Ampi Limited

Bluebird Care (Gravesham and Dartford)

Inspection report

Windmill House
127-128 Windmill Street
Gravesend
Kent
DA12 1BL

Website: www.bluebirdcare.co.uk

Date of inspection visit:
17 September 2019

Date of publication:
11 November 2019

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Bluebird Care (Gravesham and Dartford) is a domiciliary care agency registered to provide personal care to people living in their own homes. Not everyone using Bluebird Care (Gravesham and Dartford) receives a regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; that is 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 116 people were receiving the regulated activity; personal care.

People's experience of using this service and what we found
People did not always receive their calls on time. Some people told us they had complained about late calls. However, the provider had no records of these complaints. The provider's quality assurance and monitoring systems were also not always effective in identifying issues or driving improvements.

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. However, the registered manager had failed to notify the CQC about a safeguarding concern as required under their registration. The service had procedures in place to reduce the risk of infections. However, a person told us some staff were not following these procedures. We have made a recommendation that the provider and staff follow best practice guidance in infection control.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. People's care and support needs were assessed before they started to use the service. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through an induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives (where appropriate) had been consulted about their care and support needs. The registered manager and staff knew how to access support for people at the end of their lives, if it was required.

The registered manager had worked in partnership with health and social care providers to plan and deliver an effective service. The provider took the views of people, their relatives and staff into account through satisfaction surveys. The provider was proactive in the local community and offered people opportunities, free of charge, to take part in social activities which reduced the risk of social isolation. Staff enjoyed working at the service and said they received good support from the registered manager and office staff.

Rating at last inspection

The last rating for this service was Good (published 02/09/2016).

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected
This was a planned inspection.

Enforcement
We have identified breaches because staff were not always deployed in a way that met people's needs and because the provider did not have an effective system for managing complaints.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below

Bluebird Care (Gravesham and Dartford)

Detailed findings

Background to this inspection

The inspection. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The team consisted of one inspector and two Experts 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.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using Bluebird Care (Gravesham and Dartford) receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the provider 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with nine people and 14 relatives about their experience of the care provided. We also spoke with the registered manager, the operations manager and six care staff about how the service was being run and what it was like to work there. We reviewed a range of records. These included 10 people's care records, staff recruitment and training records, and records relating to the management of the service such as medicine administration records (MARs), quality assurance checks and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● Staff were not always deployed in a way which ensured people received support at the times they expected. The provider used a computer system to allocate staff support to people. The registered manager showed us a rota and told us people were supported by staff that lived in the same areas as they did. Staff told us it was easy for them to get between calls without being late.

● The registered manager told us that when staff knew they were going to be late they were expected to call the office staff, so they could inform people. They also explained that if people called to say staff were late the office staff contacted the relevant staff member to find out why they were delayed. If necessary, they said they would send an alternative staff member to the call.

● However, we received mixed feedback from people and their relatives' views about staff availability and punctuality. Whilst some people told us they received their visits at the times they expected, one person said, "The carers always turn up, but sometimes late. We've had a few times when they've been an hour late. When they're late it impacts on meals, if they're late in the evening, it means [their loved one] is not eating their meal until 9.30pm and that's too late." Another person told us, "This is the main problem, timing is very erratic and my [loved one] finds this difficult to understand."

● When we asked the registered manager how late calls were monitored they said they were not sure. The operations manager produced a late calls report from the computer system and showed it to them. This meant the registered manager had not been monitoring late calls.

We found no evidence that people had been harmed however, robust systems were not in place to make sure people received their calls on time. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were recruited safely. Appropriate recruitment checks were completed before staff started working with people, including gaining a full work history and appropriate references.

● Each staff member had a disclosure and barring service (DBS) check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Preventing and controlling infection

● Improvement was required to ensure people were consistently protected from the risk of the spread of infection. The provider had an infection control policy in place and records confirmed that staff had completed infection control and food hygiene training.

● Staff had access to personal protective equipment (PPE) including gloves, aprons and shoe covers as

required. However, improvement was required because one person told us, "Sometimes new staff have turned up without gloves or overshoes. Regardless of this they continue with the care. I did tell our main carer about this, and they said they would send over a couple of boxes to us; that was about a week ago and so far, nothing's arrived."

We recommend the provider follows best practice guidance in infection control and that staff follow the providers policy and procedure. We will follow this up at our next inspection of the service.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. The provider had safeguarding adults' procedures in place. Records confirmed that all staff had received training on safeguarding adults.

