

Gateway Care Services Limited

Gateway Care Services

Inspection report

Thames Innovation Centre
2 Veridion Way
Erith
Kent
DA18 4AL

Tel: 02083201234

Website: www.gatewaycareservices.com

Date of inspection visit:
28 February 2017
01 March 2017

Date of publication:
10 April 2017

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 announced inspection took place on 28 February and 01 March 2017. Gateway Care Services is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection 46 people were using the service.

We had carried out an announced comprehensive inspection of this service on 05 and 06 October 2016, at which breaches of legal requirements were found. This was because medicines were not safely managed and risks to people had not always been adequately assessed. These issues placed people at risk of unsafe care. We also found that the provider did not have effective systems in place to monitor and improve the quality of the service. The provider had failed to submit notifications to Care Quality Commission (CQC) as required by the regulations.

After the comprehensive inspection, we took enforcement action and served a warning notice and requirement notices on the provider and registered manager requiring them to comply with the regulations. We also asked the provider for an action plan to address the less significant breaches found.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Gateway Care Services' on our website at www.cqc.org.uk.

At this inspection we found that the provider had taken appropriate actions to ensure compliance with the regulations. Medicines were safely managed and people's records contained full medicines lists and appropriate guidance on how to support people. Risks to people had been adequately assessed and reviewed, with appropriate risk management plans in place to mitigate future risks. The provider had made appropriate notifications to the CQC since the last inspection, and the registered manager understood when notifications should be made.

We noted the service had made improvements in the systems used by the provider to assess and monitor the quality of the care people received. This included unannounced spot checks at people's homes and audits covering areas such as accidents and incidents, care plans, risk assessments, management of medicines, and staff training. The service sought the views of people who used the services.

However, we found the system for monitoring visits to people to ensure they received visits at the correct times was not robust. The scheduling of staff to visit people's homes was not well managed and feedback from people following a survey carried out in December 2016, the provider had analysed the findings but had not taken action to resolve the identified concerns.

These issues were a continuous breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

You can see the action we have asked the provider to take in respect of the above breach of regulations at

the back of the full version of this report.

The deployment of staff to meet people needs required improvement. Staff rostering records showed that the provider had not always allowed enough time for staff to travel between calls. The service had an on call system to make sure staff had support outside the office working hours. However, a relative told us the weekend out of office service was not robust.

The service had 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 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service provided induction and training, and supported staff through regular supervision and annual appraisals to help them undertake their role. The service carried out satisfactory background checks of staff before they started working.

People's consent was sought before care was provided. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

Staff supported people with food preparation. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

The service involved people about their care and support needs. Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. Staff felt supported by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to people's safety.

The deployment of staff to meet people needs required improvement.

Staff supported people so they took their medicine safely. Senior staff completed risk assessments and risk management plans to reduce identified risks to people.

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred. People and their relatives told us they felt safe and that staff treated them well.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service carried out satisfactory background checks of staff before they started working.

We have revised and improved our rating for this key question from 'Inadequate' to 'Requires Improvement' at this time as medicines and risk management systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Requires Improvement ●

Is the service effective?

The service was effective.

People and their relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff. Staff were supported through regular supervision and yearly appraisal to help them undertake their role.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Good ●

People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and told us they would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Requires Improvement ●

Some aspects of the service was not well-led.

Since our inspection the service had made improvements in the systems used by the provider to assess and monitor the quality of the care people received. This included unannounced spot checks at people's homes and audits covering areas such as accidents and incidents, care plans, risk assessments, management of medicines, and staff training.

However, the provider had not taken action to resolve the issues identified from the satisfaction survey. Systems to monitor the times and durations of people's visits were not operated effectively. Staff rotas were not well managed.

There was a registered manager in post. They kept staff updated about any changes to people's needs.

Gateway Care Services

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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law. We used this information to help inform our inspection planning. 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service.

This inspection took place on 28 February and 01 March 2017, and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector and two experts by experience carried out phone calls to people and their relatives following the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at nine people's care records, nine staff records, we also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, and quality assurance and call monitoring. We spoke with 16 people who used the service and 14 relatives about their experience of using the service. We also spoke with the registered manager and eight members of staff.

Is the service safe?

Our findings

At our last comprehensive inspection on 5 and 6 October 2016 we found the provider had not taken action to make sure medicines were managed safely. There were not always up to date and accurate records of the medicines people were prescribed. People were therefore at risk of not receiving their medicines as prescribed. The provider had not conducted regular audits of people's medicines records. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken action to make sure medicines were managed safely in the service. The registered manager told us that the staff administered medicines for 14 people. We checked nine people's medicines care plans and medicines administration records (MAR). Each MAR included information about each medicine that was prescribed, the dose required and the frequency of administration. The medicines care plan had allergy information, and contact information for other healthcare providers. Staff signed and printed their names on the front of each MAR to ensure that there was a record of who had administered medicines.

