Golden Heart Healthcare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This announced inspection took place on 6 and 8 September 2016. The provider was given 48 hours' notice. This was to ensure that the registered manager would be available to provide us with the necessary information. This inspection was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in March 2014.

Golden Heart Healthcare Services provides domiciliary care services to people living in their own home in South London and surrounding areas.
At the time of this inspection there were five people using the service. The service provides personal care to older people, some of whom are living with dementia or have physical disabilities. Some people are provided with a live in care staff to support them with their care on a 24 hours a day, seven days a week basis.

The service had a registered manager. 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.

Each person using the service had a care plan in place. Care plans were not person centred. They gave very little detail about the care and support a person required and there was lack of information on the actual care package that had been commissioned.

Within the care plans there were some risk assessments in place which addressed the risks associated with moving and handling and falls. However, the provider did not assess people's individual risks associated with their care and support. There was a lack of information or guidance available for care staff on how to reduce or mitigate identified risks such as risks of recurrent urine infections, pressure ulcers and risks associated with medicines.

People receiving care and support had not signed their care plan agreeing to the care and support that they received. However, people that we spoke with confirmed that care and support was always provided with their permission.

Care staff we spoke with were able to explain their understanding of safeguarding and the actions that they would take if they suspected abuse to be taking place. However, the registered manager was unclear about the actions to take where an allegation of abuse had been made. This included reporting concerns to the local authority or to the CQC.

The registered manager was unable to provide any evidence that care staff had received an induction prior to commencing employment or training in any of the topics such as moving and handling, first aid, safeguarding or medicines administration. The provider could therefore not provide the assurance that staff had the necessary skills to care for people safely.

The registered manager followed certain safe processes when recruiting care staff. Criminal record checks, identity and visa checks had been completed. However, the registered manager did not obtain written references which confirmed conduct in previous employment and why their previous employment had ended.
People and the one relative we spoke with were happy with the care and support that they received. Care staff knew the people they were supporting and carried out their duties while showing respect and maintaining their dignity and privacy.

Care staff we spoke with told us that they felt supported by the registered manager and had regular supervision with her. However, these were not recorded. The registered manager told us that she regularly met with all care staff and completed observations of care practices but did not record these.

A medicines management policy was available which care staff had access to. Medicines administration was managed safely and appropriate arrangements were in place in relation to the recording and administration of medicines. However, care staff that we spoke with confirmed that they had not received any training in medicines administration.

The provider had a complaints policy which gave people direction on who to contact if they had an issue or concern to raise. However, records were not kept of any complaint or concern that had been raised. There were no records of what action had been taken and the outcome of the complaints' investigations.

There was no available quality assurance processes in place to ensure that internal systems and processes were checked in order to highlight issues and concerns so that the service could continuously learn and improve practises. People had not been asked to take part in a survey or feedback had not been obtained about the quality of the care and support that they received.

At this inspection we found breaches of Regulation 12, 17, 18, and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to people receiving safe care and treatment, the provider having effective governance systems, training of staff and recruitment checks on staff. 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 always safe. Although some risks to people had been assessed, the provider did not assess risks associated with people's health, care and support needs in order to mitigate them. Care staff did not have sufficient information or guidelines in order to keep people safe from harm.

The service did not request references for care staff that were employed to confirm conduct in previous employment.

We found that safe systems and processes were in place to ensure safe medicines administration.

The service had policies and procedures in place for the protection of people from abuse. Care staff demonstrated a good understanding of safeguarding and the actions they would take if abuse was suspected. However, the registered manager lacked awareness on when and how abuse should be reported to the local authority or the Care Quality Commission (CQC).

Is the service effective?

Requires Improvement

The service was not always effective. The service did not provide an induction or any training in topics such as medicines management, moving and handling and safeguarding to any of its care staff team.

The registered manager told us and care staff confirmed that they received regular supervision and also had received an annual appraisal. However, records of any completed supervision or appraisals had not been kept.

The registered manager and care staff had an understanding of the Mental Capacity Act 2005 (MCA) and how this was to be applied when supporting people with their care needs.

Is the service caring?

