

First Class Care Limited

First Class Care

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 31 March and 1 April 2016. First Class Care is a domiciliary care service which provides personal care and support to people in their own home across Nottinghamshire and 14 people were using the service. At the time of our inspection First Class Care was operating from an address which was not registered however the provider had submitted the relevant applications to rectify this.

The service had not had a registered manager for eleven months prior to our inspection although an application had been made. 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 our inspection in October 2015 we asked the provider to take action to make improvements in respect of recruitment procedures, staffing levels, safeguarding people from the risk of harm and the management of medicines. During this inspection we found that sufficient improvements had not been made in respect of recruitment procedures. The provider had not carried out all of the required pre-employment checks to assure themselves that staff were suitable to work with vulnerable adults.

This was a breach of Regulation 19 and you can see what action we told the provider to take at the back of the full version of the report.

There were sufficient staff available to meet people's needs and they were effectively deployed. People felt safe and staff had a good understanding of how to safeguard people from the risk of abuse. Risks to people's health and safety had been assessed and steps taken to reduce the risks. People received their medicines as prescribed and staff had been provided with training in managing medicines.

At our inspection in October 2015 we asked the provider to take action to make improvements in respect of supporting staff, the use and application of the Mental Capacity Act (2005), supporting people to eat and drink and taking action when they were concerned about people's health. During this inspection we found that sufficient improvements had not been made in respect of staff training. Staff had received some training since our previous inspection but further training was still required. Staff told us they felt well supported by the manager and provider.

People received the support they required to have enough to eat and drink and staff reported any concerns about their health.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People had the capacity to make their own decisions and their consent was sought before care was delivered. There was a process in place to support people who may lack the capacity to make a decision.

People were cared for by staff who had developed caring relationships with them. People and their relatives were able to be involved in planning their care and making decisions. Staff treated people with dignity and respect and respected their right to privacy.

At our inspection in October 2015 we asked the provider to take action to make improvements in respect of providing person-centred care. During this inspection we found that sufficient improvements had been made and people received the care they required and staff punctuality had improved. Care plans were reviewed and updated when required. Any complaints received were investigated and responded to in a timely manner.

At our inspection in October 2015 we asked the provider to take action to make improvements in respect of their quality assurance processes and record keeping. During this inspection we found that sufficient improvements had not been made in all areas. The systems to assess and monitor the quality of the service were not operated effectively. Records relating to people's care and staff support were not always accurate or up to date.

This was a breach of Regulation 17 and you can see what action we told the provider to take at the back of the full version of the report.

People were asked for their opinions on how the service was run and told us they felt comfortable speaking with the provider or manager. There was an open and transparent culture within First Class Care and staff told us they would feel comfortable speaking up and reporting any mistakes.

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.

Staff had not been appropriately vetted to protect people from unsuitable staff. There were enough staff to meet people's needs.

People felt safe and staff were taking the appropriate steps to reduce risks to people's health and safety.

People received their medicines as prescribed and at the correct time.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff felt well supported and had received training recently. However, staff had not received all of the training required to carry out their role effectively.

People were asked for their consent prior to care being delivered.

People were supported to eat and drink enough and staff acted upon any concerns about their health.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were involved in planning their care and making decisions.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care because staff understood their needs and arrived on time. People's care plans were regularly reviewed with their involvement.

Complaints were responded to appropriately.

Is the service well-led?

The service was not always well-led.

Systems to assess and monitor the quality of the service were not used effectively. Records were not always accurate or up to date.

People were asked for their opinion about the quality of the service they received.

There was an open culture at the service and people and staff acknowledged improvements in the leadership of First Class Care.

Requires Improvement 

First Class Care

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.

We visited the service on 31 March and 1 April 2016, this was an announced inspection. We gave 48 hours' notice of the inspection because we needed to be sure that the manager would be in. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with seven people who were using the service, five relatives, three members of care staff, the provider and the manager. We looked at the care plans of six people and any associated daily records such as the daily log and medicine administration records. We looked at five staff files as well as a range of records relating to the running of the service such as satisfaction surveys and training records.

