Unity Care Solutions Limited

Unity Care Solutions (Maidstone)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was carried out on 23 June 2016. Our inspection was announced

Unity Care Solutions (Maidstone) is a domiciliary care service. The office is located in Kingshill, near West Malling. Unity Care Solutions (Maidstone) provides personal care and for 13 people who are living in the community. People receiving care and support were predominantly children aging from two years old and up. Some people were young adults. People required specialist care which included nursing care. Some people required assistance from artificial aids to help them to breathe. Staff provided assistance to people such as washing and dressing, preparing food and drinks, administering medicines and helping people maintain their health and wellbeing.

Unity Care Solutions (Maidstone) had a registered manager. The registered manager was on maternity leave, so the provider had put an interim manager in place. 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 and associated Regulations about how the service is run.

Relative's views about the service they received were positive. Relatives felt their family members received safe, effective, compassionate, responsive and well led care.

Recruitment practices were not always safe; gaps in employment history had not always been explored.

Essential checks of people's vital signs and checks of equipment had not always been carried out and recorded. This meant that some people's health were at risk.

Medicines were appropriately managed and administered. Medicines audits had been carried out for some medicines records. Action from audits were not always clear. We made a recommendation about this.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) were in place which included steps that staff should take to comply with legal requirements. Capacity assessments followed the principles of the Mental Capacity Act.

Systems to monitor the quality of the service were not effective. Policies and procedures were out of date, which meant staff didn't have access to up to date information and guidance.

Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse.

Staff had received regular support and supervision from their line manager. There were suitable numbers of staff on shift to meet people's needs.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People's care plans detailed what staff needed to do for a person. The care plans included information about their life history and were person centred.

People had choices of food at each meal time which met their likes, needs and expectations. People were supported to be as independent as possible.

Relatives told us that staff were kind, caring and communicated well with them.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

People were given information about how to complain and how to make compliments. Complaints had been dealt with appropriately.

People's views and experiences were sought through review meetings and through surveys.

People told us that the service was well run. Staff were positive about the support they received from the manager. They felt they could raise concerns and they would be listened to.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's behaviour.

There were effective quality assurance systems in place. The management team and provider carried out regular checks on the service to make sure people received a good service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Effective recruitment procedures were not always in place. There were sufficient staff on duty to ensure that people received care and support.

Staff had not always carried out appropriate checks of equipment and people's health to ensure care and treatment was given in a safe way.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Risks to people's safety and welfare were well managed to make sure they were protected from harm.

People's medicines were well managed. Medicines audits took place frequently, however it was not always obvious what action had been taken to address issues found during the audits.

Is the service effective?

Good

The service was effective.

Staff had received training and support relevant to their roles.

Staff had a good understanding of the Mental Capacity Act and how to support people to make decisions.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.
Relatives told us they found the staff caring, friendly and helpful.

People and relatives had been involved in planning and had consented to their own care.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

Is the service responsive?

Good

The service was responsive.

Care was offered to people in response to their care needs which had been planned with their involvement. Relatives told us that they were kept well informed by the service.

People and their relatives had been asked for their views and these had been responded to. People had been given adequate information on how to make a complaint. Complaints had been appropriately dealt with.

Is the service well-led?

Good

The service was well led.

The registered manager and provider carried out regular checks on the quality of the service.

Staff told us they were well supported by the management team and they had confidence in how the service was run.

People and their relatives were encouraged to give their views and feedback about the service.

Unity Care Solutions (Maidstone)

Detailed findings

Background to this inspection

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

The inspection took place on the 23 June 2016, it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for children and younger adults; we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses domiciliary care.

Before the inspection, we asked the provider to complete 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 didn't speak to people to obtain feedback about their experiences of the service; this was because people were either very young children, unable to communicate their experiences or were at school. We spoke with five relatives. We interviewed seven staff including the registered manager, who worked for one day during the inspection as they were shortly returning from maternity leave.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority care managers and commissioners.

We looked at six people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, four staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for copies of policies and procedures. This was received in a timely manner.

The service had been registered with us since 09 April 2015. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Requires Improvement

Is the service safe?

Our findings

Relatives told us their family member received safe care and support from Unity Care Solutions (Maidstone). Relatives told us they had consistent staff providing care and support. One relative explained that they had been let down by staff going off sick a few times at the last minute which had inconvenienced them, but recognised that this was rare and usually for good reason. Relatives also said communication was good. Comments included, "Regular discussions about all aspects of his care which include risks"; "Phone them quite often, they sort out any problems"; "While they are here, we trust them to leave him at home with them"; "They look after him. They don't talk to him as he's usually asleep" and one relative said that staff were "Always on time".