Good

The service was caring. The feedback we received from people using the service and one relative was positive and confirmed that the care and support people received was caring and

respectful.

People told us that they received care and support from a regular team of care staff who knew their needs and the ways in which they wished to be supported.

Care staff were able to demonstrate a good level of understanding of how to respect people's privacy and dignity and were able to give examples of how they did this when supporting people.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care plans were not person centred and did not provide information about people's background history, their likes and dislikes. There was no recorded detail of the care and support that a person required.

People told us that care staff were responsive to their needs and were observant if there were any changes in a person's health. People confirmed that immediate action was taken in response to any highlighted concerns.

A complaints procedure was available as part of the provider's service user guide. However, the registered manager did not keep any records of complaints or concerns that had been raised and the outcomes of complaints investigations.

Is the service well-led?

Requires Improvement

The service was not always well led. Quality assurance systems were not in place to identify best practice or areas of improvements in order to continuously deliver high quality care.

The registered manager did not keep records of complaints, safeguarding concerns, supervisions, appraisals, training and staff meetings.

People told us they knew who the manager was but on occasions found it difficult to establish contract with her when they needed to have a discussion about their care and support.

Care staff told us that the registered manager was very supportive and was always available when required.

Golden Heart Healthcare Services Limited

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 6 and 8 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with the inspection process.

This inspection was carried out by one inspector on the first day and two inspectors on the second day. On the second day of the inspection we visited one person, with their permission, who was receiving care from the service. After the inspection an expert by experience spoke with two people and one relative over the telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we had about the service. This included notifications, provider information returns (PIR) and information provided by other health and social care professionals. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with the registered manager. We reviewed five care plans and six care staff files. We also looked at a number of other documents including a variety of policies and procedures, accidents and incident records, compliments, training records and risk assessments.

After the inspection we spoke with six care staff over the phone.

Requires Improvement

Our findings

We asked people how safe they felt when receiving care and support from care staff employed by Golden Heart Healthcare Services Limited. One person told us, "I feel totally safe in their care" and another person commented, "I do, there haven't been any issues with them so far." However despite this positive feedback, there were some aspects of the service that were not safe.

During the inspection we looked at five care plans. Out of the five care plans only two care plans contained a manual handling assessment and a falls risk assessment. The remaining three care plans did not have any risk assessments on file. Although the provider, through the care planning process, did identify people's health and support needs, they did not identify risks associated with these. Therefore, these risks were not assessed and the provider did not give detailed information and guidance to care staff in order to reduce the risk of harm that may occur.

For example, for one person, the service had identified that they were at high risk of falls. However, sufficient information or guidance had not been provided to care staff in order for them to safely manage this risk to ensure the person's safety. Another example included, care staff supporting a person who was on a blood thinning medicine. Although care staff were not supporting with administration of the high risk medicine, there was no guidance available for care staff on what to do if the person sustained a cut or injury which could lead to complications relating to bleeding.

Care plans that we looked at contained information that people could present with behaviour that challenges, were at risk of pressure ulcers, recurrent chest infections and urinary tract infections and one person was noted to have a stoma bag in place. However, risks associated with these conditions had not been assessed and there was no information or guidance available on how these health conditions and risks impacted on people's care and support needs and how care staff were to support them safely.

We spoke with the registered manager about the lack of risk assessments who told us, "I thought as long as I give my carers the advice and information on what to do and told them to report to me daily that was enough." This meant that the provider did not have effective arrangements in place to manage risks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of the inspection, the registered manager had begun to identify and assess risks

associated with people's health, care and support needs. We saw for one care plan a detailed environmental risk assessment had been completed. We also saw a variety of risk assessments for the person which covered mental capacity, elimination and the administration of high risk medicines.

The service currently employed 12 members of staff. We looked at recruitment records for six care staff members. We found that the each file contained an application form, pre-employment questionnaire, appropriate identification verification checks and a criminal records check. The provider did not complete the criminal record checks themselves but accepted a check that the care staff bought with them from a previous employment. All criminal record checks were recent and had been carried out within the last three years. In addition to these checks the registered manager requested care staff to complete and sign a self-declaration form confirming that they had not been convicted of any crime since the criminal checks had been completed.
We recommend that the provider considers guidance issued by the Care Quality Commission in for providers in relation to the validity and acceptance of previously issued criminal record checks.

