West Anglia Crossroads Caring for Carers

Carers Trust Norfolk - Ketteringham Hall

Inspection report

Brotterton Suite, Ground Floor, Ketteringham Hall
Ketteringham
Norwich
Norfolk
NR18 9RS

Tel: 01493441222
Website: www.carerstrustcambridgeshire.org

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on 12 April 2017. Carers Trust Norfolk - Ketteringham Hall provides support to people in their own homes. It does not provide nursing care. At the time of our inspection the service was supporting approximately 64 people.

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.

At this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified a breach of Regulation 12 because sufficient actions were not taken to minimise the risk of medicines being unsafely administered. We also identified a breach of Regulation 17. This was because the provider's quality assurance systems were not effective and had failed to identify the improvements needed. Additionally people's care records did not always contain sufficient guidance and information for staff. You can see what action we told the provider to take at the back of the full version of the report.

People and relatives told us communication from the service could be improved at times, most of the people we spoke with did not know who was in charge and responsible for the running of the service. People and relatives knew how to complain and raise concerns. However, not all the issues people raised were sufficiently responded to or in a timely manner. People were involved in the assessing of their support needs but not all the people we spoke with felt they had the opportunity or sufficient frequency to review and discuss their needs.

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. 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. Staff and the management team understood the MCA and how this impacted on the support they provided. However, consent sought and recorded was not always taken in accordance with the MCA and documented. The registered manager told us they recognised some changes to their process were needed and confirmed plans were in place to rectify this.

People and relatives felt people receiving the service were safe. Risks to people were covered within care plans and separate risk assessments, however some of these lacked sufficient guidance for staff on how to manage individual risks to people. Staff demonstrated an awareness of adult safeguarding and knew how to report concerns.

People and relatives told us they were happy with staffing levels in the service and they did not receive missed or late visits. There was a system in place for office staff to monitor if staff were late or had missed a

visit, which helped ensure visits were covered.

Staff were supported through training and supervisions to provide effective support to people. Staff spoke positively of the quality of training provided. New staff received an induction and support to ensure they were ready to work in the service.

People were supported to eat and drink where required. Staff made sure people had plenty of fluids available so they could stay sufficiently hydrated. Staff supported people to access healthcare services and monitor their health needs when required.

Staff understood the importance of providing support in a kind and caring manner, which included supporting the needs of people's informal carers. People and staff had close caring relationships. Staff knew people well and this helped ensure people with non-verbal communication could make their needs and wishes known.

People were treated with dignity and respect, this included respecting and promoting people's independence.

Staff understood the importance of promoting people's social wellbeing alongside the support they provided. They told us they felt supported and involved in the running of the service.

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.

Medicines were not managed safely because the service had failed to take action to minimise the risk of misadministration.

Risk assessments were in place, although in some areas lacked guidance for staff on how to minimise the individual risks to people.

Staffing levels were sufficient and people did not receive missed or late visits.

Is the service effective?

Good

The service was effective.

Staff received support and training which helped them provide effective care.

The registered manager and staff understood how the MCA impacted on the support they provided.

People were supported to maintain their health, including nutritional needs, and access relevant health care professionals.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who knew them well.

Staff respected and promoted people's dignity and independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Concerns or issues raised by people were not always adequately addressed by the service.

Assessments of people's care needs were carried out collaboratively with people; however some people felt there was a lack of opportunity and insufficient frequency to review and discuss the care provided.

People's social wellbeing was promoted.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place had not always been effective at identifying areas of concern.

People and relatives felt communication could be better and were not always sure who was responsible for the running of the service.

Staff felt supported by the management team.

Carers Trust Norfolk - Ketteringham Hall

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 checked 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 announced inspection took place on 12 April 2017. 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 respond to our queries.

The inspection team consisted of one inspector and two experts by experience, who carried out phone calls to people and relatives using the service. 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 we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We reviewed the Provider Information Return (PIR). This is a report that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority for their views on the service.

