their relatives told us they were consulted and involved in planning and reviewing their care.

People told us that staff treated them with respect, supported their independence and maintained their privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive

Although complaints received were recorded and responded to, there were no documented outcomes or learning going forward regarding complaints and this required improvement.

Care plans were not always reflective of individuals physical, mental, emotional or diverse needs in line with the protected characteristics of the Equality Act 2010.

Care plans were reviewed on a regular basis.

People and staff told us they had access to equipment to meet their needs when required.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

The provider failed to ensure there were systems in place to monitor the quality and safety of the service provided to people.

People and staff spoke positively about the management of the service. However, there was no registered manager in post at the

time of our inspection.

Staff confirmed that they attended regular team meetings and had the opportunity to discuss areas which effected their work and the service.

There were systems in place to gather feedback from staff, people and their relatives where appropriate.

The service worked with external organisations including health and social care professionals to ensure people's needs were met.

Gateway Care Services

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.

This inspection took place on the 9 and 11 January and the 15 February 2019. One inspector and an inspection manager carried out the inspection at the registered location on the first day and one inspector visited the office again on the second and third day. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager and or staff would be available during the inspection.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had completed 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. We also contacted the location authority and another local authority who commissions the service to obtain their views of the service. We used this information to help inform our inspection planning.

As part of our inspection we visited the office location and spoke with the registered manager, office and care staff and also spoke with care staff on the telephone. We spoke with five people and or their relatives by telephone to gain their views of the service they received. We looked at the care plans and records of ten people using the service, ten staff records including staff recruitment records, training and supervision and records relating to the management of the service, such as audits, policies and procedures.

Our findings

People told us they felt safe with the staff that supported them. One person commented, "I feel very safe with the carers. They are very kind." Another person said, "The carers are good and I feel comfortable with them. They know what they have to do for me." Despite positive comments, we found the provider did not always have systems in place to ensure people's safety and well-being.

Risks to peoples' care and support were not always managed safely. Assessments were conducted to identify, assess and manage risks to people's health and well-being. Risk assessments and care plans recorded the risks, for example in relation to mobility, personal care, communication, nutrition and hydration and medicines management amongst others. However, risk assessments were not always detailed, up to date nor provided detailed guidance for staff on how to best support people to manage identified risks whilst ensuring levels of risk were minimised.

For example, one risk assessment documented that the person was at risk of pressure areas. Their risk assessment for skin integrity contained a picture of the person's pressure area and directions for staff to follow on how to apply medicines prescribed. However, there were no body maps completed to show the management and progression of the area or repositioning charts to assist in wound healing. Another person's moving and handling risk assessment was poorly completed and failed to detail the person's weight, height, equipment required to support transfers, when support with transfers was required and why or the level of support required from staff to transfer safely. A third person's care plan recorded that they required support at meal times and needed a food thickener added to fluids due to swallowing difficulties to prevent choking. However, their risk assessment documented that the person required support with nutrition and hydration but failed to document detailed guidance for staff on the actions they were required to take at meal preparation, when supporting at meal times and for the use of thickening agents. This meant that identified risks to individual's health and well-being were not always managed safely and people may be placed at risk if the correct care and support is not provided.

These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Following our inspection, the provider showed us a new risk assessment tool which allowed for the detailed recording of risks and told us these tools would be implemented at individuals next review meetings with staff.

People told us they felt the service was largely consistent in meeting the times of their calls. Comments included, "Sometimes the timing of when they [staff] visit fluctuates but they have called me before when they have been running late", "They are usually on time and I have regular carers", and, "The majority of the time they [staff] come when they should, they are very good."

However, there was a lack of oversight regarding staff attendance at people's care calls. Although rotas showed people had been grouped according to location making it easier for staff to travel between them, there was a large number of recorded 'missed' calls and we could not be sure that people received the support they required. We discussed these concerns with the provider who told us that their electronic call monitoring system (ECM) relied on staff being able to access a working internet connection to allow them to update the system when they had visited people as detailed in their plans of care. They told us that some staff were unable to use the system due to poor internet connections in the areas some people lived. There were no systems in place to check that when a call was recorded as being missed or late, that staff had attended the call and people had received the support they needed. The provider agreed this was an oversight and agreed to implement a system of checking each day if staff had attended all calls as required. On the second day of our inspection we saw that the provider had implemented checks and audit tools to be completed daily by office staff to check the ECM for late or missed calls and then to follow up with staff where these had been identified. We will check on the progress of these at our next inspection of the service.