● People told us they felt safe. One person said, "I feel safe. They [staff] are all very caring and they would do anything I would ask them." Another person told us, "I feel completely safe." A relative commented, "My loved one is very safe."

● Staff said they would report any concerns they had to the registered manager, the local authority's safeguarding team and CQC if they needed to. The registered manager was aware of locally agreed procedures for reporting abuse allegations, and had followed these appropriately when needed.

● An social care professional who commissioned the service told us, "I do not have any open concerns with Bluebird Care."

Assessing risk, safety monitoring and management

● Risks to people had been assessed to ensure their needs were safely met. Assessments identified the level of risk to people in areas such as falls, moving and handling and medicines. They included information for staff about the action they should take to minimise the chance of accidents occurring.

● Falls prevention guidance had been provided to staff where people had been assessed as being at risk of falling.

● Risk assessments had been carried out in people's homes relating to fire safety and the environment.

Using medicines safely

● People were supported, where required, to take their medicines as prescribed by health care professionals.

● Most people told us they, or their relatives looked after their medicines and they did not require support from staff. One person told us staff helped them with their medicines. They said their medicines were, "All given on time and in the appropriate manner."

● The provider maintained records of the medicines people had been prescribed, when they were to be taken and details of any allergies they might have. Staff used an electronic system to confirm they had administered people's medicines on their medicines administration record [MAR].

● The registered manager told us that office staff monitored people's MARs during spot checks. The registered manager also had oversight of MARs as part of their monitoring of the service to make sure people were receiving their medicines.

● Staff received training on the administration of medicines and each staff member's competence to administer medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

Learning lessons when things go wrong

● The service learned from incidents and accidents. Records showed that where staff had identified concerns or accidents, they had taken appropriate action to address them. For example, where one person had suffered several falls, the registered manager told us they had moved their call to an earlier time, so staff

could support the person to get safely out of bed.
● Where appropriate, accidents and incident information was shared with local authorities and advice was sought from health care professionals to help reduce the risk of repeat occurrence.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs were carried out before they started using the service. These assessments were used to draw-up care plans and risk assessments.
- The provider followed guidance from the National Institute for health and Care Excellence (NICE) when developing people's care plans. For example, care plans had been drawn up with the involvement of people, their relatives and, where appropriate, any health and social care professionals. This ensured all the person's needs were considered and addressed.
- People's care plans and risk assessments had been kept under regular review.

Staff support: induction, training, skills and experience

- Staff received training and supervision in support of their roles. People and their relatives told us staff were well trained. One person said, "They all [staff] know what they are doing." A relative said, "The staff are trained to a high standard." Another relative told us, "The carers certainly know what they are doing, and they understand Parkinson's and its effects." A third relative commented, "The carers seem to have a real understanding of dementia care."
- The registered manager told us staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed staff were receiving regular supervision and they had completed training the provider considered to be mandatory. This included basic first aid, food hygiene, infection control, safeguarding adults, moving and handling, medicines administration, equality and diversity, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had also received training relevant to people's needs for example dementia, stroke awareness, diabetes and catheter care.
- A member of staff told us, "The registered manager would always make sure staff know what they are doing. Staff would not be allowed to support people with any specific health conditions or behaviours unless they are trained first."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Details of people's meal preferences and any support they required from staff with eating and drinking was recorded in their care files. One person told us, "They [staff] sort out all my food and drink and make sure I have enough, if I don't feel like eating they give me a [food supplement drink] and make sure I always have water within reach." Another person said, "My carer makes breakfast and makes me a flask of tea or coffee for the afternoon. I have a microwave meal for lunch and some sort of snack in the evening." A relative commented, "They [staff] prepare breakfast and supper.

My loved one is happy with the food; they give them a choice of what they want to eat."

● Staff said they cooked meals for people when this was part of their care plan. One member of staff told us, "I support a person from a different religious background. I know about their culture and what they don't eat. The person is on a soft diet because they are at risk of choking. These details are recorded in the care plan, so I am aware of how I need to support them."

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

● People received effective support to maintain good health. The registered manager told us the service worked in partnership with health and social care professionals, for example GP's, district nurses, physiotherapists and occupational therapists, to plan and deliver an effective service for the people they cared for.

● One person told us, "My carer called the GP for me when I wasn't well."

● A member of staff told us, "I sometimes support people to regular appointments with their GP, optician or at the hospital. If they weren't well I would call their GP or an ambulance if need be and I would let the office and family members know."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● Staff sought consent from people when supporting them and worked within the principles of the MCA.