During our inspection we spoke with six people using the service and nine relatives via the telephone. We also spoke with eight members of care staff, the registered manager, the manager for the service, a team leader and the regional operations manager. Five of the care staff we spoke with over the telephone and the remainder of staff we spoke with when we visited the service's office. We visited the office on one day. At the office we looked at six people's care records, the medicines records for five people, four staff recruitment files and staff training records. We looked at quality monitoring documents, accident and incident records,

complaints, and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. Four of the medicine administration records we looked at showed staff had indicated that medicines had not been given, however there was no recorded explanation of why this was or what action had been taken to assess the risk this might pose to the person. This meant we could not be sure people had received their medicines as prescribed. We found two medicine administration records did not correlate with the visits people had and therefore did not present a clear record of what medicines should be administered and when. We found not all the people needing support with their medicines had an up to date record of what medicines needed to be administered.

The registered manager told us that completed medicine administration records would be returned to the office and scanned in to their online system. This was so these records could be audited and issues identified. However, three of the people we looked at did not have any of these records for the current year scanned in. The registered manager told us they had experienced delays with receiving and auditing this paperwork which meant not all medicine administration records had been audited.

These issues meant there was an increased risk to people using the service that their medicines would not be administered safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people were covered within care plans and separate risk assessments. These covered areas such as the home environment, nutrition, and moving and handling. Whilst some of the risk assessments and care plans provided guidance for staff on how to manage identified risks we found some areas where information was limited. In particular, where people might display behaviour that others may find challenging the associated care plans for this were not completed.

For one person the care plan we looked at told staff that the person required a soft diet because they were at risk of choking. However, it was not clear how this conclusion had been reached and there was no detailed information for staff on what food the person could eat safely. We reviewed the daily notes for this person's care and saw the person was being given food on occasions which was not soft and which could present a choking risk. We raised our concerns regarding this with the registered manager who took immediate action to investigate this and respond to the potential risk. They contacted us following the inspection to confirm that the care plan had been incorrect and the person did not require a soft diet. However, we were concerned that this risk had not been identified and actions to explore and minimise this risk had not been taken prior to our involvement.

People and relatives told us they were happy with staffing levels in the service and they did not receive late or missed visits. One person said, "[Staff member] is always absolutely on time, it's very good and they never leave early. Sometimes they ring to ask if someone can come a bit earlier and that is fine with me." A relative told us, "They are always on time, on the dot, and always stay for the amount of time they are supposed to." A second relative said, "They are rarely late and even then it's only about 10 minutes. They stay for the time they should and sometimes a bit over."

Care staff we spoke with told us when they arrived at a visit they had to electronically sign in and out. This helped the staff in the office monitor any late or missed calls as the system in place would alert them if staff did not sign in within a reasonable set period of time. We saw there had only been one recent missed visit, which had been due to a misunderstanding about whether the person had cancelled this or not. When staff in the office became aware of this they checked with the person and their relative if they were okay and arranged to provide another visit to cover the support required.

Care staff we spoke with felt there were enough staff and that they had sufficient time to provide the support required. One member of staff told us, "I don't ever feel I'm having to rush, you've got time with them so you have that chit chat and can put people at ease." A second member of staff said, "What's good about [the service] is it's a charity, not for profit, the minimum call is for an hour, the fact that it does this is why I do this job." Three of the staff we spoke with said that due to the large geographical area the service covered it could sometimes make it more difficult to provide cover when regular staff in each area was on holiday. This meant sometimes staff had to travel longer distances. Two of the staff told us how staff worked together to ensure this did not affect people using the service. One said, "You're trying to pick holiday time when it's less invasive." The registered manager acknowledged this could sometimes be an issue and said they were working with staff to address this and create a culture where staff felt comfortable covering each other's visits when needed.

Staff files showed safe recruitment practices were mostly being followed. This helped ensure that the staff employed were suitable to work in a care environment. We found one member of staff had started to work in the service without references in place. The registered manager told us this person had previously worked for the service and this meant they had knowledge of the person. However, we were concerned that information from the person's previous employer had not been sought prior to the person starting work in the service.