Medicines were not always managed safely. We saw that people's medicines administration records (MAR) were completed by staff on the provider's ECM system. However, this was not robust as staff could not always access the system to record when people had received their medicines as prescribed and this required improvement. We alerted the provider who took action on the second day of our inspection to ensure staff who could not always access the ECM system had paper copies of people's MAR's to record when they had administered medicines safely. We also noted that staff had documented they regularly left medicines out for one person. We discussed this with the provider and they told us staff had agreed with the person's family that this should happen if the person did not want to take their medicines during their time with staff. The provider and staff had not considered the risks relating to leaving this medicine out. The provider told us they would complete a risk assessment for the person's medicines management and agree the actions staff would take with them and their relatives. We will check on the progress and implementation of these at our next inspection.

Staff reported accidents and incidents to the office and these were recorded on the provider's electronic care planning and monitoring system. However, there was no system of oversight regarding accidents and incidents. The provider told us there was no current system of overview, so no analysis was completed to look for trends, ways of reducing incidents from happening again or learning from them. This required improvement. On the second day of our inspection the provider showed us an accident and incident monitoring log and an analysis tool they had developed. They told us they would introduce these tools following our inspection. We will check on the progress and implementation of these at our next inspection.

There were policies and procedures in place to safeguard people from possible harm or abuse. Staff understood their responsibilities to safeguard people and knew how to report any concerns. One member of staff told us, "I have had safeguarding training and I'm aware of the whistleblowing procedure. I would report any concerns I had immediately." Records confirmed that staff had received safeguarding training and we noted that there had been three safeguarding concerns raised since the provider registered with the CQC. We saw there was a provider safeguarding report template in use, however it was not always recorded clearly who had completed them or who had referred the concerns. We also discussed with the provider about the lack of processes in place to monitor, improve and learn from safeguarding concerns and this required improvement. On the second day of our inspection the provider had implemented a tool for

monitoring and analysis that they had developed. They told us these would be introduced following our inspection. We will check on the progress and implementation of these at our next inspection.

Staff were recruited safely. We reviewed recruitment records for 10 members of staff. Most staff had been recruited from abroad and the provider had used an agency to source staff. Each staff member had a full work history in place, with explanations of why they had left their previous employment and two references. The provider had ensured staff had disclosure and barring service (DBS) checks in place before they started working with people in their homes. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Staff told us there were consistent levels of regular staff and there were enough of them to meet people's needs. Staff rotas showed that people had regular staff who visited them and that staff had enough time to travel between visits. One staff member told us, "If we work in pairs we travel together in the company car so we are always on time. Sometimes we work longer hours but we do get time off." We saw that staff were working long hours. Some rotas showed staff working more than 50 hours a week, starting early in the morning or finishing late at night. The provider told us that this was staff's individual choice and was required at present due to staff sickness and recruitment needs.

There were arrangements in place to deal with emergencies including an out of hours on call system that ensured management support and advice was available to staff when needed. Staff told us they were provided with a uniform and an identity badge to ensure people using the service knew them before they entered their home. They also told us they were also provided with personal protective equipment (PPE) to minimise the risk of infection, including gloves and aprons to use when required.

Our findings

People told us they felt staff were knowledgeable and understood how to meet their needs. One person said, "Yes the carers know me well and the help I need. I have regular ones mostly which helps." Another person commented, "They [staff] seem knowledgeable. I have never had any problems."

A large proportion of the staff files showed that staff were new to care. Although the provider did offer new staff the opportunity to shadow more experienced staff before starting to work with people, they had not yet introduced best practice induction training, in line with the Care Certificate and this required improvement. The Care Certificate is an identified set of standards that care workers work through based on their competency. One member of staff told us, "I had training when I started and went out with an experienced member of staff. That really helped me to know how best to care for people." We discussed the induction process with the provider who following our inspection implemented the Care Certificate. On the second day of our inspection we saw that three members of staff were due to undertake the Care Certificate and the provider informed us that all new staff recruited would also undertake the Care Certificate induction. We will check on the progress and implementation of this at our next inspection of the service.

