B & H Care Ltd

B & H Care

Inspection report

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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

About the service
B & H Care is a domiciliary care service providing personal care to adults living in their own homes. At the time of our inspection there were 41 people using the service, all received personal care support.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
Prior to our inspection the provider had changed their address, which we were notified of. However, during our inspection we found the location had also moved to the same address, which we were not aware of. After we had spoken with the registered manager about this, they submitted an application to add a location with the current address.

We found people's care plans did not clearly identify people's specific needs and how they were met. There was limited information provided to staff in how to provide the care and support required. People's risk assessments, including those relating to mobility and medicines, did not identify how the assessed risks were mitigated. Records were contradictory in parts. The provider's governance systems had not independently identified the shortfalls, therefore, we were not assured they were robust enough.

People's needs were assessed prior to them using the service. Where required, people were supported to access health care professionals and the service worked with other professionals to achieve good outcomes. Where people required support with their dietary needs, this was provided. We received positive feedback from social care professionals relating to how the service worked with them and acted on any guidance and advice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough staff to ensure that planned visits were undertaken. Staff were recruited safely. Staff received training and the opportunity to achieve relevant qualifications relevant to their role. Staff told us they felt supported, they received supervision and their work practice was checked.

There were systems in place designed to reduce the risks of abuse, this included training for staff. Lessons were learned when incidents had happened, to reduce future risks. Staff received guidance and training relating to the pandemic and infection control and had access to personal protective equipment (PPE). Staff were trained and had their competency assessed relating to supporting people with their medicines.

People using the service told us how they felt the service was responsive to their needs and that the staff

who supported them were respectful and caring. This was confirmed by feedback from relatives and social care professionals. People were supported to access the community where it had been identified to improve their wellbeing. Where people required end of life care and support staff were trained in how to support them.

There was a complaints procedure in place and records showed complaints were responded to and addressed. People using the service and relatives confirmed they were asked for their views and these were listened to and acted on.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 17 December 2020 and this is the first inspection.

Why we inspected
This comprehensive inspection was undertaken because the service had not yet been inspected nor received a rating.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified two breaches at this inspection. One relating to safe care and another relating to governance.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Care Quality Commission

B & H Care

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team
This inspection was undertaken by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service three working days' notice of the inspection. This was because we needed to be sure that the service was able to share documents electronically and provide contacts details of people we wanted to ask for feedback about the service. Inspection activity started on 25 May 2022 and ended on 8 June 2022.

What we did before the inspection
We reviewed information we had received about the service since registration and documents relating to the registration of the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls, telephone and email to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

The registered manager provided us with contacts details for staff, people using the service, people's relatives and other professionals who worked with the service. They also provided records which we requested. From 25 May 2022 to 1 June 2022 we reviewed the care records of five people who used the service. We also reviewed records associated with the governance of the service, including policies and procedures, audits, staff training and how the service seeks feedback about the service from people and staff. We also received telephone and electronic feedback from 11 people who used the service, six relatives, eight staff members and four social care professionals who work with the service, including a commissioner.

We spoke with the registered manager and nominated individual on a video call on 30 May 2022. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also provided feedback on video call on 8 June 2022 to the registered manager and the nominated individual.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
● Risk assessments in people's care records provided limited information to guide staff in how the risks were to be mitigated. For example, where people's moving and handling assessments stated support was required, there was no specific information about what the risk was, what support was required and how this reduced risks.
● One person's care record stated that to reduce the risk of falls staff should assist a person when entering and coming out of the shower, there was no information about what assistance this person required. Another person's care plan relating to falls stated the staff were to, "Always stay close [to the person] to reduce the risk of falling." There was no additional information about how close staff should be, and how this reduced the risks of falling.
● The registered manager told us staff were provided with guidance in 'sessions' about individual people and how risks were reduced. However, we were not assured this system was robust enough to ensure risks were fully assessed and systems in place to mitigate them.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People told us they felt safe with their care workers, this was also confirmed by relatives. One person said, "I feel safe with the carers, they lock up after themselves." One relative said, "I feel my [family member] is in safe hands with B&H and [family member] gets good care from them."