Is the service safe?

Our findings

At our inspection in October 2015 we found that people were not fully protected from the risks associated with unsuitable staff because recruitment procedures were not operated effectively. During this inspection we found the required improvements had not been made, this meant people could not be sure staff were of good character and suitable to work with people using care services.

The provider had requested references for staff from their previous employer, however these had not been received. The provider had not chased the staff member's previous employers or requested information about their conduct in other employment. Where staff had previously worked in a social care setting the provider had not always taken relevant references to assure themselves of their conduct when working in a social care setting. The provider was not able to explain why these checks had not been carried out. Criminal records checks had been carried out and the provider had also verified the identification of the staff they had employed.

The provider had not carried out all of the required pre-employment checks which meant there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in October 2015 we found that there were insufficient numbers of staff employed and they were not deployed effectively. During this inspection we found the required improvements had been made. There were sufficient numbers of staff and they were deployed in an appropriate geographical area meaning that they were able to carry out visits in a timely manner.

The people we spoke with told us they felt there were enough staff to meet their needs and they had not experienced recent issues with missed calls or lateness. One person said, "Yes they normally arrive on time." Another person commented, "I haven't had any problems with lateness, they are normally on time." The relatives we spoke with also told us there were sufficient staff and that they had not experienced recent issues with lateness or missed calls. One relative said, "I am sometimes here when the staff call and there is always the correct number of staff." Another relative said, "In the last six months things have improved, I would say they have enough staff now and they generally arrive on time."

During our visits to people's homes the assigned staff members arrived within the agreed timeframe. We saw that the correct number of staff were present so that people's care could be delivered safely. The provider told us that each person's care visits were set at the same time each week and this enabled them to calculate how many staff they needed. However, there wasn't a robust system to timetable the calls which meant that errors had occurred in staff providing too many calls. The provider told us they were looking to introduce an electronic system to allocate staff to each call.

At our inspection in October 2015 we found that people were not fully protected from the risk of abuse because staff had not been provided with the required knowledge to keep people safe. During this inspection we found the required improvements had been made and staff were aware of their role in safeguarding people.

The people we spoke with told us they felt safe when staff were providing care to them. One person said, "I do feel safe, the staff are all very kind." Another person told us, "Yes of course I feel safe, I'd certainly tell someone if I didn't." The relatives we spoke with told us they felt their loved ones were safe when staff were providing care in their home. One relative said, "I have no concerns about [my relative's] safety. It is a weight lifted off my shoulders." Another relative commented, "I know that [my relative] is kept safe and that is very important to me."

People were supported by staff who knew how to keep them safe and what action they would need to take to report any concerns. Staff were aware of the different types of abuse which can occur and told us they would not hesitate to report anything of concern. Some staff had received recent safeguarding training with a previous employers and others had received training provided by First Class Care.

People's care plans contained information about how staff should support people to keep them safe. For example, one person's care plan noted that staff should use a key safe to enter the property. The care plan provided guidance to staff about how they should enter and leave the property to ensure security was maintained and observed this happen in practice. The staff we spoke with told us they felt able to keep people safe and were aware of the different support people required.

At our inspection in October 2015 we found that risks to people's health and safety were not properly assessed or well managed. During this inspection we found the required improvements had been made. Risk assessments were in place which identified the steps that should be taken to lower those risks.

The people we spoke with told us they felt that staff took appropriate measures to reduce risks to their health and safety. One person said, "The staff are always very careful." The relatives we spoke with also felt that risks were appropriately managed by care staff. One relative said, "The staff all know how to operate [my relative's] hoist." Another relative told us that they had been involved in the review of risk assessments with the manager and felt that staff took appropriate steps to reduce risks.

People were supported by staff who took appropriate measures to reduce any risks to their health and safety. For example, staff knew how to safely operate any equipment people had in their home. Staff received individualised training in how to operate different equipment people used, such as a hoist and we observed staff safely using equipment in one person's home. Staff told us they were made aware of different risks to people's health and safety and knew how to manage these.