Three health and social care professionals told us that people received safe, effective care. One said, "The staff identify any risk or situation they may need to deal with and deal with it very calmly and professional".

Recruitment practices were not always safe. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nurses were registered with the Nursing and Midwifery Council and the registered manager had made checks on their PIN numbers to confirm their registration status. Staff employment files showed that references had been checked. Three out of six application forms did not show a full employment history. One staff file showed a gap of five years, one file had a gap of one year and one file showed a gap of over one year. Interview records did not evidence that this had been investigated by the provider or registered manager.

The provider had failed to carry out safe recruitment practices. This was a breach of Regulation 19 (1) (b) (2) (a) (b) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to the nature of people's medical needs, vital signs and other observations of equipment were required at frequent intervals to make sure that people were safe, healthy and to ensure any signs of deterioration were quickly picked up and the correct medical procedure applied. Staff were required to record their checks during the care and support visits to evidence that they had checked the person and the equipment. We found that some records contained gaps which looked like the relevant and necessary checks had not been completed, 10 dates had not been completed. We checked the daily records and found that the nurse had recorded that they had made checks of the vital signs on one of the dates in the daily records rather than the vital signs forms but the other daily records for the other nine dates did not verify the checks had been made. We reported this to the interim manager, they agreed that it was not clear what safety checks had been completed.

The provider had failed to ensure that staff had carried out appropriate checks of equipment and people's health to ensure care and treatment was given in a safe way. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. Records evidenced that people had received medicines when they needed them. Care records clearly listed how people showed they were in pain. There were clear medicines procedures in place which were dated May 2012. The procedures set out directions for staff about administration of medicines, this included information about over the collection of prescriptions, records and medicines error reporting. Staff were clear about their responsibilities regarding medicines, they told us that they had received assessments from the management team to check they were competent to administer medicines. Staff made accurate records of medicines taken on medicines administration charts (MAR) and medicines records. Completed medicine records were checked and audited by the office based nurses when these were returned to the office at the end of each month when medicines had been given by care staff. It was not always possible to see that the audits had taken place and it was not always obvious what actions had been taken as a result of the audit. No checks were made of the medicines records when medicines had been administered by trained nurses. We spoke with the registered manager and office nurses about this, they said they planned to make sure all medicines records were checked in the future.

We recommend that the provider and registered manager ensure that medicines records are consistently audited.

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding adult's policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Child protection procedures were also in place. Staff had completed safeguarding adults and safeguarding children training. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. Staff had access to the whistleblowing policy and had confidence that if they had concerns these would be dealt with appropriately. One staff member said, "I have had safeguarding training but there are forms in the care plan keep kept in children's homes which we can complete if we have any concerns about child safety. We would fill those out and get them back to the office so that whatever our concerns were about safeguarding would be followed up".

Support plans contained in depth risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's complex health needs and equipment in use to keep people safe and well. The risk assessments gave clear, structured guidance to staff to detail how to safely work with people and who to contact if equipment wasn't working as it should be. Where people used bottled oxygen to maintain their breathing, clear risk assessments had been completed to ensure that staff knew safe ways of working with people, this included checking tubing to ensure it was not kinked and what staff should do if the power failed. This meant that safe systems of work had been put in place to protect people and staff.

Unity Care Solutions (Maidstone) employed enough staff to cover the care packages that were in progress. Rotas and schedules showed that people had consistent staff working with them. The registered manager explained that when new referrals were made to the service, adverts were placed to recruit staff, discussions took place with existing staff to check they had capacity to pick up additional hours. Sometimes it was not always possible to find appropriately trained and qualified staff to provide the care packages. The registered manager explained that when this happens, the referral was not accepted. One health and social care professional told us, "There have been difficulties recruiting to a particular care package although this challenge is not isolated to Unity Care Solutions".

Accidents and incidents were reported to the management team, who reported a summary of these to the

provider on a monthly basis. Appropriate action had been taken when there had been accidents and incidents. For example, risk assessments and support plans had been updated and investigations had been carried out.

Good

Is the service effective?

Our findings

Relatives told us their family member received effective care and support from Unity Care Solutions (Maidstone) and they had been fully involved in decisions. Relatives told us staff were well trained and competent and that that appropriate checks on staff are made by the office based nurses and the management team. Comments included, "They come and do spot checks just to make sure they're doing everything right". One relative who was asked about the level of training staff had said, "Yep [the staff were well trained], I've seen the training folder" and another relative told us that staff were very well "Trained to do roles".