Using medicines safely
● There were inconsistencies in records which placed people at risk of receiving inappropriate support. For example, one person's records stated they did not need assistance with their medicines, however, they did state in another part that care workers were to prompt the person to take their medicines and they required creams to be administered. There was no indication in the record which creams, how often they were needed and what these were for. In this person's medicines assessment, it stated no support was required, medicines needed to be prompted and there was no mention of the creams.
● Another person's records stated they did not require support with their medicines, but also stated they required prompting to take them. Directions identified in the records stated the staff were to place the medicines in a container for the person to take. Therefore, both the risk assessment and care plan were not clear on the support required and how risks were mitigated.
● Where people required support with their medicines, their care records did not clearly identify how they

were to be supported. For example one person's records stated that the staff were to administer the person's medicines, it did not state for example where they were kept, if the person took them all at the same time or one at a time and if they took them with a preferred drink.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had a policy and procedure relating to the safe management of medicines. The registered manager told us the electronic system used had tasks for staff to complete when supporting people. Where people required assistance with their medicines the system would not allow the staff member to log out from the person's home until they had undertaken the task, therefore reducing the risks of missed medicines.
● Staff who were responsible for supporting people with their medicines were trained and had their competency checked by senior staff. Where errors had been identified staff were provided with further training and competency checks to reduce risks.
● People using the service who required support with their medicines and relatives told us they felt this support was provided safely. One person relative said, "They are very good at making sure my [family member's] medication has been taken."

Systems and processes to safeguard people from the risk of abuse
● The service has systems in place designed to safeguard people from abuse. This included policies and procedures relating to safeguarding.
● Staff had received training in safeguarding and understood their responsibilities in reporting any concerns. Staff also confirmed they were aware of the provider's policy relating to reporting poor practice, known as whistleblowing.
● Where concerns had been identified safeguarding referrals were made to the local authority safeguarding team, who are responsible for investigating abuse and neglect. Where required, the service worked with the safeguarding team to reduce risks.

Staffing and recruitment
● Staff told us they felt there were enough staff to undertake the planned visits to people. The registered manager and nominated individual told us they reviewed the planned schedules for visits to reduce any risks of people not receiving care.
● The nominated individual and registered manager told us how recruitment of staff was ongoing, including overseas recruitment. There were enough numbers of staff to meet people's needs and the ongoing recruitment would support growth of the business.
● The provider had a recruitment policy and procedure and the registered manager and nominated individual explained the process for the safe recruitment of staff. Feedback from staff confirmed checks were undertaken prior to starting work in the service. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The registered manager and nominated individual told us they had attended recent home office webinars regarding international recruitment.

Preventing and controlling infection
● Staff told us they had access to enough personal protective equipment (PPE) to use to reduce the risks of cross infection. One staff member said, "Management always make sure that we had/have enough PPE for

the sake of us protecting the people we support and vice-versa."
● Staff received training in infection control, food hygiene and donning and doffing PPE. The registered manager told us training included guidance to staff about changing PPE and washing hands to reduce cross contamination.
● The provider had a contingency plan and risk assessment in place relating to COVID-19.

Learning lessons when things go wrong
● The registered manager and nominated individual told us of examples where they had learned lessons and introduced systems to reduce future incidents, this included a nominated staff member to liaise with hospitals regarding the discharge of people using the service.
● Records showed where incidents had happened, they were analysed, and lessons learned were recorded.
● Feedback from a social care professional identified how lessons were learned from an incident, "[Registered manager] and I communicated closely to ensure it was fully looked into once the problem was discovered with a view to preventing a repeat experience for anyone else but also to putting the necessary support in place with immediate effect."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Prior to people using the service a needs assessment was undertaken by the management team. The registered manager told us these were undertaken with the person and their representatives where required, such as family or other professionals.
● One relative told us, "They came out did an assessment, were very careful to ask myself and [family member] what was needed and how [family member] liked it done, feel listened to and involved." Another relative said, "[Registered manager] met with myself and my [family member] to discuss what was needed beforehand."
● Records showed these assessments took place, however, whilst they identified the staff member involved, they did not indicate who else was involved. The registered manager told us this would be addressed.
● The provider's policies and procedures including those for medicines and infection control referred to best practice and The National Institute for Health and Care Excellence (NICE) guidelines.

Staff support: induction, training, skills and experience
● Staff told us they received the training they required to meet the needs of the people using the service and were supported to achieve qualifications relevant to their role. One staff member told us, "I feel I have training that help me provide care. As well we have shadow shifts that focus on the actual person which is helpful."
● As well as training which may be referred to a mandatory including moving and handling, first aid, medicines and safeguarding, staff received training in people's specific needs including dementia and catheter care.
● Records showed and staff told us they received one to one supervision meetings. These meetings provided staff with a forum to discuss their role, receive feedback and identify any training needs.
● The registered manager and nominated individual told us how they were undertaking 'on the job' coaching, for example, for staff from overseas advising on cultural needs.
● The induction for staff included shadow shifts with more experienced colleagues and training which was linked to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet
● The registered manager and nominated individual told us how they were providing coaching, for staff, for example for those from overseas advising on people's dietary choices in foods they may not have prepared previously. This need was identified when staff were not always clear on people's requirements.

