

Ethical Homecare Ltd

Ethical Homecare Solutions

Inspection report

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24 November 2016

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This was an announced inspection carried out on 23 and 24 November 2016. At the last inspection in June 2015 we found systems and processes to ensure people were safeguarded against the risk of abuse were not operated effectively and it was not clear if the rights of people who lacked the mental capacity to make decisions were respected as mental capacity assessments had not been carried out where needed. We told the provider they needed to take action; we received an action plan. At this inspection in November 2016 we found the provider had made the required improvements.

Ethical Homecare Solutions provides domiciliary care services to adults and older people with varying needs and disabilities living within the Leeds area. The office, based in the Chapeltown area of Leeds is staffed Monday to Friday during office hours. An out of hours phone service is also available.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service and their relatives felt they or their family member were safely looked after and had no current concerns.

We found the systems in place to manage and monitor people's medication were not robust and there was a risk people may not receive their medication as prescribed which could affect their health and welfare.

People had plans in place to manage risks, which staff understood and followed. Staff could recognise abuse and knew what action to take to keep people safe. There were procedures in place to ensure any allegations of abuse were reported and acted upon.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and we saw decision specific mental capacity assessments had been carried out where needed. Staff had a good understanding of promoting choice and gaining consent from people.

There were sufficient numbers of staff to meet people's needs and keep them safe. We found people were provided with care and support by staff who had the appropriate knowledge and training to effectively meet their needs. Staff told us they felt well supported and received regular supervision. Robust recruitment processes were in place and were followed.

People were treated with dignity and respect by staff. Staff knew people well and were able to describe how individual people preferred their care and support delivered. The care plans we looked at were person-centred and reviewed on a regular basis to make sure they provided accurate and up to date information on meeting people's needs as individuals.

People were supported to maintain their health and were supported with a balanced diet when this support was needed.

People we spoke with were aware of how to make a complaint and felt they were listened to. There were procedures in place to ensure the provider responded appropriately to any complaints they received.

The registered manager worked with the team of staff, monitoring and supporting the staff to ensure people received the care and support they needed. Staff spoke highly of the registered manager. There were systems in place to monitor and improve the quality of the service provided. However, the registered manager was unable to fully demonstrate how the service managed the administration of medicines safely.

We found the service was in breach of one regulation 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 the 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.

Systems to ensure the safe administration of medicines were not always effective.

People were cared for by sufficient staff who knew them and their needs well. Safe recruitment procedures were in place.

Risks to people who used the service were appropriately assessed, managed and reviewed.

Is the service effective?

Good ●

The service was effective.

Staff received a thorough induction with training and shadowing opportunities and were supported through regular supervision and appraisal of their role.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

There were systems in place to support people to maintain their health and people had a balanced diet of their choice, provided if they needed support with this.

Is the service caring?

Good ●

The service was caring

Feedback from people who used the service about the quality of care provided was positive.

Staff understood how to treat people with dignity and respect and were confident people received good care. People's independence was encouraged and supported.

Staff had developed good relationships with the people who used the service and used their knowledge of people to provide

person centred care.

Is the service responsive?

Good ●

The service was responsive

Records showed that individual choices and preferences were discussed and identified with people who used the service.

People's care and support plans gave good guidance on people's care needs. They had been regularly updated and provided staff with the information they needed to meet individual's needs.

The service had systems in place to manage complaints and concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well- led.

There were systems in place to monitor and improve the quality of the service provided. However, the registered manager was unable to fully demonstrate how the service managed the administration of medicines safely.

The registered manager was familiar with individual care needs and knew people who used the service well.

People who used the service and staff we spoke with found the registered manager approachable and described the service as well run.

Ethical Homecare Solutions

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 24 November 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector who visited the provider's premises and an expert by experience who spoke by telephone to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were thirteen people using the service. We spoke on the telephone with two people who used the service and eight relatives of people who used the service. We spoke with five members of staff and the registered manager. We also visited the provider's office and spent some time looking at documents and records that related to people's care and the management of the service. We looked at four people's care and support plans.

Before the inspection providers are asked 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 used this information to help us plan our inspection. We also sent out 30 surveys to people who used the service, their relatives, staff and community professionals. Five were returned to us. We have included the responses from surveys in the inspection report.