We had received feedback that staff lacked training in essential areas such as moving and handling, whistleblowing and medicines. At this inspection we found that staff had recently attended training in these key topics. Staff confirmed they had received training in these areas. One member of staff told us, "I have just recently refreshed my training in manual handling, safeguarding and mental capacity. I am also starting the Care Certificate." However, staff had not received training in topics specific to people's needs. Some people were living with diabetes, Parkinson's or a learning disability and staff had not received training in these areas and this required improvement. We discussed this with the provider who on the second day of our inspection showed us confirmation that training had been booked for staff in specialised areas such as dementia, behaviour, diabetes, catheter care and end of life care, which we saw was due to start in February. We will check on the progress of staff training at our next inspection of the service.

Staff were aware to seek consent from people when offering them support and demonstrated an understanding of the Mental Capacity Act 2005 (MCA). Although there were tools in place to comply with the MCA we found these were not always followed or completed correctly and this required improvement. The 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. This provides protection for people who do

not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. Staff and the provider told us they completed mental capacity assessments for people using the service. We saw that mental capacity assessments were retained within individuals care plans. However, we noted that these were not always decision specific, were sometimes incomplete, people and or their relatives where appropriate were not always involved or signed documentation in line with the principles of the MCA. We discussed these issues with the provider who on the second day of our inspection showed us a new MCA tool they had planned to introduce at individuals' next review meetings. They also showed us a best interests tool that they were going to implement in line with the MCA. We will check on the progress and implementation of these at our next inspection of the service.

We recommend that the provider refers to the Mental Capacity Act 2005 and the codes of practice for current best practice and that further training is sourced and attended by staff.

Staff told us they felt supported in their roles and received regular supervision. Comments from staff included, "I get supervision on a regular basis and we have monthly team meetings", "I feel very much supported. I have supervisions and can call the office when needed", and "The office are very good and we meet on a regular basis." Records confirmed that staff met on a regular basis with their line manager to discuss areas of practice. Regular spot checks were completed to ensure staff were supervised appropriately and any areas of improvement was followed up on.

Assessments of people's care and support needs were conducted before they started using the service. One person told us, "Yes, they [staff] came and saw me to make sure they could help me with all that I needed. They also call me every so often to make sure I'm happy with the service." Assessments covered areas such as mobility, personal care, medicines and nutrition and hydration, amongst others. Assessments were used to develop individual care plans which also documented information on individuals' preferences sourced from them and their relatives where appropriate. We noted that care plans also contained assessments completed by local authorities who commissioned the service which provided the service with further information.

People told us staff supported them to meet their nutrition and hydration needs where this was part of their plan of care. Comments included, "They [staff] do my breakfast and always make me a cup of tea when they visit", "Yes, the carers make my lunch and make sure I take my tablets", and, "The carers will make me anything I ask. They are very good and always make sure I have plenty to drink." Staff were aware of peoples' food and drink preferences and any known risks. One member of staff told us, "One person has problems with swallowing so we make sure their drinks are thickened." People were also supported by staff to access health and social care professionals when needed. Care plans showed that staff monitored peoples' wellbeing and when required referred to appropriate health and social care professionals for support and treatment.

Our findings

People spoke positively about the care they received from staff and referred to staff as being kind and caring. Comments included, "I am very happy with the usual carers I have. They have been coming for a long while now", "The carers are all very kind and I am more than happy with the service", "They [staff] are very caring. I have no problems at all", and, "They [staff] are very caring, polite and friendly."

People told us they were involved in planning and reviewing their care and support and were provided with information about the service. One person said, "They [staff] visited me to check what I needed help with and they call me quite regular to make sure it's all going well. They did provide me with information and I have a book here that staff use." People were provided with information about the service when they joined which was kept in their care files within their homes for reference. We saw that peoples' personal information was treated confidentially and records were stored securely within the office and on the provider's computer system accessed only by authorised staff.