● The registered manager told us how they had worked with health care professionals to receive guidance in a person's specific dietary needs to ensure they received the care they required.
● People told us where they required assistance with their dietary needs this was provided. One person's records showed how staff were to support the person to make decisions about a healthy diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Social care professionals told us they felt the service worked alongside them to achieve good outcomes for people. One social care professional said, "[Registered manager] and staff are quick to highlight any issues and worries about the customer and work jointly on solutions."
● The registered manager and nominated individual told us about the range of health and social care professional referrals made, on behalf of people using the service, where required. This included district nurses, occupational therapists and GP.
● The registered manager told us how they worked closely with health care professionals and how they had provided training session to staff relating to people's needs.
● Relatives confirmed if there were any concerns regarding their family member's wellbeing, they were kept updated, which included information they needed to contact any health professionals as required. One relative said, "The two main carers would call or message me if there were any concerns. It was obvious they really cared."
● People's records identified where they required support with their oral care. However, there was no detailed information about what support was required. The registered manager told us this would be addressed.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

● People told us the staff asked for their consent prior to providing any care or support. One person said the staff, "Listen to what I say, always ask me before they do anything and ask if there is anything else before they leave."
● People's care records included documents to show that people had consented to the care provided and the information in their care plans.
● Staff received training in the Mental Capacity Act.
● The registered manager and nominated individual understood and explained how people's capacity was assessed. This included support and guidance from other professionals and checks on individuals who have been appointed to assist people with decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us their care workers were kind and caring. They said they were provided with regular staff who they knew. One person commented, "B & H are very friendly, I like my carers." Another person said the care workers were, "All very nice, come into my home and give me every little bit of respect nice people. I appreciate them, very nice people."
- The registered manager and nominated individual told us they tried to match people with staff, such as if they had shared interests.
- People's daily notes showed the care and support provided. We noted some caring comments in the notes, for example one person's records showed that the staff had commented on how 'lovely' the person looked as they had had their hair done.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives, where appropriate, told us they felt involved in the care planning process. One person said, "They [staff] are well prepared, I feel listened to. I have the same carers we are used to each other now. If I need anything, they are very willing."
- One relative said, "Regular reviews were held with [family member] and [their] social worker, myself and [registered manager] to discuss how things were going and any concerns. There was always an action plan and I was kept fully appraised of what was going to happen."
- Records of reviews did not include the specific date, only the month, and they did not include who was involved. The registered manager told us this would be addressed.
- The registered manager and nominated individual explained they were clear with people from assessment stage that on some areas they could not always guarantee a specific gender of care workers. If people required this, they did not accept the package.
- People's care records include their chosen form of address and the pronouns they used, for example she/her, he/him or they/them.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their independence was respected and encouraged. One person said, "When I first came out of hospital, I could not feed myself or anything, now I can do things for myself under their care, they are very very good… They have helped me to get back doing things for myself."
- A social care professional told us how the service were working alongside a person to improve their independence, "They have persisted to try to find people who [person using the service] is happy to work with and who can support [person] to try to fulfil [their] potential e.g. carers who may also support [person] to try to walk a few steps to improve mobility."

● People told us they felt their privacy was respected. This was confirmed by relatives. One relative said their family member, "Mainly has care with washing, they are very good at respecting privacy and dignity, carers are respectful and kind."
● Despite people telling us their privacy and independence was respected, people's care plans did not always include information about how privacy was respected for example in relation to when they received personal care, and what areas of their care they could attend to independently. The registered manager told us this would be addressed.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always documented and met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People's care plans were not always detailed enough to guide staff in how people's specific needs were to be met. For example, people's records indicated they required support with their personal care, but this was not specific to identify what areas people required assistance with and how this was to be provided.
● Not all of the records sufficiently explored people's specific conditions and how these affected them, and the care provided. For example, one person's care records identified a person had weakness in one part of their body, there was not clear guidance in place as to how staff were to consider this when supporting the person.
● Despite the shortfalls in people's records we received positive feedback about the care provided. One person said, "I feel involved and in control of my care … we accommodate each other and respect each other." Another person told us, "I am absolutely happy, they could not be any better, same carers I know them well… very attentive to all of my needs."
● One relative said, "I feel B & H Care offered a service tailored specifically to [family member's] needs... The carers were extremely professional and worked hard to build a rapport with [family member]."
● We received feedback from a social care professional regarding the care provided to a person, "[Registered manager] has been very responsive and proactive in seeking solutions, adjusting the care arrangements, communicating with family and generally trying to support [person using the service] to get the help [person] needs."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● The registered manager told us documents would be made available in different formats where required to ensure they were accessible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● The service had identified where some people could benefit from access to the community such as social activities. The registered manager told us how they had sought funding from commissioners to allow this to happen. This was confirmed by one person who used the service.
● The registered manager told us about how staff supported people to access their garden and go for a walk

in the community, they shared an example of how this had improved a person's wellbeing and independence.