Staff had good knowledge and understanding of their role and how to support people effectively Staff had received all of the training and guidance relevant to their roles. The staff training records showed that essential training such as fire training, health and safety, moving and handling, Mental Capacity Act 2005 and medication had been undertaken. Staff had attended specialised training to enable them to support people's health needs. This included training in supporting people with nasogastric tubes (which is a tube passed into the stomach via the nose), tracheostomy (which is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to someone breathe, Stoma (a stoma is an opening on the front of the abdomen which is made using surgery. It diverts faeces or urine into a pouch (bag) on the outside of the body. Staff had also received training in PEG feeds (this is where people received food and fluid through a tube into their stomach) and training in administering rectal and buccal (inside the cheek) medicines. The office had a large number of training devices to aid teaching which included a life size child doll which all the procedures could be realistically practiced on. The training was competency based and was validated and checked by trained and qualified nurses.

Staff were not able to work with people until they had received all of the relevant training specific to the person's needs. Staff confirmed this. One member of staff said, "I have done specialised training which is child specific, it has been practical and the office have these come out to the child's home to show me, or have received training in the office, for example I had to have training regarding oxygen, I have not finished his training yet and therefore I am not allowed to do it at the moment". The management team had arranged for update training to take place and maintained good records to enable them to check when training was needed. Nursing staff were supported by the office based nurses to ensure they had plans in place with regards to their professional nurse revalidation, this included competency based training and reflection. Revalidation is the process that all nurses and midwives have to go through in order to renew their registration with The Nursing and Midwifery Council (NMC).This meant staff had received all of the training they needed to meet people's needs.

Staff told us they felt well supported and received regular supervision. Supervision records and records seen evidenced this. There were records that staff had been spot checked by the management team. This is where an unannounced check on the staff member had been made whilst they were carrying out care and support. Staff had a period of getting to know people they were going to work with before being allocated to provide care and support.

Relatives told us that staff communicated well with them and their family members. Relatives explained that they were involved in making decisions. One relative said, "They talk to her and tell her what they're doing but my daughter can't respond". Another relative told us, "We gave consent at the beginning, they ask him if he's happy before they start doing things" and another relative said that staff "Talks to [person] constantly". Staff had attended training in the Mental Capacity Act (2005) and had a good understanding of the main principles. Because staff mainly supported children and young people, the principles were not practiced daily. We saw a mental capacity assessment for a person who had become an adult, which showed that appropriate steps had been taken to ensure that they were treated lawfully. Staff explained that they supported people to make day to day choices and people's choices were respected. One staff member said, "I know it is important that I get consent and that the children are happy with whatever I am doing or whatever I have suggested we do. Some children are able to speak and tell me what they want when they want to but I do look after another child who can't I can only tell whether they're happy by looking at them see if they're smiling or whether they don't look happy I look at the body language I suppose. Normally the parents would have told us the signs to look for to say yes and no and that would be put in the care plan".

Relatives explained that their family members were generally supported to eat and drink by relatives. Although some people were fed using PEG feeds. Relatives commented, "Staff don't have much input [into food and hydration]"; "No he's on a strict nutrition diet. It is given by a nurse and it's done really well" and "Odd bottle of milk if he's ill and gets hungry at night but generally no [not having regular support with food and hydration]. Care plans and risk assessments provided clear guidance to staff about each person's food and drink, including where liquids need to be thickened to aid swallowing. The care plan detailed important information such as listing that a person does not have breakfast as they would have just finished their overnight PEG feed. Healthcare records evidenced that nursing staff had liaised with Speech and Language Teams (SaLT) to discuss and agree appropriate feeding, this included the size of feeding tubes to be used and the rate in which the PEG feed was used for. This meant people were provided effective care and support with their food and hydration.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Relatives told us that their family members received appropriate support to maintain good health. One relative told us that the nursing staff assisted them by giving recommendations and nurses "Tell us everything we need to know". Another relative said "I discuss it [person's health] with them every night, how he's been doing during the day and we have a conversation about it". We saw clear protocols in place in people's care records to detail what each person's normal heart rate, oxygen level and other critical information was. The protocols listed what staff should do if the person deteriorated and what the 'Ambulance protocol' was. This meant that information about the person was clear. Staff had sought medical advice from the GP when required and had discussed concerns with relatives. Records demonstrated that staff had contacted the GP, ambulance service, occupational therapists, physiotherapists, SaLT, hospitals, care managers and relatives when necessary. People who had been diagnosed with a terminal illness and were at the end of their life received support from the children's hospice service. The care plans and information provided staff detailed emergency numbers for the children's hospice service and other important numbers so they could contact specialists when required.