However, for all the care staff files that we looked there were no records of references confirming staff conduct in previous employment or a character reference if the care staff had not been in any prior employment. We asked the registered manager about this who told us that because she knew the people that she employed and had worked with them previously, she did not take up any references.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback we received and evidence we saw showed that the provider employed enough staff to care for and support people. People told us that they received regular care staff and that there were no issues with punctuality or attendance. One person told us, "They can be five or ten minutes late but nothing that I am worried about." Another person stated, "They let me know if they are running late."

The service had policies and procedures in place for the protection of people from abuse. The safeguarding policy provided information about how to recognise the signs and symptoms of abuse and what staff should do if they were to witness any forms of abuse. Care staff had a clear understanding of their responsibilities in relation to safeguarding people. One care staff told us, "If there is anything highly suspicious then we would report to the manager." Another care staff explained, "Abuse can be financial, physical or institutional. I would report to raise the problem to the manager."

The registered manager also had a clear understanding of the different types of abuse, but was unclear about the actions to take when an issue or allegation of abuse was made. The registered manager gave two examples of where people had reported allegations of abuse. The registered manager had dealt with the concerns internally and for one incident the GP had been called who raised a safeguarding concern with the local authority. However, these allegations were not reported to the local authority or to the Care Quality Commission (CQC) by the service itself. We spoke with the safeguarding professional who dealt with one of the concerns who, although initially was concerned about the knowledge of the provider in relation to reporting concerns, also confirmed that the registered manager was willing to learn and that she advised her on how to raise concerns in the future. The registered manager confirmed that this learning had taken place and was able to explain clearly the processes they would follow to report any future safeguarding concerns.

Care staff understood what was meant by the term whistleblowing and were aware of whom any concerns could be reported to including external organisations such as the local authority, police or the CQC.

The provider recorded all accidents and incidents on accident report forms. The form contained details of the person, the date, time and place of the accident and the details surrounding the accident. Also attached to the form were statements obtained from care staff involved or present at the time of the accident and the action taken by the registered manager including the final resolution and/or outcome. The service had recorded two accidents since they had begun providing a service.

The service had a medicines policy which covered the administration of medicines and provided directions for staff on how they should manage medicines and support people with medicines. We looked at medicine administration records (MAR) that care staff were required to record on each time they supported with or administered medicines. A MAR was available for each individual medicine that the person had been prescribed. This detailed the person's name, date of birth, any noted allergies, the name of the medicine and dosage and time the medicine was to be taken. These were appropriately completed and no gaps were noted. The care plan also listed the person's medical profile and a list of the medicines that the person had been prescribed with details of the dosage and the directions of when and how the person is required to take the medicines. The form also detailed the support required from care staff and if the person had any allergies.

We asked people about whether care staff supported them appropriately with the administration of their medicines. One person told us, "They do. They also ring the doctor and get my prescription and bring it here. If I go away to stay with anyone they pack for me making sure I have all my creams and tablets. I can depend on that."

Requires Improvement

Our findings

People we spoke with told us that the care staff that supported them had the knowledge and skills to look after them appropriately. One person told us, "They know what they are talking about when I ask about my medications and what I am taking them for." Another person made the statement, "Most certainly, they are adequately skilled to do the job." However, despite this positive feedback there were some aspects of the service that were not effective.

The service currently employed 12 care staff. Approximately eight care staff members were qualified nurses but had completed their training from the country that they originated from. Only two care staff had completed the necessary courses to maintain their nurse registration and to continue practising nursing in this country. There were four care staff. We looked at the training provision for each care staff member and found that the service did not provide formal induction training including training on topics such as moving and handling, safeguarding or medicines.

The registered manager told us that the induction that they provided was informal and included her sitting down with care staff and talking through the requirements of the role and watching some DVD's which included manual handling and health safety. We pointed out to the registered manager that the manual handling DVD was from 2006 and may be out dated with the information that it provided. The induction period also included newly appointed staff shadowing more experienced workers on their visits to gain an insight and understanding of the role.