We also reviewed all the information we held about the home, including previous inspection reports and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us as required by law. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent

consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At the last inspection in June 2015 we found the provider did not have suitable systems and processes in place to ensure people were safeguarded against the risk of abuse. At this inspection we found the provider had made the required improvements. The registered manager and office manager had undertaken further training to increase their knowledge and awareness of safeguarding procedures and we saw there was a system in place to monitor and respond to any safeguarding incidents.

People who used the service or their relatives told us they or their family members felt safe. Comments we received included: "Safe? Yes I do. [Name of registered manager] she is just so strong and knowledgeable and she gets things done", "I have no concerns. They are very good. Different ones come in and do a great job" and "[Name of registered manager] is really good. She's a good listener. She would be concerned if I was. She would come to sort it out immediately; she's lovely." One relative said they had raised concerns in the past about the tone of voice used by a staff member towards their family member. They said the registered manager dealt with this and addressed it promptly.

Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to; this is known as whistleblowing. Staff told us they were confident action would be taken if they reported any concerns. Staff told us they received training in safeguarding vulnerable adults. Records we looked at confirmed this.

We asked people who used the service if they received assistance with their medicines. One person said, "They always check that I have had my medicines. I take them myself. I have a dispenser. They check I haven't forgotten." A relative told us, "Medications are given on time in the morning and at bedtime."

Staff received medication training as part of their induction and their competency was assessed as part of the shadowing period during the induction. The registered manager told us they checked staff competency in this area during spot checks and records showed this was covered as part of spot checks procedures.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their role and responsibilities. However, we noted the policy did not describe in full the procedure on administration of medication. The policy did not advise staff to sign the medication administration record (MAR) once medication was administered. The policy advised the signing of the 'visit log'. However, the registered manager said staff were expected to sign the MAR. This conflicting information could lead to errors in medication administration.

When we asked staff to describe the procedures followed when they administered medication we were given inconsistent responses. Some staff said they followed medication instructions written in the care plan and then documented what they had administered on the MAR. One staff member said they followed instructions written on a notice board in a person's home, another said they followed instructions pinned up on a kitchen cupboard in a person's home. It was not clear if staff were following up to date medication administration instructions and there was a risk people would not receive their medication as prescribed.

Care and support plans we looked at contained a list of and instructions for people's medicines and recorded any allergies the person might have. However, this list was also used as the medication instructions for staff to work from when administering medications. The medication and instructions were not listed on the MAR. The MAR charts did not list the medication prescribed, when they must be given, what the dose was or any special instructions. The registered manager said staff were expected to review the medication list to see what medication was due and then record what they had given on the MAR chart. We saw for one person a medication was listed but there were no instructions for staff on how the medication was to be administered.

We found there were a number of errors in the way medicines had been recorded as administered. For one person we saw a pain relief cream had been documented with a different name from how it was listed on the medication instructions. This indicated the staff member had not followed the instructions from the listed medication in the care plan. For another person we saw the MAR showed a cream was regularly administered but this was not on the list of prescribed medication. One person's record showed that on six occasions in September 2016 the location of their pain relief patch was not recorded. It is important to rotate the location of patches to reduce the risk of skin damage and irritation.

We saw when people had been prescribed medicines on an 'as and when' required basis, for example for pain relief; there were no protocols in place for staff to follow so they understood when a person may require this medicine. One person was prescribed a variable dose medication. There were no instructions for staff to guide them on the circumstances of when to give what dose. This meant we could not be certain people were given their medicines as prescribed.

We saw there had been seven medication incidents or errors in the last six months. On some occasions medical advice was not always sought, for example when medication was omitted or given after food when it should have been before. The registered manager said they informed relatives of these matters. There was a risk of harm to people who used the service when medical advice was not sought.

One person was prescribed a thickening powder to be added to drinks to prevent choking. This prescribed medication was not listed on their medication instructions. Staff we spoke with were aware of the need to use the thickener; however they gave conflicting information on the amount to be used in each drink. One staff member said one scoop of powder was to be used, another said two spoonfuls. This placed the person's health at risk of harm.

Issues we saw with the management of medicines meant people were at risk of not receiving their medicines as prescribed. We concluded this was a breach of Regulation 12 (g) (safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were shown records which demonstrated prior to the commencement of the service environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. We saw risk assessments which covered areas such as pressure care, falls, medication assistance and the safe use of bed rails. They were reviewed regularly and were up to date. Care and support plans showed what action staff needed to take in order to reduce or eliminate potential risks.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included processing applications, conducting interviews and seeking references. We saw checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working

with vulnerable people. We looked at recruitment files for three most recently recruited staff and saw the provider's procedures had been followed.