Staff were knowledgeable about peoples' needs and understood how best to support them. Staff were aware of peoples' preferences in relation to how they liked to be supported, for example, when supporting with personal care the routines individuals had and or when supporting with meal choices and preparation. One member of staff told us, "We are all very different from each other and have our own little ways. It's important to know what people like and to do it their way." Staff were also knowledgeable about peoples' needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet identified needs or wishes. One member of staff commented, "We are all equal."

People told us staff treated them with respect, supported their independence and maintained their privacy and dignity. Comments included, "They [staff] help me to do things for myself but if I'm not able they are very good at doing things", "The carers are very respectful and maintain my modesty", and, "They [staff] help me to keep my independence really. The carers are very kind." Staff provided us with examples of how they maintained peoples' privacy and dignity when supporting them such as by closing doors and drawing curtains when providing personal care. One member of staff told us, "I always cover people with towels when I am helping them with personal care to make sure they are kept warm and their dignity is maintained."

People told us they were supported by a consistent staffing group who they were able to build a trusting relationship with. Comments included, "I have had regular carers come to me since I started. They are lovely and know me well", "My carers are very good. I have the same carers come every time", and, "They [staff] are

normally always the same that visit. I can't fault the service." Staff were assigned regular rounds which enabled them to get to know individuals' preferences in the way they wished to receive their support. One member of staff told us, "I visit lots of people on a regular basis so know them all very well. They [office] try to make sure we visit the same people and it's better for everyone."



Our findings

There was a complaints policy in place and people told us they were aware of how to raise any concerns and or make a complaint. Comments included, "Yes, I know how to make a complaint. I would call the office", "I have called the office before and they have put things right", and, "I would let the carers know or call the office, I'm sure they would sort any issues out if I had any." There had been some complaints documented since our last inspection. One relative had complained about staff not spending the allocated amount of time with their loved one, and a professional had complained that staff had not reported a pressure sore. Although these had been recorded and an initial response sent by the provider, there was no documented outcome or learning and this required improvement. We discussed this with the provider who on the second day of our inspection showed us a newly created complaints audit and monitoring tool which will enable them to effectively respond to complaints and to learn from and improve the quality of the service. The provider told us that this would be implemented with immediate effect. We will check on the progress of this at our next inspection of the service.

People told us the service and staff were responsive in meeting their needs. Comments included, "I'm generally happy with the service. My carer is very good and knows exactly what to do", "The carers are kind and do what I need them to", "I'm happy with the service and I have no issues, the carers they send are good", and, "I like my carer, they know me well." Despite positive comments, we found peoples' care plans were not always personalised to meet their individual needs.

The provider told us that care plans were developed in collaboration with people and their relatives, where appropriate, and from information from health and social care professionals to reflect individual needs and preferences. However, care plans were not always signed by people or on behalf of people to show they agreed with the plan, nor did they fully reflect individuals' physical, mental, emotional and social needs, include details of an individual's history, preferences, interests, aspirations and diverse needs in line with the protected characteristics of the Equality Act 2010. For example, we saw that a local authority assessment of one person's needs documented that their first language was other than English although communication in English was not a problem. The provider's assessment did not detail this information or refer to the person's cultural background. We also noted that of the ten care plans and records we looked at only one included detailed information on the person in the form of an 'All about me' document and this required improvement. We discussed these issues with the provider who on the second day of our inspection showed us a newly created assessment and support plan tool which they told us was due to be implemented at the point of individuals' next review meetings. We will check on the progress of these at our next inspection.

The provider told us that no one currently using the service required support with end of life care. However, they advised that if someone required end of life support they would communicate with the person, their relatives and health and social care professionals to ensure they could provide the correct level of care and support they may need. They told us a care plan for end of life would be developed when assessing or reassessing individuals' needs and further staff training would be sought. On the second day of our inspection we saw that the provider had booked up to date end of life training for all staff and new assessment tools were in place to document peoples' preferences and choices for their end of life care.