People's care plans contained risk assessments which determined the level of risk of various activities. For example, assessments were carried out of each person's property and the risk of a person falling and sustaining an injury. Staff we spoke to were aware of the different risks to people's health and safety and knew how to manage these and this matched the information in care plans. For example, we saw staff appropriately support a person to walk independently.

At our inspection in October 2015 we found that people did not always receive their medicines as prescribed and records relating to medicines were often incomplete. During this inspection we found the required improvements had been made. People received their medicines as prescribed and at the right time.

The people we spoke with told us they received their medicines when they required them. One person said, "The staff stand with me and make sure I've taken my tablets." The relatives we spoke with also confirmed that staff supported people to take their medicines as prescribed. One relative said, "I do check the packs of tablets when I visit to make sure they are being given, they do seem to be going down OK."

Staff provided the level of support each person needed to manage their own medicines. Some people only needed a reminder of when to take their medicines, whilst staff prepared other people's medicines for them. The care plans we looked at contained information about what support, if any, people required with their medicines. Our observations and conversations with staff showed that they were aware of the different levels of support people required.

Staff completed medication administration records to confirm whether or not people had taken their medicines. These confirmed that staff were ensuring people were given their medicines as required. Staff were provided with training and support in relation to their role in administering people's medicines. Observations of their competency were also carried out on a periodic basis to check if staff remained competent.

Is the service effective?

Our findings

At our inspection in October 2015 we found that staff had not been provided with the required training, induction, supervision or appraisal. During this inspection we found the required improvements had been made and staff were appropriately supported, although further improvements were required to record keeping.

The people we spoke with told us that they felt staff were competent and well trained. One person said, "They are so good, I don't know what I'd do without them." Another person commented, "[The provider] introduces the new staff to me and makes sure they know how to operate the equipment in my home." The relatives we spoke with also felt that staff were appropriately trained and supported. One relative commented, "Yes I think the staff are well trained. The manager comes out sometimes to check up on them."

The staff we spoke with told us they were provided with training that was relevant to their role, such as safeguarding, infection control and record keeping. Staff were positive about the quality of training provided to them and said it was delivered in a way that met their needs. Staff had not received all of the training relevant to their role and the records relating to training were out of date. Some training had been provided by an external trainer since our previous inspection and more had been arranged to address the gaps in training. The provider had also invested in training facilities at their office and a 'train the trainer' course that they were due to attend. This meant that the training needs of individual staff could be addressed quickly in future.

Staff told us that they received regular supervision and told us they felt well supported by the manager and provider. Staff also told us that their practice was observed during regular spot checks and they received constructive feedback about their performance. The people and relatives we spoke with also confirmed that regular observations were carried out. However, there were limited records available to confirm the frequency of supervision and what was discussed with staff. The provider acknowledged that they had not always kept records of supervisions and observations and so could not evidence when these had taken place.

At our inspection in October 2015 we found that the provider had not acted in accordance with the Mental Capacity Act (2005). During this inspection we found the required improvements had been made. The principles of the MCA were understood by staff and the provider acted to ensure people's rights were upheld under the MCA.

The people we spoke with told us they had provided consent to the care that they received and this was confirmed by them having signed their care records. We were also told that staff asked for consent prior to delivering any care. One person said, "They always ask before they do anything." During our visits to people's homes we observed that staff asked for people's consent prior to entering their property and before delivering any care.

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. We checked whether the service was working within the principles of the MCA. The records we checked showed that people had the capacity to make their own decisions and this had been respected during the care planning process. There was a process in place to ensure that people's capacity to make a decision could be assessed should there be any doubts.

The staff we spoke with had a good understanding of the importance of seeking people's consent before providing care. Staff were also passionate about helping people to make decisions, even if they required additional support to do so. One staff member said, "Just because a person has dementia, that doesn't mean they can't make decisions. I will help people make their own decisions by offering choices and explaining things to them."