Good

Is the service caring?

Our findings

Relatives told us that all of the staff treated their family members with kindness, compassion, dignity and respect. Comments included, "[Staff member] is like part of our family. They come and talk and are very friendly"; "They always help him with personal things, like Mother's Day and Father's Day and everyday stuff"; "[Staff member is absolutely kind and compassionate" and "[Staff member] has been fantastic, treats [person] with respect, compassion and is one of the family".

Staff were aware of the need to respect choices and involve people in making decisions where possible. Staff were aware about encouraging people who were older children or young adults to be more independent. One staff member told us, "I always get the children to do what they are able to do, I think independence is also about getting them to make choices and make decisions if they have the ability to do that". People were supported to make decisions, choices and be independent when appropriate.

Staff maintained people's privacy and dignity. Staff explained that they would close and curtains when providing personal care to people. Staff explained how they chatted to people whilst providing care which made people fee valued. All of the staff explained that they covered people with towels whilst they were assisting them with their personal care to protect their privacy and dignity. One relative said, "When doing personal care they close the blind and shut the door so no one can see him".

Staff explained how they recognised they were working in people's homes and tried to ensure that they did not disturb other relative's privacy. One staff member told us they were "Mindful that's its people's homes, ask if I need to take shoes off, be quiet and unobtrusive".

Staff knew the people they supported well. The rota's evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support. A relative told us, "We only have [staff member] provide the support". A staff member said, "As far as making people feel valued, quality caring for them, I think it's important to give them your full attention while caring for them, interacting with them at all times, putting them first".

People's care plans detailed their life histories and important information which helped staff engage and respond to their individual needs, this included favourite toys and games the person like to play. One staff member said, "I think it is important to communicate well with the family in that way you get to know them and the person who you are caring for well which helps if there any issues of concern".

People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan. For example, some peoples care plans showed they had staff care and support overnight to monitor them when they were sleeping which enabled the family carers and other relatives to sleep and have a break. The daily records evidenced that people received these night care support visits as detailed in the care plan.

Staff were aware of the need to respect choices and involve people in making decisions where possible.

Where people receiving support were young children staff discussed and agreed decisions with people's parents. A staff member told us, "When it comes to consent I explained to the child what I need or what I want to do and wait for them to answer, however I do have one child I visit who can only communicate through their eyes but I have got to know what they are saying whether it's yes or no. I still encourage the child to make choices and make decisions where ever possible".

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password.

Good

Is the service responsive?

Our findings

Relatives told us that Unity Care Solutions (Maidstone) were responsive to their family member's needs. Relatives knew how to contact the management team and knew how to log concerns, complaints and compliments. Relatives told us they had been fully involved in developing care plans and reviewing care. Comments included, "No complaints but they handle our concerns quite well"; "Never actually complained but they sort out any concerns"; "We do get involved when it [the care plan] is written out. It's done here. We discuss it as a group. It's never been done without our input"; "I'm involved in his review which happens every couple of months, unless we go to hospital and he changes his ventilator. Then we inform them and someone comes around next day to review the plan" and "I was involved in putting the care plan together as was [person], the system was shared of what already works".

Staff told us that when they started to provide support to people there was always a care plan and risk assessments in place and they had all the information they needed to provide care and support. People's care plans detailed their life history and important information about them. Such as medical history, important family members, schools attended, places they had lived and important people in their lives. The care plans provided clear detail to staff about what they had to do for a person. For example, one care plan detailed the order in which staff should follow to enable a person to get washed and dressed. This was consistently followed by staff to ensure that the person knew what was going to happen next. Relatives had signed their care plans and consent forms to state they agreed with the packages of care.

Relatives explained that their family member's care needs were reviewed regularly. One relative said that their family member had just been given a new machine to aid their health care needs. This was reported by the staff member to the office nurses, who made immediate contact with the relative to discuss the machine, when and how it should be used and they updated the care plan to reflect this piece of equipment. The staff member was also booked on training to ensure they had the right skills and competence to meet the person's new needs.

Staff had a good understanding of their roles and responsibilities with regards to complaints. The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed to people within the 'service user guide'. The complaints policy dated October 2015 was available in the office. This showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO).

Complaints records showed that issues had been fully investigated and responded to by the registered manager and provider within appropriate timescales, people and their relatives had received an apology when one was required. The management team took appropriate action when required and provided feedback to staff during meetings and supervisions in order to ensure lessons were learnt. One relative talked about a situation which they had reported, this demonstrated that the management team had taken appropriate action to deal with their complaint. They added, "The manager came around. They were very apologetic and it was all handled very professionally".