● The registered manager told us the people they currently supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA.

● Staff had received training on the MCA. They told us they sought consent from people when supporting them and they respected people's decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff supported people with respect and showed an understanding of equality and diversity. People told us they were supported by staff who were respectful to their individual needs and were kind and caring.
- One person told us, "They [staff] will do anything for me within reason, they take me shopping and they recently took me to hospital to visit a sick friend." Another person said, "I had a Doctor's appointment recently and my carer came in early to help me get ready. They helped me choose what to wear and washed and ironed it, they even washed and curled my hair."
- A relative said, "My [loved one] loves them [staff] going in and looking after them. One regular carer my [loved one] absolutely loves him; the carer is really good with my [loved one]." Another relative told us, "We have been with Bluebird for a long time; they're always extremely helpful to my [loved one]. I can't fault them."
- People's diverse and cultural needs were respected. One person told us, "I'm a practising Christian and they respect my beliefs; I have to take communion twice a week; I asked the carer to take me last week and they obliged."
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010. A member of staff told us the training on equality and diversity had helped them understand how to work with people from different backgrounds.
- The registered manager told us the provider paid staff to visit people when they went into hospital at no cost the person. The provider told us that this aimed to maintain continuity for people and reduce isolation and loneliness. A member of staff told us, "I sometimes visit the people I support when they go into hospital. It is very rewarding to see the smile on their face when they see me, and I know they really appreciate it."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had been consulted about the care and support they received.
- One person said, "My brother and sister, me and mum and the manager all got together and planned for my care." Another person told us, "My son and my husband and I were all involved in planning what I needed." A third person commented, "When we asked for personal care, they visited, and we went through the care I needed."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff told us they knocked on doors and asked people for their permission before entering their homes. They explained to people what they were doing for them when

they carried out personal care tasks. They told us they maintained people's independence as much as possible by supporting them to manage as much as they could for themselves.

● One person told us, "They [staff] do their best, I keep a towel handy for a covering during personal care." Another person said, "The carers are very conscious of privacy and make sure that I am not embarrassed. They know how I like things done and they do it that way." A relative said, "They [staff] are mindful of my [loved ones] privacy."

● People's independence was encouraged. One person told us, "They [carers] encourage me to be independent; they encourage me to cook for myself. Only when I can't manage it do the carers do it for me." A relative told us, "The carers encourage my [loved one] to be active such as helping with cooking and cleaning." Another relative said, "They [carers]make sure my [loved one] does things for themselves whilst keeping a watchful eye on them."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

● The provider did not have an effective system for receiving and investigating complaints. The service had a complaints policy and procedure in place which provided guidance for people on how to make a complaint.

● People and their relatives told us they were aware of the complaints procedure and they knew how to make a complaint. However, we received mixed views from people regarding the way in which complaints they made were handled by the provider.

● Some people told us they had never needed to complain, and others told us they were happy with the way in which complaints had been addressed where they had needed to raise them. However, where people told us they had complained to the service about late visits, these issues had not always been addressed to their satisfaction.

● One person told us, "I have only complained about late visits; it improved for a while but once or twice lately it has happened again." Another person said they complained, "about the timing of visits and one carer, the carer never came again and timing improved, but has since relapsed again." A third person told us, "I have complained about the timing of visits, but it hasn't made any difference. I feel that I am being fobbed off."

● The registered manager showed us their complaints log that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. The log showed that the concerns that had been recorded had been investigated and responded to. Where necessary meetings were held with the person who had complained, to resolve their concerns. However, we also found that there were no records in the complaints log relating to the complaints about late visits which people had told us about and the registered manager was unable to demonstrate that these issues had been investigated, in line with the service's complaints procedure.

We found no evidence that people had been harmed however, robust systems were not in place for identifying, receiving, recording, handling and responding to complaints. This placed people at potential risk of harm. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People had been involved in developing person centred care plans that met their needs and preferences.

● Care plans described people's health care and support needs and included guidelines for staff on how to best support them. For example, there was information for staff about supporting people with medicines, personal care tasks and moving and handling.