Whilst looking at care staff training records we found that there was some evidence of recent training that the provider had organised for first aid. Certificates confirmed that some staff had attended this training. There was some evidence of care staff receiving training in the past from previous employment. For some staff we saw that the provider's employment application form asked people if they had completed specific training like moving and handling, dealing with complaints and Control of Substances Hazardous to Health (COSHH). Care staff were asked to tick the box to confirm if they had received any training in this area. However, no dates were provided of when the training had been completed and no evidence was requested by the provider confirming that these training had been completed.

There was no evidence available that care staff had received any training in safeguarding, medicine administration, Mental Capacity Act 2005 (MCA) or person centred care. We asked the registered manager to tell us about training that she considered mandatory and when these should be refreshed. She was unable to tell us what courses they thought were important for staff to complete and how often this regular training

needed to be refreshed. Care staff we spoke with confirmed that they had not received any training especially on safeguarding, medicines administration or the MCA 2005. They confirmed that their knowledge had been gained through previous employment, past experiences or through their nursing qualification. One care staff told us, "I have certificates for training but not from [Name of registered manager]." Another care staff told us, "I have not had any training on safeguarding but we have been orientated about it." Care staff that we spoke with confirmed that they supported people with medicines but also confirmed that they had not received any training in medicine administration or management. One care staff told us, "Yes we do give medicines. For giving medicines I haven't had any training to be honest. Medicines are already in blister packs. We show it to the client so that they know what medicines they are taking." Another care staff told us, "The manager has told us about how to give medicines in the meeting. For the moment all medicines are in blister packs and the family show us how to give medicines." We highlighted to the registered manager about the lack of training available for care staff especially around the safe administration of medicines and this has been reported on further under the 'Effective' section of this report.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a supervision policy which stated that, "Golden Heart Healthcare is committed to providing its care staff with formal supervision at least every two months." Care staff files that we looked at did not contain any evidence that formal supervisions had taken place. We also could not evidence that care staff that had been in employment for more than a year had received an annual appraisal. We spoke to the registered manager about this who told us that she completed regular unannounced visit to carry out observations whilst care staff were at work. Some people receiving care and support received a weekly visit from the registered manager. Other people received less regular visits. The registered manager confirmed that no one would go more than three months without an observational visit. These observational visits incorporated supervision for the care staff who were being observed. The registered manager also told us that care staff did receive an appraisal but this had not been recorded.

Care staff that we spoke with confirmed that they did meet regularly with the registered manager for supervision and felt well supported by the registered manager and felt able to carry out their role effectively. One care staff member told us, "The manager is available at any time." Another care staff explained, "[Name of registered manager] is supportive, not just with work but also if you have person problems she is always available. I have supervision every day, weekly and monthly." A third care staff stated, "I like [Name of registered manager]. She is very supportive. If there are any problems you can call her and she will reply."

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.

We checked whether the service was working within the principles of the MCA. The service had policies and procedures in relation to the MCA. A MCA policy was available which outlined the five main principles of the MCA and included guidance on how the service would support people on making decisions that were in their best interest. The registered manager and care staff demonstrated a clear understanding of the MCA. One care staff told us, "The client has all the rights to make decisions herself. If someone can't make a decision we can ask the manager about how we can help and also raise it with the family or friends." Another care staff explained, "If a client lacks capacity to make decisions for themselves, other people can make decisions, like their family or other health care professionals that are in their best interest."

People told us that care staff always sought consent before carrying out any tasks. One person told us, "It's a regular thing every day like a shower or a bath every day. They don't direct or tell me what to do." Another person said, "They do ask my permission and they let me know what they are doing. They always ask." However, care plans that we looked at did not evidence that consent to care was obtained or that people had been involved in the care planning process. Only one care plan out of the five care plans that we looked at had been signed by the person confirming that they had been involved in the care plan process and had consented to the care that was to be provided. We told the registered manager about this who assured us that she would ensure people or relatives signed their care plan.