Compliments records were maintained. These records contained letters and emails from relatives and care managers. One compliment thanked a member of staff for support to attend an event in the community. Another compliment thanked a staff member for how they had handled a stressful situation with a person, they had written, 'She was very calm and efficient and dealt with the matter very professionally'. An email from a local authority care manager had said 'Care package has worked well'.

Relatives were encouraged to provide feedback about the service. The management team met with people to ask them feedback and relatives were also sent surveys six monthly. Relatives we spoke with confirmed that they had received these, one said "Unity have sent surveys". We viewed a number of these summary completed surveys. Comments within the completed surveys included; 'Difficult to improve [staff member] is excellent'; 'We are delighted with the service we have received from the office and [staff member]'; '[Staff member] is always early'; '[Staff member] has fitted in so well and [person] loves her'; 'I take great comfort that she is watching over him'; 'Always goes above and beyond'; 'Always on time and punctual'; 'Always feel safe and happy with [staff member]'; '[Person] is safe and well looked after' and 'Very happy with everything'.

Good

Is the service well-led?

Our findings

Relatives told us that the service was well run and they had confidence in the provider and management team. Comments included, "I think they have a problem of being understaffed but on the whole they are well managed. She will phone me personally the manager, instead of someone else, she is very good on that" and "They're always trying to help us if we need to change a shift or move the hours around".

Health and social care professionals also told us they felt that the service was well led and communication and cross working with professionals worked very well. Comments included, "Good communication with professionals and service users"; "The management support team are always on hand to answer any queries we may have and they communicate very well with us" and "The service that has been provided has been very good and I have no concerns".

Quality assurance systems were in place. The provider had instructed an external audit of the service to be carried out six monthly. This was a thorough audit of the service covering all of the key areas to ensure the service was safe, effective, caring, responsive and well led. Recommendations made by the auditor had been met by the management team. The external auditor also carried out an independent survey of care. We viewed the completed survey report dated January 2016. This showed that nine relatives had responded and all of the feedback about the service was positive. The management team had identified that they needed to have a more robust system in place to check people's daily records, observation sheets and relevant information. They had put together a 'Review action planner' in May 2016 which had picked up some issues with gaps in charts. A clear action plan was in place to manage any issues within a timely manner.

Policies and procedures were in place to support the staff to carry out their roles effectively. Records relating to people's care and the management of the service were stored securely. People's care files and personal information had been stored in locked cabinets in the office and people had a copy in each of homes for staff to follow on a day to day basis.

The registered manager and interim manager had support from the provider who visited the service regularly. The management team said they spoke with the provider daily and received good support and guidance. Staff told us the management team were friendly, approachable and communication was good. Staff said, "I find the team in the office and the managers very supportive, they are easy to talk to and approachable"; "My manager is very approachable" and "I have regular supervision and I feel supported. Communication is very good and we have regular team at meetings when we bring up issues pertaining to the children that we are looking after. In this way we can make sure that the care is consistent and any issues we are having can be sorted out. As I'm part-time I feel these meetings are important as it stops me from being out of the loop".

Staff meeting records evidenced that staff discussed a range of subjects and felt confident to ask questions and make requests. Staff meeting records also evidenced that staff meetings were used to refresh on training and information of importance such as safeguarding children and adults from abuse. The staff were

confident about the support they get from the management team, this included out of hours support during evenings and weekends. Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to. Staff told us that they were aware of the whistleblowing policy and that they could contact other organisations such as the Care Quality Commission (CQC) and the local authority if they needed to blow the whistle about concerns.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The management team knew that they should notify CQC about important events such as deaths and serious injuries and safeguarding concerns. They had not reported any of these issues as none had occurred. The provider had informed CQC about the registered manager being absent from their role and had confirmed the temporary management arrangements.

The values of the service were to treat people with compassion, dignity and respect and remain sensitive. Information staff gave us demonstrated that they embedded these values into their work. One staff member said, "I think the vision and values of the company is to make sure the people we look after our happy and comfortable and that staff are doing what they should to make sure our clients are very well looked after. Quality care comes from following the care plan and working closely with the family to provide a good standard of care".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that staff had carried out appropriate checks of equipment and people's health to ensure care and treatment was given in a safe way. Regulation 12(1)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not operated recruitment procedures effectively. Regulation 19 (1)(a)(b)(2)(a)(3)(a)