● People told us their needs were kept under regular review. One person said, "I have a care plan. Staff review the plan with me. The evening carers (who are often new), ask me what my preferences are before providing care. I think they turn up with an understanding of my needs." A relative told us their loved one's care plan was reviewed recently after they came out of hospital.
● Staff had a good understanding of people's care and support needs. A member of staff told us care plans contained good information about people's needs and they were easy to follow. They told us how they supported a person with a specific medical condition for which they had received additional training. A relative told us, "My [loved one's] got a thing about doors and windows being locked, so the carer is mindful of that." Another relative commented, "They understand my [loved one] well and they know all their little quirks. My [loved one] likes their water in the bath quite hot and they feel it to make sure it's right."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in their care plans.
● The registered manager told us where people had been assessed as having poor eyesight they had been provided with information in larger print. Information could also be provided in different formats to meet people's needs, for example Braille or different languages.
Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● The service offered people opportunities for social activities to help reduce the risk of social isolation. They arranged three events each year for people who are unable to get out. For example, during recent events they took 14 people on a trip to Herne Bay and 30 people on a trip to a garden centre. They also offered a minimum of 12 outings to people each year. This is when a member of staff can take a person out or arrange something special for them at home.

End of life care and support
● The registered manager told us they discussed and recorded people's wishes for their end of life care during the assessment process. Where people had expressed their wishes these details were recorded in their care records.
● Staff had received training on end of life care.
● The registered manager told us no one currently using the service required support with end of life care. They said they would work with family members and health professionals to make sure people were supported to have a dignified death.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager in post. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the office and on the providers website.
- However, we found the providers systems for assessing and monitoring the quality of service and this required improvement.
- Some people told us they had complained to the service about late calls however we found these were not recorded or investigated in line with the service's complaints procedure. The registered manager was not sure how late calls were monitored until the operations manager showed them a late calls report. This meant the registered manager had not been monitoring late calls, which may have helped them address the concerns in this area which people had told us about.
- The registered manager said they were not fully aware of how some parts of the computer system worked. They and the operations manager agreed that the registered manager needed further training to familiarise themselves with the system.
- We found other areas where the providers systems for assessing and monitoring the quality of service were operating effectively. For example, we saw records confirming that regular audits were carried out on people's medicines, care plans and incidents and accidents.
- The provider also carried out unannounced spot checks on staff to make sure they turned up on time, administered medicines and completed medicine records correctly, and completed all the tasks recorded on people's care plans. One member of staff told us, "Spot checks are regular. The supervisors turn up whenever they want, they don't tell us when they are coming. They check we are wearing personal protective clothing, we are doing the medicines correctly and we are wearing our uniforms and carrying our identification. They also speak with the people we are supporting, just to see if there are any problems."
- Staff told us they attended regular monthly meetings where they shared good practice and discussed what the service was doing well and where they could improve. One staff member told us, "The staff meetings are informative. In the last one the registered manager advised us to look after ourselves and people we support with hydration because of the hot weather."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. They told us they were open and transparent with people, their relatives and professionals when things go wrong. Records

showed people's relatives had been informed of any accidents or incidents promptly, where they had occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. One staff member told us, "Bluebird's aim is to help people stay in their own homes for as long as they can, and to be comfortable and safe. It's very important that people can keep their independence for as long as they can."

● Staff told us they received good support from the registered manager and office staff. One staff member told us, "I really enjoy working here. There is great team work and I get good support from the office and the registered manager." Another staff member said, "The registered manager is always there to help if I need her. There is an out of hours service that always gives the right answers when I need them."

● Staff told us their individual contributions were recognised and they felt motivated to provide a good service to people. One staff member told us, "We get birthday cards, work anniversary cards, rewards at Christmas and there is a 'carer of the month' and 'carer of the year' award. I have had the 'carer of the month' award and I was very proud to get it. It makes you want to do better things for people." Another staff member said, "We get a weekly email reminding us about things, for example about updating training, or maintaining your car. The emails always include compliments from people about named staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider was proactive in the local community. They contributed to local charities four times each year. One charity was a specialist hospital ward for people living with dementia which some people receiving care from the service used.

● Following this inspection, the registered manager advised us that the provider had won a local business award in the 'Good for The Community' category. They said, "We are extremely proud of this award."

● The provider also sought the views of people using the service and staff through bi-annual surveys. The registered manager showed us an action plan they had put in place following a recent survey. Issues identified by people included improving communication when their call times changed. The registered manager was monitoring this and had advised people to call them directly if there were any concerns. Staff had asked to improve communication when rotas were changed. The registered manager had acted by emailing and texting staff when the rota was changed.

Working in partnership with others

● The registered manager worked effectively with other organisations to ensure staff followed best practice. They said they had regular contact with health and social care professionals and they welcomed their views on service delivery.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints Robust systems were not in place for identifying, receiving, recording, handling and responding to complaints.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Robust systems were not in place to make sure people received their calls on time.