The staff were not involved in menu planning for people; however, people did require support with preparing light meals or heating up pre-ordered ready meals. The service also supported some people who had fluid restrictions in place due to health concerns and people whose weight needed to be monitored. We saw food and fluid charts were in place for people whose fluid intake needed to be monitored. For one person, the staff were monitoring their dietary intake due to their medical conditions. Records were completed appropriately and these were checked on a weekly basis by the registered manager.

People told us that care staff were always available to support them with their health or care needs. We asked people whether their health care needs were met and whether care staff responded swiftly if they had any concerns about their health. One person told us, "Yes otherwise I would not have them." Another person said, "They instinctively know if there is a change, decline or improvement."

Records showed that people were supported to attend health and social care appointments and received care and treatment from health and social care professionals such as a GP, district nurses, physiotherapists and social workers. Each visit was recorded with details of what the visit was for and the outcome of the visit with any actions that needed to take place.

Good

Our findings

People told us that care staff were caring. One person told us, "She helps whenever I need help. They help me a lot." Another person told us, "I cannot speak to highly of the care. They [staff] always have a smile on their face." One relative told us, "Yes, in general they are caring."
People told us that care staff respected their privacy and dignity and offered them choice and control in how they received their care and support. One person told us, "Yes, they will shut the door and ask me if I wanted anything else." Another person said, "They are totally discreet. They are absolutely and totally respectful." One relative told us, "Yes, I would say they do. When he is resting they let him and keep a gentle eye on him and when they are washing they keep the curtains closed."

Care staff we spoke with about privacy and dignity and were able to explain what this meant and gave examples of how they ensured that people's privacy and dignity was maintained when supporting people. One care staff told us, "Privacy and dignity is about giving people privacy, closing the door and not let them be exposed to others." Another care staff stated, "Privacy and dignity is one thing that is really important. Making sure that people are not fully exposed, doors are closed and before any intervention you have to ask them first if they feel comfortable and if suitable for them."

The service had received a number of compliments from people and relatives who had received care and support. One letter stated, "I would like to express my thanks for the wonderful care you have provided. You have treated him with great patience and allowed him to retain his dignity through illness despite his condition and have kept him safe and happy."

People told us that they had been involved in the care planning process including the review of the care and support that they received. Records that we looked at confirmed that the registered manager carried out regular reviews, on some occasions as often as weekly reviews were taking place. One person told us, "It was discussed what I need and I am getting what I need." Care staff demonstrated a good understanding of supporting people in maintaining their independence. One care staff stated, "We let people do the things they can do and we support where required."

Requires Improvement

Our findings

People we spoke with knew who to speak to if they had any issues or concerns. One person said, "I have no problem with contact at all. [Name of registered manager] has told me if I am dissatisfied and the service is slipping then to let her know." One relative told us, "Yes, like I said, I have spoken to both carers and the office to get small things addressed."

The providers had a complaints policy which informed people on who to contact if they had an issue or concern to raise. An overview of the complaints policy was also included in the provider's service user guide. The registered manager told us that she had received a number of complaints which she had been able to resolve immediately. However, these complaints were not recorded and there were no record of the detail of the complaint and the action taken. The registered manager told us that she will begin to keep records of all complaints, however small with a record of the action that was taken to resolve the complaint so that learning could be identified and improvements made to service delivery.

People told us they received regular care staff to support them with their care needs. One person told us, "There are three carers who come to me, three regulars. After one visit they knew exactly where everything was and were able to sum up the help I needed. People also confirmed that staff were responsive to their needs and care staff were attentive and listened to them. One person told us, "If they notice something going wrong with my skin they will let me know and report to [name of registered manager]."

Care plans that we looked at were not person centred. They did not include information about people's likes and dislikes and their preferences. No background history was provided to enable care staff to learn about the individual so as that to ensure people could be supported with a person centred approach. We highlighted this to the registered manager on the first day of the inspection who was receptive to the feedback and told us that she would begin to make improvements to reflect the feedback we had given. On the second of the inspection, the registered manager showed us some improvements that she had made in relation to the detail contained within the care plan. A new version care plan had been completed which had sections that asked, "The support I require with my personal care?", "What is important to me?" and "Communication methods."