People and their relatives told us they received support with administration of medicines. They felt they could rely on staff to ensure that their medicines were administered safely. One person told us, "My carer is always making sure I have taken my medication." Another person said, "They [staff] look after me and make sure I take my medicines." A third person commented, "The carers support me to take my medication and then let me know when it is running low so that I can re-order. It works well." A relative commented, "Yes, whenever we have been here we have seen the carer administer the medicine, and keep a log."

The registered manager conducted medicine's checks and this information was used to produce MAR charts. If a new medicine needed to be added to the existing MAR, staff were trained to do this whilst in the person's home. They then relayed the information to a senior member of staff who updated the records in the office.

Medicines were given as per the prescribers' instructions. When doses were not given, a reason for this was documented on the back of the MAR chart. In addition, staff completed balance checks of all the medicines to ensure sufficient supply was available.. People were supported to self-administer their medicines safely through a risk assessment which was regularly reviewed, to ensure any possible risks were managed. We found they were all up to date.

Staff who administered medicines received medicines training, competency assessed and they shadowed experienced staff on home visits. If successful, staff were assigned to people requiring medicines support. We saw that medicines audits were conducted each month when the MAR charts were returned to the office. In addition to this, every client had their medicines spot checked by the registered manager. No issues had been found since the previous inspection in October 2016.

Staff contacted health care professionals for specific medicine needs. For example, an external healthcare professional administered a specific medicine for blood clotting problems. . This ensured that the person

continued to receive the correct dose.

At our last comprehensive inspection on 5 and 6 October 2016 we found the provider had not taken action to make sure risk assessments were always reflective of people's needs, or that appropriate steps were in place to mitigate future risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken action to make sure risks assessments were reflected people's needs, and included appropriate guidance for staff on how these risks should be managed. Senior staff completed a risk assessment for every person when they started using the service. Risk assessments covered areas including the use of mobilising equipment falls, and the administration of medicines. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where someone had been identified as being at risk when transferring, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the risk. The registered manager told us that risk assessments were reviewed as and when people's needs changed. We reviewed nine people's records and found all were up to date with detailed guidance for staff to reduce risks.

People and their relatives told us they felt their loved ones were safe and that staff treated them well. One person told us, "The carers are very good and I feel very safe when they are in my home." Another person said, "Staff are excellent because it means that they really understand my needs." One relative told us, "Staff provides the service that they need to for my loved one in a safe manner with no worries that my loved one is in any danger or discomfort." Another relative said, "Yes, my loved one always feels safe."

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). For example, one member of staff told us, "If I come across any form of abuse or neglect to people, it is my duty to report to the manager. However, I haven't come across any so far." Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. The registered manager told us there had been no safeguarding concerns since the previous inspection of the service in October 2016. Safeguarding records we saw confirmed this.

The service had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff were instructed to complete accidents and incidents records as and when they occurred. The records included information on action staff took to respond and minimise future risks, and who they notified, about the accident, such as a relative or healthcare professional. The registered manager told us that there were no accidents or incidents happened since the previous inspection in October 2016. Records we saw confirmed this.

The service had enough staff to support people safely. The registered manager told us they organised staffing levels according to the needs of the people who used the service. People who required support from two carers at one time and their relatives told us that the care staff arrived together as required so care could be provided as planned. One member of staff told us, "I do double up care, I have a car, and I always pickup another member of staff and we go together for the call and have never missed any calls."

However, other aspects for the deployment of staff to meet people's needs required improvement. Staff rostering records showed that the provider had not always allowed enough time for staff to travel between

calls. There was no communication record to show that the office staff had informed people when staff were running late to their scheduled home visits. The service on call system to make sure staff had support outside the office working hours required improvement. For example, one relative told us, "The communication from the office is not very good. There is an out of hour's office number but when we call on a weekend it often isn't answered." We reported the details under Well-led section of this report, and this required improvement.

The provider carried out satisfactory background checks of all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

At our last comprehensive inspection on 5 and 6 October 2016 we rated 'safe' as inadequate. At this inspection, we found that the provider had addressed the breaches of regulation and were compliant with Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved the rating for this key question to 'Requires Improvement' at this time as medicines and risk management system and processes that were implemented had not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service effective?

Our findings

The service trained staff to support people appropriately. People and their relatives told us they were satisfied with the way staff looked after their loved ones and staff were knowledgeable about their roles. One person told us, "Yes, they [staff] do their job well, they are very good. I would give them ten out of ten." Another person said, "The staff seem to be efficient and quite pleasant, carrying out all duties as expected and if they are asked to do something whilst they are in the home, they are good as gold and will usually do it for me." A third person commented, "Yes, they [staff] are very efficient, knows what to do, and get on with it." A relative said, "I feel they [staff] have adequate skills to offer a good service to my loved one and this is done in an acceptable manner."