People who used the service and their relatives said they were satisfied with the service, their call times and consistency of staff. People's comments included; "They stay as long as they should do", "If they are ever late, I get a text or a call. If someone can't come, one of the managers comes" and "There are about five or six staff who are regular." We saw where a call had been missed a full investigation had been made to assess if harm had occurred and to prevent any re-occurrence.

Staff told us they provided consistent care to people and were given enough time to meet people's needs well. In our survey 100% of staff said the time allowed for each visit meant they were able to complete all of the care and support required by the person's care plan. And that the care agency made sure people received care from familiar, consistent care and support workers.

In the PIR, the registered manager said, 'Here at Ethical Homecare we really take the time to know not just our Clients well but our staff too, this means that we will do our best to match our Clients to the members of staff that may share common interests allowing the client to feel more comfortable and happy around that member of staff or members of staff with different areas of expertise.'

We saw the registered manager monitored any accidents or incidents and looked at what could be put in place to prevent any re-occurrence. However, there was no documentary analysis of incidents to identify any patterns or trends. Staff told us they had lots of support to help them make decisions out of hours and in office hours where they were concerned or an emergency had occurred.

Is the service effective?

Our findings

People who used the service or their relatives told us they were confident staff had the skills and knowledge to support them or their family member with their individual needs. Comments we received included: "They train them all the time. They have four weekly management meetings to discuss any problems. They are always keen to get training like the special equipment [family member] needs They go through it quite good", They [senior carers] shadow them for a week. They continuously update. They have a training centre" and "I think they've all been on courses."

We received surveys from people who used the service; 100% agreed the care workers had the skills and knowledge to provide the care they needed.

Staff we spoke with told us they were well supported by the registered manager. They said they received training that equipped them to carry out their work effectively and to a high standard. Staff said they received a good induction which had prepared them well for their role. We saw the provider had introduced the Care Certificate for new staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff confirmed they undertook shadow shifts as part of their induction, which meant they worked alongside more experienced staff and were introduced to people who used the service so they could get to know their needs.

We looked at staff training records which showed staff had completed a range of training which included; first aid awareness, moving and handling, safeguarding, equality and diversity, person centred care and fluids and nutrition. Staff spoke highly of their training. One staff member said, "The training is fantastic, brilliant; I learnt so much." We also saw staff received regular supervision and appraisal which gave them an opportunity to discuss their roles and on-going development. This included regular 'spot check' support when delivering care to people who used the service. A staff member told us, "We have lots of spot checks, making sure everything is alright for everyone."

In the PIR, the registered manager said, 'Ethical Homecare believes that staff that feel valued and are invested in are more likely to remain motivated to offer the best possible care to their clients.' This demonstrated a commitment to ensuring staff were well supported and trained.

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. We found the service was working within the principles of the MCA and staff had an understanding of how these principles applied to their role and the care they provided. Staff told us they supported people to make their own decisions. One staff member said, "We must always start from an assumption of capacity, a can do approach." Another staff member said, "It's all about helping people to make their own choices, giving them the time and space to do this and being respectful of people's decisions."

Staff were clear when people had the mental capacity to make their own decisions, this would be respected. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative

options to give people more choice and control over their decisions. Care and support plans contained a mental capacity assessment where needed. These were decision specific and showed how people were supported to make their own decisions about their care and support.

People who used the service said they were asked for their consent prior to any care or support being delivered. One relative told us the agency respected their family member's wishes to have female staff only. Another relative told us their family member's choices and wishes were respected well. They said when their family member said 'no', for example to getting up; staff were respectful of their right to make this decision.

The staff we spoke with told us they had completed MCA training and the records we looked at confirmed this was done at induction and refreshed each year. In our survey, 100% of staff said they had received training in and understood their responsibilities under the MCA.

Where appropriate, staff recorded when they supported people to eat and drink so that they could monitor whether they had adequate nutrition and hydration. They supported people to have meals of their choice. Care and support plans contained information on people's likes and dislikes. A relative told us, "We keep a nutrition log in the house. They come at lunch time only. If [family member] wants to eat, they cook from scratch or they heat up something; it's fine. They are very flexible. "

One person's care records showed they received a 'smooth' diet to assist with their swallowing and to prevent choking. The registered manager told us the food was pureed for this person and agreed to change the care record to reflect this. All the staff we spoke with were aware of the need for a pureed diet for this person and could accurately explain what the term 'smooth' meant.