We asked care staff about people's care plans and whether these provided them with the appropriate information that was required to provide care and support. One care staff replied, "Most people have a specific care plan which gives us information about them." Another care staff told us, "Care plans do give us useful information."

Care staff demonstrated a good level of understanding of what person centred care meant. One care staff told us, "Person centred care is focused on the person which includes care planning and intervention that needs to be put in place for their welfare." Another care staff said, "People should be at the centre of their care." A third care staff explained, "Every client has a different attitude. You have to understand the client first, what she likes, how you can treat them well. We have to respect their rights, respect her ideas and respect what she wants. We need to let her decide what she wants to do."

Care staff recorded information about their interactions with people on daily communication sheets which were held at the person's home. We looked at a sample of communication sheets that the registered manager had kept at the office. We saw that entries were not just task focused but gave detail about the activities people took part in and how the person was feeling. Entries that we saw were person centred.

Requires Improvement

Our findings

People confirmed that they knew the registered manager and were positive about the way she managed the service. One person told us, "Yes, I do. I do think she cares when I can get hold of her." Another person told us, "[Name of registered manager] came along to see me to see what I needed. As a nurse she is more than a carer. She checked to see if she could provide the services I needed." One relative told us, "I do know the manager. There have been times when it has been hard to get hold of her. But I have pointed this out and she has become more approachable." Another person told us, "If you can get through to them on the phone they will help but that is a struggle." Some people and the one relative told us that they found it difficult to get in contact with the registered manager over the phone and had to establish contact with her through the care staff. We highlighted these concerns to the registered manager who explained that a lot of the time she is out visiting people and is not always available in the office, therefore unable to answer the telephone. She also stated that people have refused to call her on the mobile phone but as soon as a care staff passed a message to her she would call the person immediately.
The registered manager did not complete any internal audits of care plans or staff files so that issues that we had identified as part of this inspection could have been addressed as part of the providers internal audit process.

The main issue identified as part of this inspection was the lack of completed paperwork especially around the areas of supervisions, appraisals, audits, maintaining detailed care planning records, staff meetings, training, records of observational visits, audits, complaints and safeguarding concerns. We spoke with the registered manager about this who agreed that this was the main area on which she had given little attention to. The registered manager was very open and honest about the fact that records were not available in the areas highlighted. The registered manager stated, "To be honest, I agree that these risk assessments and other systems are not in place. However, I am learning and I know I have got it wrong but I am happy I have the opportunity to get it right."

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
We looked at the provider's quality assurance processes. We found that the provider carried out monthly satisfaction surveys up till April 2016 as per their policy and procedure. The surveys that we saw had been completed by people who no longer used Golden Heart Healthcare Services Limited. The feedback noted was positive. People currently receiving care and support felt able to speak with the registered manager about the service that they received. However, satisfaction surveys had not been formally completed. When we spoke to the registered manager about this, she confirmed that she normally completed the surveys on a

monthly basis but had not been able to do this over the last few months.

Care staff we spoke with were very positive about the registered manager and the manner in which she supported them. Care staff confirmed that the registered manager was always available. One care staff told us, "I speak to [name of registered manager] daily. I report to her before going home." Another care staff said, "The manager is very supportive. She will not only implement what she wants to do but will also explain what she is doing."

Care staff confirmed that the registered manager was always in contact with them either over the telephone or by meeting them at the person's home where care and support was provided. Care staff also confirmed that they attended regular team meetings. The registered manager told us that she tried to hold staff meetings every six months with the last one held in July 2016. Care staff told us that the meetings were helpful as they got to meet other colleagues, looked at ways to improve, discussed client updates and it was an opportunity to learn from each other.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not have effective systems to ensure that risks to the health and safety of people who used the service were appropriately assessed and mitigated.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective systems in place to assess, monitor and improve the quality and safety of service provision. They did not maintain accurate and complete records in respect of each service user or person employed to provide care and support.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not operate effective recruitment processes to ensure that only suitable people were employed to care for people who used the service.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not ensure that staff employed by the service received appropriate training and professional development as is necessary to enable them to carry out the duties that they were employed to perform.