Staff told us they completed a comprehensive induction training when they started work, and a period of shadowing an experienced member of staff. One relative told us, "I have just been phoned by the company to say that a new carer will be introduced to my loved one tomorrow by an experienced carer to ensure the new recruit fully understand my loved one's needs." The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, and health and safety in people's homes to moving and handling, administration of medicine, and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Records we looked at confirmed this. Staff told us the training programmes enabled them to deliver the care and support people needed. One member of staff told us, "I did two week shadowing an experienced staff, and I feel confident on my own now." Another member of staff said, "I received training to use the hoist, and use it regularly."

The service supported staff through regular supervision, spot checks and annual appraisals. One person told us the office staff do spot checks and communicate well with people and their relatives. One member of staff said, "Supervision and spot checks are very helpful and makes me confident to do my work better." Another member of staff said, "I get supervision and spot checks support, they are very useful, because we discuss face to face, how to make my performance better." Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they worked as a team and were able to approach the registered manager at any time for support.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and established that the service was meeting the requirements of the legislation.

The service had systems to assess and record whether people had the capacity to consent to care. Staff understood the importance of asking for consent before they supported people. A member of staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs. At the time of inspection the registered manager told us that most people using the service had capacity to make decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where the service had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their best interests in line with the MCA.

Staff supported people, where appropriate, to eat and drink enough to meet their needs. One member of staff told us, "People tell me what they prefer for breakfast, and I do it the way they want me to do." Another member of staff said, "They [people who use the service] prepare a meal plan, and I follow them." People's care plans included a section on their diet and nutritional needs to guide staff.

People or their relatives as appropriate coordinated their health care appointments. Staff were available to support people to access healthcare appointments if needed, and for people who did not have relatives to coordinate the appointments. Information about people's healthcare needs was recorded in their care records for staff guidance. We saw contact details of external healthcare professionals including their GP in each person's care record. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a district nurse, GP or a hospital appointment. People's care records we saw confirmed this.

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and staff were caring. One person told us, "He [staff] looks after me very well, and he is wonderful company." Another person said, "The girls [staff] are lovely." One relative told us, "The carer always jokes with my loved one which is great." Another relative said, "My loved one's carer is really nice, very polite."

Staff involved people and their relatives, where appropriate, in the assessment, planning and review of their care. They told us if a change in people's needs arose, these were discussed with people and their relatives as appropriate and that the plan was changed to meet their needs. People's care records showed that they were involved in planning and subsequent reviews of their care.

Staff understood how to meet people's needs in a caring manner. One relative told us, "The service is good and the staff treats my loved one with respect." Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us, "People make choices, they tell me what they prefer for breakfast, and I do the way they want me to do and I ask them before giving any personal care, how they liked to be supported." Another member of staff said, "I always ask my client if they want to have a wash or shower. I give them what they ask for."

People were supported to be as independent in their care as possible. One person told us, "Yes, they [staff] do encourage me to do as much as possible." One member of staff said, "I encourage them to wash as much as they can, and I do the rest of their body." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One staff member told us, "I always encourage people to do things for themselves, like washing their own faces, and the places they could manage to reach on their own."

Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relationships with people they cared for. Staff kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential, to respect their privacy. They said they would only share people's information with the registered manager or the relevant health and social care professionals. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. One member of staff told us, "I do personal care only for male clients and the female staff do for female clients."

Is the service responsive?

Our findings

People and their relatives told us they had a care plan. One relative told us, "We have a care plan and a review was carried out a few months ago and no changes were made as my loved one doesn't need them."

Staff carried out a pre-admission assessment for people to see if the service was able to meet their needs. This assessment was used as the basis for developing a personalised care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals, to guide staff. They also included the level of support people needed and what they could manage to do by themselves. The senior staff updated care plans when people's needs changed and included clear guidance for staff. We looked at nine care plans and they were all up to date.

Staff discussed any changes to people's conditions with the registered manager to ensure any changing needs were identified and met. We saw that care plans were updated when people's needs changed. For example, when one person's needs changed, their visiting hours of care were rescheduled and the care plan was updated to reflect the change. This ensured people's change of needs was met. Staff completed daily care records to show what support and care they provided to people. Care records showed staff provided support to people in line with their care plan.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "I told the company that I did not like having 3 or 4 different carers, and they sorted it out very quickly, so I am happy." Another person said, "They [carers] were coming late, but the problem was resolved as soon as I raised it." The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The registered manager told us the focus was on addressing concerns of people as they occurred before they escalated to requiring a formal complaint. The registered manager further said they had not received any formal complaints since the previous inspection in October 2016 and the records we saw confirmed this.