People and relatives told us they felt safe using the service. One person said, "To be honest I feel very safe with them and very comfortable. They always make sure there is nothing for me to trip over as they know I fall." A relative told us, "I do feel that [name] is safe with the carers. I trust them completely and they always make sure the home is safe. They use cushions to prop [name] into the correct position. They do contact me if they can't find something but usually deal with everything. I'm confident that they would contact me if there were any problems. I'm 100% sure that whatever the situation they would do the right thing." A second relative said, "We do feel our [relative] is safe with the carer. They have to use a hoist with our [relative] and there has never been a problem. Because of our [relative's] vulnerability we are very conscious of who is supporting them and the fact that we have stayed with this agency says it all really."

The staff we spoke with were able to tell us how they would identify possible safeguarding concerns and knew how to report this. One member of staff said, "I would go straight to my manager at work." Another member of staff told us how they had reported some concerns about a person they supported, they told us this had helped ensure the person got the right support and were safer as a result. A third member of staff told us that the numbers of who to contact were given out to them as part of their training so they would have a reference for who to call. Records showed the service reported safeguarding concerns appropriately and liaised with relevant parties as required.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Care records we looked at did not specifically show if the service had considered whether people had the capacity to make certain decisions regarding their care. We saw some people had been unable to provide consent to the care provided or for the service to share information where necessary. Completed forms said the carer or next of kin must give consent ensuring that the decision has been made in the persons best interests. However, this was not in accordance with the MCA and there was no evidence to show the person's ability to consent had been assessed and how the decision made was in their best interests. We discussed this with the registered manager who told us they recognised some changes to their process were needed. They showed us some documentation they had sourced which they would be putting in place to rectify this. They had also had arranged additional training to ensure the service fully understood their responsibilities under the MCA.

Whilst the process under the MCA was not being fully followed or recorded, staff we spoke with demonstrated they understood the importance of consent, the MCA, and how this might impact on their practice. One member of staff told us, "You don't just assume that because someone has dementia they can't make decisions." Another staff member told us, "It's giving people their right to make decisions and they can make unwise decisions like all of us." People told us staff listened and sought their consent. One person told us, "[Staff] never try to take over; tell you that you can't do something. They do really what I want; we talk through together what I want."

People and relatives we spoke with told us they felt staff had the knowledge and skills to provide the support required. One person said, "'I'm very confident [member of staff] knows what they're doing. They're very good at everything." Another person told us, "I'm very confident they know what they're doing." A relative told us, "The carer is very well trained. I do feel [member of staff] has all the training they need to look after my [relative] effectively and safely." A second relative said, "They do specific training for specific clients. They sent the carer on a course for administering [a particular medicine] even if we are the only clients it's currently applicable to; and the carer came in on their annual leave week to attend the course. They do frequently talk about training days."

Staff also spoke positively of the training they received. One member of staff told us, "Really good. [Management] seem like they keep really on top of that." Another staff member told us if they needed advice then they could contact the service's trainer who would visit with them to help resolve any issues. A third member of staff told us, "Excellent training, very thorough, they have very good speakers in to do things with

you properly."

Training records showed staff received training in a range of subjects, such as nutrition, dementia, person centred values, and behaviour that may challenge. We saw where people had specific needs such as epilepsy; this was arranged for those staff providing support.

New staff received an induction before starting to work in the service. This included a programme of training as well as shadowing staff working in the service. We saw there was an induction checklist in place to ensure new staff had been given the information they needed. The induction process also included a direct observation of the new staff members work to help ensure staff understood their role.

Staff told us they received regular supervisions and support from the management team which helped them provide effective care. One staff member said, "We have a good chance then to talk over things, concerns, and anything specific." Another staff member told us how extra supervisions would be arranged if staff needed additional support. A third said, "I know they are supportive and will provide extra support and training."

We saw staff supported some people with their meals and drinks. People we spoke with told us that staff always ensured they were left with drinks so they could remain sufficiently hydrated and that food was provided in line with their needs. One person said, "[Care staff] top up my drink all the time, because of my dietary requirements they make sure I have a constant supply." Another person told us, "[Member of staff] leaves a jug of water with me all the time." A relative told us, "[Staff] are very gentle and sensitive when feeding [name]. They need pureed food and they are very careful." Care plans in place identified specific dietary needs and provided staff with information regarding people's dietary preferences. We saw where required staff would make a note of what food and fluids had been provided to people.