At our inspection in October 2015 we found that people were not supported to eat and drink at appropriate times because staff were frequently very late. During this inspection we found the required improvements had been made. People received meals and drinks of their choice and at the time they wanted them.

The people we spoke with told us they received the support they required to eat well and have enough to drink. One person said, "I like porridge and the staff make that for me at breakfast time." Another person commented, "The staff always leave a drink and some snacks with me before they leave." The relatives we spoke with also told us that staff provided the required support to enable people to eat and drink sufficient amounts. One relative commented, "I prepare the meals and the staff help [my relative] to eat. They are patient and make sure [my relative] has the time they need to eat."

During our visits to people's home we observed that staff offered people choices of meals and drinks and prepared the meals in line with people's preferences. One person required some support and prompting to eat their meal and this was given in a calm and unhurried manner. People told us and we observed that staff arrived on time for the majority of calls. This meant that people were receiving meals at the desired time. One relative told us that this improvement in staff punctuality had led to an improvement in their loved one's general health and well-being because they were receiving meals at the correct time. There was information in care plans about people's dietary needs and preferences, such as any food allergies.

The staff we spoke with told us that they were made aware of people's dietary requirements and always offered choices to people. Staff also kept running records which confirmed how much people had eaten and drunk during each call. These records demonstrated that people were provided with appropriate types and quantities of food and drink.

First Class Care was not responsible for arranging access to healthcare services for people. However, people told us that staff would always suggest if they felt it would be a good idea for them to see their doctor. The relatives we spoke with also confirmed that, if required, staff would make healthcare appointments for people and accompany them to the appointment.

The staff we spoke with told us that they reported any concerns about a person's health to the manager or the provider. The records we saw confirmed that this was the case and also demonstrated that staff were

following any guidance provided by a healthcare professional. For example, one person had been prescribed eye drops because their eyes were becoming irritated. Staff ensured that they followed the guidelines in administering these. Staff told us they would not hesitate to contact the emergency services should a person have a more urgent healthcare need.

Is the service caring?

Our findings

People told us that they felt staff were genuinely caring and had built up positive relationships with them. One person said, "I don't know what I would do without them." Another person told us, "The staff are all very nice and I think they do care." The relatives we spoke with also told us that staff had built positive and warm relationships with their loved one. One relative said, "The staff they send now do all seem to care." Another relative told us, "The staff all seem to have a caring attitude, it is more than just a job to them."

People were cared for by staff who had taken the time to build caring relationships with them. Staff could describe the different ways people preferred to be cared for and spoke kindly about them. During our visits to people's homes we saw that staff clearly knew people well and had friendly conversations whilst providing care and support. Where it was appropriate, staff also shared a joke with people and demonstrated that they took a keen interest in what people wanted to tell them. The manager told us that they assigned staff to care for the same people where possible so that consistency could be developed. People and relatives told us that this was the case and appreciated seeing the same staff on a regular basis.

People and staff told us there was sufficient time available on each call for staff to be able to develop positive relationships and carry out any tasks in an unhurried manner. Staff were also clear that they would stay as long as required to ensure that people received a good standard of care. People's care plans described their needs in a personalised way and gave staff clear guidance about the preferred way to care for each person. Care plans contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for.

People and their relatives were involved in planning their own care at the start of their care package and at regular reviews of their care. One person told us, "Somebody came out to review my care plan yesterday. I would say I am very involved and make my own decisions." The relatives we spoke with also confirmed that they and their loved one were able to be involved in making decisions about their care. One relative said, "We now get regular reviews of our care, all decisions are clearly recorded."

People's care plans contained an initial assessment of their needs which was completed prior to their care package starting. These were completed with people's involvement and we saw that their wishes were then reflected in their care plan and the times of their calls were agreed. Staff told us they involved people in day to day decisions relating to their care to ensure that these choices were respected. For example, staff respected people's choices about what clothes they wished to wear and what they wanted to eat. During our visits to people's homes we observed staff offering choices to people, such as whether or not they would like their windows opening and the TV switched on or off. Information was made available to people about advocacy services although nobody was using this at the time of our inspection. Advocates are trained professionals who support, enable and empower people to speak up.