Is the service well-led?

Our findings

At our last comprehensive inspection on 05 and 06 October 2016 we found that effective systems were not in place to monitor and improve the quality and safety of the service provided to people. These issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our inspection the service had made improvements in the systems used by the provider to assess and monitor the quality of the care people received. One person told us, "Yes, they [carer] are very reliable. If a carer is going to be late, the company always call." Another person said, "My carer is always very punctual." A third person commented, "They [carer] are usually very reliable, and send alternatives if the usual carer is away." One member of staff told us, "When I am running late for more than 15 minutes, I call the office to inform the client. This happens when I get delayed with the previous client due to some unexpected requirements, such as supporting for an unexpected healthcare appointment." Another member of staff said, "Sometimes, I get delayed because of the traffic and I then inform the office that I am running late."

The service carried out unannounced spot checks at people's homes, telephone monitoring to get the feedback on quality of care, and audits covering areas such as accidents and incidents, care plans, risk assessments, management of medicines, and staff training. We noted that some improvements had been made in response to audit findings. These included the reviewing and updating of care plans and risk assessments to reflect people's changing needs. For example, one person told us, "Generally, overall quality of care is very good." Another person said, "The company appears to be well organised." One relative told us, "It had been lax in the past, but had now tightened up and was much more professional." Another relative commented, "I am highly impressed by the service."

However, at this inspection we identified some further improvement was required in specific areas. The systems for monitoring and improving the quality and safety of the services provided to people required improvement in order to operate effectively. There was no manual or electronic call monitoring (ECM) system in place to monitor visits to people homes to ensure they received visits at the correct times. The registered manager told us that they had experienced some delays with the launching of the electronic call monitoring system (ECM). For example, the results from the satisfaction survey carried out by the provider in December 2016, showed that "Three of the 18 people said they were 'informed at all times', seven most of the times, five sometimes and three 'not at all', when staff were running late for the scheduled home visit or when they may have a different staff."

The registered manager explained that when staff were running late for more than 15 minutes they would inform the office and the office staff followed up by calling people using the service to ensure the visits had been made. However, because no information regarding these calls had been recorded, we could not be assured that each call where staff were running late had been followed up effectively. This meant that staff may not have visited people's home as per their scheduled time of visits to provide care although we confirmed through our discussions with staff and people using the service there had been no missed calls to people.

The rostering of people's home visits was not managed well in all cases. Staff home visits rostering records showed that office staff had not always allowed enough time for staff to travel between calls when taking into consideration the distance between two home visits, the mode of transport, and any potential traffic delays. One member of staff told us, "It would be helpful to have little more time between calls." This meant that the provider had not taken effective action to increase travel time between visits in response to people's feedback.

People who used the service completed satisfaction surveys in December 2016. The provider analysed the findings that showed five of the 18 people said they were partly satisfied to achieve the goals set out in their support plan. The provider had not taken action to resolve the issues identified from the satisfaction survey. The registered manager told us that they were in the process of developing an action plan to resolve the issue identified in the survey. However these actions were not completed at the time of the inspection.

The above issues were a continuous breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed they had undertaken a comprehensive review of the rostering and calls monitoring system and sent us an action plan telling us how they would address these issues. They have also confirmed that a manual call monitoring system had been introduced. We will review the improvements carried out by the provider at our next inspection.

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 2008 and associated Regulations about how the service is run. The registered manager told us the service used staff induction and training to explain their values to staff. We observed staff were comfortable approaching the registered manager and their conversations were friendly and open.

At our last comprehensive inspection on 05 and 06 October 2016 we found that the provider had not notified incidents to Care Quality Commission (CQC) as required. This was a breach of Regulation 18 of the CQC (Registration) Regulations 2009.

At this inspection, we found that the provider had taken action to make sure that they notified all reportable incidents and accidents to CQC and other relevant bodies in a timely manner. The registered manager told us that they maintained a record of all those that are notified to appropriate bodies and have ensured a close monitoring to identify any trends. Records we saw further confirmed this.

The registered manager held regular office staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings we saw included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service.

During the inspection we saw the registered manager interacted with staff in a positive and supportive manner.. Staff described the leadership at the service positively. One member of staff told us, "The manager is dedicated, hardworking and attends to requests promptly." Another staff said, "The manager listens and solve if there is any problem." A third member of staff commented, "The manager is very good, she improved a lot of things, introduced new MAR forms and offered more training to staff."

The registered manager told us the service used staff induction and training to explain their values to staff.

For example, the service had a positive culture, where staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the registered manager and their conversations were friendly and open.

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 17 HSCA RA Regulations 2014 Good governance The provider had not taken action to resolve the issues identified from the satisfaction survey. Systems to monitor the times and durations of people's visits were not operated effectively. Staff rotas were not well managed.