People and relatives we spoke with felt staff supported people with their health care needs where appropriate. One person told us how a member of staff had identified a problem with their skin, they said, "[Member of staff] got onto the doctor straight away.' Another person said, "I sometimes have funny turns and falls. When it's happened when the carer is with me they have called for an ambulance and stays with me, even beyond the time they should leave." A relative told us, "[Staff] notice things about [name] and they let me know."

Good

Is the service caring?

Our findings

People and relatives we spoke with talked positively about the staff and their relationships with them. One person said, "[Member of staff] is wonderful. Considerate, easy to get on with, very friendly." Another person told us, "I've had the same carer for seven years and they are great. I trust [member of staff], don't have to follow them around and can rely on them. They are friendly and always gentle and kind. I really like [member of staff] and we get on well." A relative told us, "[Staff] are very kind . [Member of staff] is just a really caring person." Whilst a second relative told us, "I can't tell you how good the carers are. I went away on a respite break and when I came home [Name] looked content and happy and the house was immaculate. They'd even brought some fresh flowers to put in the house and welcome me back."

The staff talked about people in a caring manner and told us how much they enjoyed supporting people using the service. One member of staff said, "I enjoy meeting all the people and I enjoy helping them. Love it to bits." Another said, "I love my job, it's the clients, very good relationships with them." Another member of staff told us when the spouse of a person they supported passed away they agreed with the management team to phone the person regularly outside of their allocated visits so they could offer emotional support. They and another staff member told us how they had remained in touch with people even when no longer regularly supporting them because they cared about the people they supported.

Three of the staff we spoke with told us how the provider had an ethos which was about supporting and caring for the person's informal carer as well as the person. One member of staff told us how it was important to think about how they could make the informal carer's life easier as well as support the person themselves. They said for example they would think about any additional house work they could do. Another member of staff said, "It's about the cared for as well as the carer, a lot of people forget that the carer is as important as the cared for." A relative we spoke with told us, "The carers really listen to us as a family and we all learn things together. I can really talk to the carers we have. I personally need to have that connection with them for it to work. They understand what it's like for us. My husband will have a laugh and joke with them. They are professional but there for us too."

People told us they were supported by regular and consistent staff which helped staff to know them and build a strong relationship with them. One person said, "I'm very comfortable with [staff]. They've got to know me, that's why it works so well." Another person told us, "If you know someone for eight years you know each other, it becomes natural. They know the things I enjoy doing and anticipate them, like a TV programme I like, we'll watch it together."

Staff confirmed that they knew the people they supported and had strong relationships with them. Staff talked about having a wider sense of family with the people they supported. One member of staff said, "You do get attached to people; I don't think you'd be doing your job properly if you didn't." Another said, "People become like part of your family." A third staff member told us, "You're like a member of the family in a way because you do have the time to support people physically and emotionally." A further member of staff said, "If you've been going to someone for eight or nine years you do have a good relationship with them and they take you in to their family."

People were involved and consulted regarding their care needs. One person told us, "[Staff] always listen, yes." Another person told us staff listen, "All the time, if I need a little ironing done they do it." Relatives we spoke with told us that staff understood how people individually communicated and this helped their family member to communicate their needs and wishes. One relative told us, "[Name] is non-verbal and communicates only by body signs and objects of reference. The carer can interpret [name's] body signs so will know such things as when they are in pain and monitor this. I do feel that they listen to me and it never feels like an intrusion having them in my home." Another relative told us, "[Name] can't talk and is quite deaf so all communication is done by gestures. It takes time to get to know [name] and what these mean. Over time they get a sense of when something is wrong or when [name] is very happy which they often are. They note what makes [name] happy and use this information."