Care plans were reviewed on a regular basis. We saw that reviews were conducted either in person within peoples' homes or by telephone discussions with people and their relatives where appropriate. Staff kept daily records of each visit showing the support they had provided. People had access to equipment to meet their needs when required. For example, walking frames, wheelchairs and hoists to promote and support safer mobility. The provider told us they were in the process of implementing a new electronic care planning system which would make the service and staff more responsive in meeting peoples' needs as staff would have better remote access to care plans and visit information.

From April 2016 all NHS care or adult social care services are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. The provider told us people using the service could communicate their needs effectively and could understand information provided to them in the current written format, for example the service guide. However, they told us that if someone was not able to understand this information they could provide it in different formats to meet their needs for example, in large print, easy read or in different written languages.

Our findings

At our last inspection of the service in May 2018 the rating for Well-led was requires improvement. This was because although the provider had made some improvements in managing staff rostering and call monitoring following our inspection in February 2017, further improvement was required. Analysis of late or missed calls were not routinely monitored or recorded and did not include details of what actions were taken to address them.

At this inspection we found there was a continued lack of oversight of the service and the provider did not have systems in place to monitor the quality and safety of the service. For example, care plans that identified people's health, well-being and needs were not always completed appropriately or managed safely. There were no systems in place to check when a call was recorded as being missed or late and that staff had attended the call, there were no systems in place regarding accidents and incidents when they occurred or an analysis of them to share learning with the staffing team. There was a lack of oversight for staff specialised training to meet people's needs and no oversight or management of complaints raised as referred to earlier in this report.

Although the provider had taken various actions to address some of the identified areas of concern following this inspection, further improvement was required and these issues were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

People spoke positively about the management of the service and care staff. Comments included, "I'm happy with the service and have never had any real issues", "The staff are lovely and I feel they do a good job", "The carers are what makes it", "They [staff] have always been good to me. The carers are very kind", and, "Yes, I think it's a good service. I'm happy with the care I get."

Staff spoke positively about the provider and told us they received the support they needed to do their job well. One member of staff said, "I enjoy my job and do get support from the managers. I feel I make a real difference to people's lives." Another member of staff commented, "I have regular supervisions and get the equipment I need to do my job. I think the office staff are very supportive." A third member of staff told us, "I get good training, supervisions and spot checks on a regular basis. We also have team meetings which are good as we can share information and any issues we may have."

Staff confirmed that they attended regular team meetings and had the opportunity to discuss areas which effected their work and the service. At the time of our inspection there was no registered manager in post.

The provider had applied to the CQC to become the registered manager for the service. The provider could demonstrate an understanding of the requirements of being a registered manager and their legal responsibilities with regard to the Health and Social Care Act 2008 and associated regulations. They were also aware of the legal requirement to display their CQC rating.

There were systems in place to gather feedback from staff, people and their relatives where appropriate. The provider completed regular telephone reviews with people and their relatives where appropriate and spot checks within the community to ensure peoples' needs were met by staff. We saw positive written feedback from people and or their relatives including comments such as, "Overall we are extremely pleased with all members of your staff that we deal with and more importantly so is my [relative]", and, "[Staff] is a real credit to you, they are extremely thorough and does not miss anything."

Questionnaire surveys were also sent to people and staff to seek formal feedback and at the time of our inspection responses were being collated and analysed by the provider. Following our inspection, the provider sent us the results of the 'service user' annual survey for 2018/2019. Results were positive showing 96 percent of respondents felt their care worker helped them to meet their needs, 98 percent said their care workers treated them with dignity and respect and 91 percent said their care workers were friendly and approachable. Results from the annual staff survey for 2019 were also positive showing 100 percent of staff felt able to approach management about concerns or problems and 100 percent felt that the provider was a good employer.

The service worked with external organisations including health and social care professionals to ensure people's needs were met. Care plans demonstrated and people told us that staff communicated well with local authorities, GPs and other health and social care professionals when required to ensure people's needs were met. We saw an action plan that the provider had developed and implemented for a local authority commissioner in response to issues and concerns they had raised.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to fully assess the risks to the health and safety of people receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of people in receiving those services); to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others who may be at risk which arise from the carrying on of the regulated activity; maintain an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to people and of decisions taken in relation to the care and treatment provided.</p>