The people we spoke with told us that staff treated them with dignity and respect and maintained their privacy when providing care. One person said, "Staff treat me very well." Another person commented, "The staff are certainly very nice, I'd tell them if they weren't." The relatives we spoke with also told us that staff

treated their loved one with dignity and respect. One relative said, "From what I have seen, the staff treat [my relative] properly." Another relative said, "All of the staff that come now understand what dignity means. They are polite and respectful and also respect our house."

During our visits to people's homes we observed that staff spoke with people in a polite and respectful way. Staff also provided positive encouragement to people and ensured that they were encouraged to carry out personal care independently where possible. The staff we spoke with understood the importance of maintaining people's dignity treating them with respect and told us they would report any concerns about the practice of other staff to the manager or provider. Staff displayed a clear understanding of how to provide personal care in a way which protected people's dignity, such as by making sure that curtains and doors were closed. The care plans we looked at described people's care needs and personalities in a caring and dignified way.

Is the service responsive?

Our findings

At our inspection in October 2015 we found that people did not receive person centred care because staff often arrived very late, too early or not at all. In addition, people's care plans did not reflect their needs and had not been reviewed. During this inspection we found the required improvements had been made. People received person centred care and it was provided at the appropriate times. People's care plans had been reviewed and updated with their involvement.

The people we spoke with told us that they received personalised care and that staff now mostly arrived at an acceptable time. One person said, "The staff are very punctual, they will let me know if running a bit late but that is no longer a problem." Another person commented, "Everything is perfect with the service I receive, no problems." The relatives we spoke with told us that there had been great improvements in the provision of care to their loved one. One relative said, "Things have improved markedly over the past six months. The staff now generally arrive on time." Another relative said, "I am happy with the care [my relative] receives, the staff know what is required and they go above and beyond when required."

During our visits to people's homes the staff arrived within the agreed timeframe and stayed for the full amount of time that was required. The records we viewed also confirmed that there had been improvements in the punctuality of care staff and staff had arrived for the vast majority of calls within the agreed 30 minute window. Records also confirmed that staff were providing the care that people required on each call, such as assistance with personal care and meal preparation. The staff we spoke with displayed a detailed knowledge of people's care needs. They also told us that they found the information in people's care plans to be helpful. One staff member added, "If anything changes then the manager will update us. Also, if we think someone's care package needs changing the manager will sort that out."

One relative told us that the provider had responded positively when their loved one required additional support, telling us that, "[The provider] put extra support in place when [my relative] came out of hospital even before the extra funding was sorted." They also commented that the provider had responded at short notice to provide increased staffing levels when required. Another person told us that, as a result of the care they were receiving, their confidence had increased to the point that they were able to visit a local pub independently.

People's care plans were reviewed on a quarterly basis, or more often if required and we saw that updates were made when appropriate. For example, one person had requested that the time of their morning call be changed and this had been implemented for them. The people and relatives we spoke with confirmed that either the manager or provider visited them to carry out care plan reviews. The records in people's care plans also verified that regular care plan reviews took place and that people were fully involved in this process.

The people we spoke with felt comfortable raising any concerns or complaints they may have. One person said, "I would have no hesitation contacting [the provider] with any complaints." Another person told us, "If everyone was like [the provider] then everything would be perfect. I would have no hesitation making a

complaint but I have no issues at present." The relatives we spoke with also told us they would feel comfortable making a complaint and knew how to do so. One relative said, "I can always get hold of the manager or [the provider] on the phone. They respond positively to any issues I raise."

People were provided with a copy of the complaints procedure when they started using the service and we saw this in people's care plans. We looked at the records relating to complaints that had been made since our previous inspection. Each complaint had been thoroughly investigated and a response sent to the complainant in a timely manner. The provider offered an acknowledgement and apology where they felt their service had dropped below an acceptable standard.

Is the service well-led?