Staff we spoke with demonstrated they understood the importance of treating people with dignity and respect. The people and relatives we spoke with confirmed this. One person said, "Absolutely. I wouldn't keep having them if not. When we go shopping [staff] know the things I mustn't eat, they don't interfere but they will point out." Another person told us, "We have a good natter; you wouldn't want to natter with someone who doesn't respect you." A relative said, "[Staff] treat our home and us with respect. They always respect [name's] privacy, if [name] is on the toilet they cover their bottom half with a towel and always close curtains." Another relative told us, "My [relative] has autism and they understand issues of consent and absolutely understand [name's] need for space and privacy."

Staff supported people to be as independent as possible. One member of staff told us, "I don't push myself to do things that I know [person they support] can do." They went on to tell us how they supported one person with a visual impairment and they took extra care to ensure they left the person's home environment exactly as it was when they arrived. This was to ensure the person could access things they needed and move around their home independently. Relatives gave us practical examples of how staff supported their relative to be independent. One relative told us, "Sometimes [name] doesn't want to eat when we do, so in the evening [name] asks the carer to look in the fridge. The carer gets them to do it together, they choose something together." Another relative said, "[Member of staff] gets [name] to wash their own face and brush their teeth."

Requires Improvement

Is the service responsive?

Our findings

People and relatives we spoke with knew how to raise concerns and complaints. However, two of the relatives we spoke with told us they had raised concerns about their relatives support on a number of occasions but felt insufficient action had been taken to resolve the issues. One relative told us that the medicines their relative needed support with had changed. However, the associated paperwork and training for staff in order to be able to give this medicine had not taken place. This meant the person's relative had to stay and give the medicine needed which did not provide them with a break from the care they were providing, as the visit was intended to do. We reviewed this person's records and saw this had been an issue since December 2016. Another relative told us that they had raised concerns that their relatives specific communication needs and how this could be accommodated. They told us this had not been fully resolved and despite offering to provide additional training themselves had not received a response from the service. The registered manager told us they had not been made aware of these concerns and took immediate action to resolve them. However, we were concerned that the process in place had not fully alerted the management team to these concerns and that action had not been taken to fully address the concerns without our involvement.

Care plans we looked at showed they had been discussed and written with people. A member of staff responsible for writing care plans with people told us, "When the care plan is being written up we like everybody involved in the care to be in that room." People and relatives we spoke with confirmed they were involved in the assessing of their support needs. One person said, "They came out here, we all talked through what care was needed." A relative told us, "They did a very good assessment of my [relative]. [Name] can't communicate and [member of staff] came out to do the assessment which was very comprehensive." The registered manager told us all people receiving the service had received a review in the last year. However, we received variable responses from people and their relatives regarding the opportunity and frequency to review their care plans. One person said, "I suppose it gets reviewed, but I don't know when." A relative told us, "We had a telephone conversation, that's not the best scenario to review it or involve [name]." Another relative said reviews "Aren't very regular. It's been quite a while since the last one, the carer kept trying to chase it up too." They went on to tell us that their relative's circumstances had changed and the care plan had needed updating which had not been done in a timely way.

Most of the people we spoke with told us that the care provided was responsive. One person said, "[Member of staff] is very flexible. I think they live locally which also helps." Another person told us, "They are very accommodating because occasionally I need to change the visits or times – things do happen and I have my own hospital appointments." Although one person told us the service was not always able to accommodate the times they specifically needed. Additionally three of the people we spoke with told us they were not asked about their preferred gender of carer when supporting them with personal care.

Staff we spoke with were mindful of the need to provide social support and stimulation alongside the personal care delivered. One member of staff told us, "We have a laugh and a chat while we're there." Another staff member said, "It's nicer for the client to have that friendly face and friendship." A third member of staff told us, "You find out their interests if you talk to them, try and find out as much information as you

can, not just switch the telly on." Whilst a fourth said, "It's sitting down with [people] when they're having their meal, its giving them a social time." The service had also set up a club in one area they worked in to enable people and relatives to meet, support, and build up friendships with each other. The service provided staff free of charge at the club to enable and ensure people's support and care needs were met.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to audit and monitor the quality of the care provided. These included audits on people's care records, medicines, staffing, and missed calls. Additionally the service used an electronic recording system. Required actions could be allocated to staff electronically, for example required changes to a care plan. The registered manager told us reports could then be generated to show and monitor what actions were required, by whom, and when this needed to be completed by. Other quality systems were in place such as any written care plan needed to be checked and signed off by a care manager in the office.