The registered manager told us they provided support to enable people to manage their health care needs. They said visit times could be altered to fit in with attendance of appointments or support could be provided to attend appointments with people if this was needed. They also told us they liaised with families and professionals to ensure people received the healthcare support they needed. A relative said, "[Registered manager] sorted out getting the GP when family member had an infection. [Name of registered manager] arranged getting samples."

Is the service caring?

Our findings

All of the people and relatives we spoke with told us staff had a caring and friendly approach. People told us they were very happy with the service received and theirs or their family members individual needs were met well. People's comments included: "When doing personal care, they put [family member] at ease when [family member] is anxious for example, they will talk about a film star [family member] likes. They sing songs to her", "They stay, they make sure I have everything I need. They stay a bit longer if necessary", "Yes, they are kind but they are from a culture who looks after the elderly", "On behalf of my family I want to say that [Name of provider] are absolutely excellent. Some of the carers are excellent. They are a Godsend. We are very happy with the care provided" and "[Name of team leader] she's fab. She works so hard, she's a little star; she notices things and sorts things out. If she sees something, she pays attention to what is needed."

In our survey, 100% of people said their care and support workers were caring and kind and always treated them with dignity and respect.

In the PIR, the registered manager told us, 'Ethical Homecare works with all sections of the community. However, we recognise that some BME (Black and Minority Ethnic) communities are reluctant to access homecare services. Based in a multi-cultural area of Leeds, Ethical Homecare has a specific interest in working with clients from BME communities and seeks to accommodate the cultural and religious needs of these communities within the care planning process. Ethical Homecare seeks to recruit carers from a diverse range of cultural, ethnic and religious backgrounds. We take great care, as part of the care planning process, in matching our carers to clients in terms of gender, culture, ethnicity and personality.'

Support plans contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care. Staff we spoke with were able to tell us about people and their individual care and support preferences. Staff said it was important to always take good note of how people wanted their care to be delivered. Staff spoke about people who used the service with genuine warmth and compassion. This showed us they valued people and saw them as equals. One staff member said, "Everyone has a history, a story and deserves recognition in their lives."

The registered manager was in the process of attaining dementia friendly status for the organisation. They had attended training to deliver dementia friend training and were supported by a regional support officer from the Alzheimer's Society in this. The registered manager was planning to deliver this training to people in the local community to raise awareness of the needs of people with dementia. We saw posters had been prepared and distributed locally to advertise this.

Staff we spoke with were able to describe how they protected people's privacy and dignity. For example, they told us they would ensure people were only uncovered for the shortest length of time necessary when providing personal care and explain everything as they went along. People who used the service or relatives had no concerns about privacy and dignity. One relative said, "When they are changing pads, they ask

[family member] if they want the curtains closed. They check that [family member] is ok and they will always ask if there is anything else they can do."

Staff told us how they supported people to maintain their independence. One staff member said, "They may not be able to pick the cup up but if you hand it to them they can give themselves a drink." The staff member said this was a dignified way of providing support to a person and enabling them to be as independent as possible to maintain a sense of well-being. A relative told us their family member was encouraged to keep as independent as possible.

People who used the service or their relatives said they were involved in developing care and support plans and their on-going review. Comments we received included: "They have gone out of their way to get involved", "Next week, we are having a yearly meeting to discuss [family members] needs. They are good at involving me" and "[Registered manager] rings me; we keep in touch." Records we looked at showed people who used the service or their relatives had been involved in decisions about their own care.

Is the service responsive?

Our findings

Care plans contained a pre-assessment which showed how the provider ensured they could meet people's care and support needs, wishes and expectations before they commenced using the service. The registered manager said they carried out the pre-assessment to ensure all needs were fully assessed with the person who used the service and relatives or other representatives where necessary.

Care plans were developed once assessments had taken place. The care plans we looked at were detailed and personalised to ensure support was provided according to the person's preferences. We saw the care plans provided clear guidance to help staff assist with the required care and support such as assistance at mealtimes, washing, dressing and mobility. There was a good level of person centred information recorded within care plans, such as how people liked to be dressed, type of clothing preferred and how someone's dementia affected them.

We asked staff whether care and support plans accurately reflected people's care and support needs. One staff member said, "They are very much up to date, we are kept well informed of any changes." The registered manager told us they assessed if the care and support plans were up to date during the 'spot checks'. Formal care reviews were held with the person and/or their relative six monthly or sooner if needed. Records we looked at confirmed this.