Our findings

At our inspection in October 2015 we found that systems were not in place to monitor the quality of the service that people received, assess and monitor risks to people or to seek their feedback about the service. In addition, records were not up to date, accurate or stored securely. During this inspection we found that not all of the required improvements had been made.

There weren't robust systems in place to monitor the quality of the service that people received. The provider told us that they carried out checks of the running records that staff made and would take action should they find any issues. However, there were no records of any such checks being carried out. No checks were being carried out of other important areas of support such as medicines administration and infection control practice. This meant that, should there be any issues with the care and support provided, these were not being detected. The provider told us that they carried out spot checks and observations of staff and dealt with any issues immediately. However, there were no records available to verify what action had been taken to improve the quality of the service.

We saw that records relating to medicines administration were not always correctly completed. Where people were prescribed medicines to be given 'as required', such as pain relief medication, staff had not always recorded the quantity given or if the person had declined the medicine. This meant it was not possible to get an accurate picture of how many tablets a person had taken. When additions to medicines records were made part way through a month, staff had not always recorded accurate information about how the medicines were to be given. People confirmed that they were receiving these medicines as directed, however the lack of records meant there was a risk that staff may not know how to administer the medicines. In addition, records relating to staff training and supervision were not up to date and were not provided to us at the time of our inspection. Records were stored securely in a locked cabinet or on a computer.

The quality of service people received was not robustly monitored which meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke with told us that they were regularly asked for their views about the quality of care they received. One person said, "The manager often comes out to see me and asks how things are going." Another person said, "I receive phone calls to check if everything is going alright." The relatives we spoke with also told us their views about the service were sought. One relative told us they had recently received and completed a satisfaction survey. We saw that satisfaction surveys had been offered to people and relatives on a regular basis and many had been completed. These showed an improvement in the level of satisfaction with the service.

The service had not had a registered manager for eleven months and First Class Care was registered at an incorrect address at the time of our inspection, this meant they had breached the conditions of their registration. The provider had submitted the relevant applications to rectify these issues. The provider had appointed a manager since our previous inspection and had made significant investments to try and

improve the quality of the service they provided. For example, company cars had been purchased and made available to staff to use. Additional equipment and training facilities had been purchased for use in supporting staff to further develop their skills.

The people we spoke with felt that the management and leadership of the service had improved which resulted in their experience of the service improving. One person said, "They seem to manage everything well." Another person told us, "I see the manager and [the provider] quite often, they seem to have everything under control." The relatives we spoke with also commented that they were satisfied with the leadership and management of the service. One relative said, "I've only really had one issue but they resolved that to my satisfaction."

There were clear decision making structures in place, staff understood their role and what they were accountable for. Staff told us they could contact the manager and provider at any time whilst they were working should they have any queries. Periodic meetings for staff were arranged so that they could meet and discuss any issues as a team. Records confirmed that these meetings were also used to deliver clear messages to staff about the provider's expectations of them.

There was a clear and transparent culture at the service and people, relatives and staff felt empowered to speak up should they wish to. One person said, "I would have no hesitation in saying anything. [The provider] wants to know how well they are doing." Another person told us that the manager and provider were, "Very approachable." The relatives we spoke with also confirmed that they would feel comfortable in contacting the manager and provider and some had done so regularly. One relative said, "There is always someone on the end of the phone now, that wasn't always the case in the past." Another relative said, "I regularly speak with [the provider] and they are very open to what I have to say."

The provider told us that they had a clear ethos that they wanted First Class Care to 'be the best' and expected high standards from staff. The staff we spoke with told us they found the manager and provider to be receptive to any comments they made and felt able to raise issues and make suggestions. Staff told us they would feel comfortable saying they had made a mistake and that the manager would support them to learn from this and improve.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not operated effectively in respect of assessing, monitoring and improving the quality and safety of the services provided.</p> <p>Systems or processes were not operated effectively in respect of assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users and others.</p> <p>Records relating to service users and staff were not always accurate or up to date.</p>

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not operated effectively to ensure that persons employed were of good character. The information specified in Schedule 3 was not available for all persons employed.</p>

The enforcement action we took:

We issued a warning notice