Whilst quality assurance systems were in place we found they were not always effective and did not identify all the issues found at this inspection. For example, the specific issues we identified regarding the management of medicines had not been identified. We found instances where care plans had not been checked and signed off by a care manager and as a result issues in these care plans had not been identified. Additionally it was not clear where people raised concerns about the service they were receiving that the correct process was followed. This was because the registered manager was not fully aware of some of the issues people told us had been raised during the course of our inspection.

The care plans we looked at did not always contain sufficient guidance and information for staff. For example, one person was diabetic but there was limited information for staff on how to support this person with these needs and some of the information given was conflicting. Another person's care plan noted they needed to be supported to sit in a certain position if being supported to drink however; there was no information provided on the specific position this might be. The care plan audits in place did not identify issues with the quality or content of care plans.

The above information meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of a quality checking process an annual questionnaire was sent to people using the service and their relatives. The survey asked people to rate the service they experienced in a number of areas as well as ask people for any comments. The survey sent out was to all people receiving a service from the provider which included three different registered services. However, the results were not broken down by each individual service in order to analyse the quality of each registered service being provided or identify any consistent issues or themes in each service. Whilst the responses given were largely positive we found a number of people had given negative comments or asked for certain actions to take place. The registered manager was able to provide us with some information regarding these comments but not in relation to all of them. This meant we were not confident that these had been fully explored and responded to. The registered manager informed us that the provider was reviewing how they implemented and used their questionnaires to ensure they were effective.

A registered manager was in post, they were also the registered manager for two of the provider's other services. A second service in Norfolk and another service in Cambridgeshire. They told us they had registered and were managing the service as an interim measure until a new manager had been recruited and started

the process of registering with us. At the time of our inspection a manager had been newly recruited and had recently commenced working in the service.

People and relatives we spoke with told us there could be better communication regarding the service and its management. We found when talking to people and relatives that most did not know who was managing the service. One person told us, "It can be hard to get through to the office and the answer phone is often on. I leave a message but they don't often phone back straight away. A couple of occasions when I've gone into hospital I've left a message on the emergency number to cancel the carers visit but the message hasn't got through to the carers and they have turned up anyway. The girls seem happy in their work but I do think the management could be a bit better. However overall I am quite happy with the service and very happy with the girls." One relative said, "I haven't had any contact from the senior staff. I'd have thought we would have seen somebody by now. The main person I used to speak to has left now from the office and I don't know who took over from them. They are not good at keeping us up to date with staff changes. Sometimes it's hard to get through to the office on the phone and it goes to the answerphone."

Staff told us the management team was supportive and approachable. One staff member said, "Very good always sort out any problems you've got, I phoned [new manager] and within the next hour it was sorted." Another staff member told us, "Whoever you talk to is happy to talk to you, it doesn't matter what level they are." Whilst a third staff member said, "[new manager is] very nice and helpful on the phone." Two of the staff we spoke with told us that they worked in an area further away from the office and whilst the office was supportive they sometimes felt isolated and lacked face to face support. One said, "You do sometimes feel out on a limb. If you have a bad day not sure they always know." Whilst another said, "Working in the community we don't see each other, on the phone it's not quite the same."

We saw the service held team meetings for staff every two months. We saw they offered a range of meeting locations and dates to help ensure staff could attend, meet each other, and find out what was happening in the service. One staff member told us, "[Registered manager] will always update us about what's happening in the service and they send us emails." Meeting minutes showed the meetings were used to promote learning, remind staff of their responsibilities, and update staff on changes in the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Regulation 12 (1) (2)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service. The provider had failed to implement effective systems to assess, monitor and mitigate the risks to people using the service. The provider had failed to ensure there was an accurate, complete, and contemporaneous record in respect of people's care. Regulation 17 (1) (2)(a)(b)(c)