In the PIR the registered manager said, 'Client care plans are compiled in a person centred manner so that we are able to understand the needs of our clients fully to assist us to be able to respond effectively. Care plans have been redesigned to ensure that they can demonstrate effective care planning, information is shared swiftly using text messages, weekly staff memos and then care plans are updated as necessary.'

Staff spoke with knowledge and confidence about the needs of people who used the service. They told us the care plans gave good guidance on people's needs and they had time to read them and get to know people's needs. Staff said they found the life history information useful in enabling them to get to know people as individuals.

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. This information was given to people when they first began to use the service. A relative of a person who used the service said, "I have three ways of doing that (raising concerns). I have their office number and their email address and I have [name of registered manager's] mobile number. They sort it out straight away. I had a problem with timing in the past but I have no recent examples."

We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly. The registered manager did not have a system in place to carry out an analysis of complaints to look at any emerging themes. They showed us they had plans in place to introduce this.

The registered manager had raised staff's awareness of the complaints and concerns procedures and had introduced complaints training and a new document for staff to log and report any concerns raised directly with them. Staff were familiar with this document and said they always tried to address any concerns they could but were aware of people's rights to make a formal complaint.

Compliments were also recorded and we saw a number of these had been received. Comments within them included: 'Many thanks for all your efforts', '[name of staff member] is very helpful, does more than she needs to do' and '[names of staff members] have an attention to detail, never any problems, both of them are perfect.'

We saw there were systems in place to ensure staff received feedback on complaints or concerns to prevent any re-occurrence of issues. This included regular memos, supervision meetings and a text message system. This showed there was a commitment to continuously improving the service and using any concerns as an opportunity for learning. A community professional who returned one of our surveys said, 'The service tries hard to continuously improve the quality of care and support they provide to people.'

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager an office manager and two team leaders who worked alongside staff overseeing the care and support given and providing support and guidance where needed. People who used the service and their relatives spoke positively of the management team. People's comments included: "[Name of registered manager] has a good team. She has high standards and she gets rid of staff who don't measure up", "I don't think [name of registered manager] would keep staff who were not kind; she's not one for holding on", "[Name of office manager] will ring up as a courtesy call to see if you are happy with everything", "They know their job. They are very professional and well managed. There are good communications", "Any problems and they try to nip it in the bud", "We know the manager, we can get hold of her, she will come out and see us with a carer", "They are really very good (the managers)" and "[Name of registered manager]; she is the owner. If I wanted to change, they respond adequately. I would change (companies) if they didn't."

Staff spoke highly of the support they received from the registered manager. One staff member said, "[Name of registered manager] is brilliant; like a big sister you can go to for advice." Another staff member said, "[Name of registered manager] is a good manager; deals with things well, is approachable and always helps with cover." A third staff member said, "I see a lot of her (registered manager); lots of spot checks, keeping in touch, I like the way she is,"

Staff spoke warmly about the enjoyment of their job. They showed a genuine commitment to people who used the service and said this was the culture of the organisation. One staff member said, "I so love this job; everyone including the manager want to do a good job for people." another staff member said, "Helping people and caring gives me such joy."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the registered manager checked people's care plans risk assessments and daily logs to ensure they were up to date and completed to a good standard. We saw any actions identified were transferred on to the computer system for discussion with individual staff or at meetings. The office manager continually checked the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked.

Medication audits were completed each month on all the records of people who used the service. However, the medication audits we looked at were not effective and had not identified the concerns we found at this inspection. On the second day of the inspection, the registered manager showed us a new document they were going to introduce to ensure medication administration and audit was more robust.

The registered manager also told us spot checks were carried out regularly to ensure staff were fulfilling their role properly and people who used the service were satisfied. We looked at some records of spot checks and saw where actions were identified these were addressed to ensure improvements in the service.

People who used the service and their relatives were asked for their views about the care and support the service offered. Surveys were sent out to people and their relatives on a six monthly basis to seek their views on the care and service provided. We looked at the results of the latest survey covering May 2016- October 2016. We saw there was a high degree of satisfaction with most people rating the service as 'extremely positive'. People's comments included, 'We have been very satisfied with the care provided', 'The majority of staff are excellent' and 'Been extremely happy with the management who have provided an exceptional team of carers.' One relative we spoke with said they had received the results of the survey, however, another relative said they had not, despite having completed a questionnaire.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.</p> |