Improving care quality in response to complaints or concerns
● There was a complaints procedure in place which identified the actions people could expect when they made a complaint.
● People told us they knew how to raise a complaint or any concerns. One person said, "If any issues ring the supervisor listen and address them, no real concerns. Just time, but valid reasons and I am not worried if valid." One person's relative said, "I have not had to raise any complaints, but on the odd occasion I have asked if they could do something for my [family member] whilst visiting and they have been happy to do so."
● The registered manager and nominated individual explained how complaints were managed, investigated and responded to. Records, including a log of complaints received and actions taken confirmed what we had been told.

End of life care and support
● A staff member told us they supported a person who was receiving end of life care and they had been provided with training how to meet their needs. They told us the guidance they received helped them to understand the specific needs and preferences of the person.
● The registered manager and nominated individual told us that for a person who was assessed as needing end of life care, they worked closely with health colleagues to achieve good outcomes.
● People's records indicated if there were advance decisions in place and if people had made decisions about if they wanted to be resuscitated.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Throughout the inspection we identified improvements were needed in people's care records. They were contradictory in parts, did not always identify how risks were mitigated and did not provide enough detailed information to guide staff in how people's needs were to be met.
● The registered manager and nominated individual told us the electronic care planning system allowed changes to be made immediately which meant care plans were kept up to date with people's changing needs and preferences. However, one person's care plan identified they required cream administered, during feedback the registered manager told us this was no longer needed. Therefore, we were not assured the care plans were being kept updated.
● Audits were undertaken to assist the management team to identify and address any issues in the service. However, we found an audit in people's care records completed in April 2022 rated them as 100% compliant. The audit had not picked up the shortfalls we had identified in care plans and risk assessments during this inspection, nor issues we had found relating to recording of support people required with medicines.
● There was a service improvement plan in place, which identified for example growth for the business, recruitment and training, but no indication that the care plans required improvement. Therefore, we were not assured this had been identified as an improvement independently.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Prior to our inspection the provider had notified us of change of address for the provider, which had been processed. However, during our inspection we found the location address had also changed. We spoke with the registered manager who confirmed the change of address and they sent us an application to add a new location with the correct address after we had spoken with them. Operating from a different location is in breach of the conditions of registration, we were assured actions were taken to address this.
● Staff told us they felt the service was well led and any concerns were acted on. One staff member said, "[Management] are very hands on when it comes to their clients as well, they know each and every detail about each and every client which for a company is very very good. They are also very professional and compassionate and very considerate and manage their staff very well."

● People and relatives told us they felt the service was well led. One relative said, "I do know who manages, [registered manager] and the carers probably never receive much gratitude for what they do but I feel they do a wonderful job. It is a well led team."
● The electronic care system allowed the management team to monitor that staff arrived for their care visits. A log of missed and late visits was kept which identified the reasons and any actions taken to learn lessons to prevent future incidents. There had been three missed visits, two of these were due to weather and agreed with the person to cancel and one was an error which an apology was given.
● The service had employed a compliance consultant to assist them in the running of the business. Weekly meetings were held where the registered manager and nominated individual could raise any concerns and seek advice, including when audits should be undertaken. The registered manager and nominated individual told us this worked well and assisted them in the running of the business, when initially they had provided care to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● There was a duty of candour policy in place which was understood. The registered manager provided examples of how they had visited people and relatives and apologised when an issue had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff told us they felt the registered manager listened to their views about the service. One staff member said, "We have really good managers who actually listen to staff feedback."
● People's relatives told us they were kept up to date about their family member's wellbeing. This was confirmed by a social care professional, "[Registered manager] also always keeps families up to date and provides them with much needed reassurance. I have witnessed this recently."
● Staff meeting minutes provided staff with information about, for example best practice, infection control, complaints and compliments. The registered manager told us staff were encouraged to feedback any concerns or observations they had. The registered manager and nominated individual shared an example of how an occupational therapist referral was made following concerns raised by a staff member.
● People were engaged with. Visits and telephone calls were made to check if they were happy with the service. Annual audits were undertaken, or more frequently where required. We saw records of reviews. However, these lacked details as they recorded the month not the specific date and who was involved other than the staff member and how they were held, such as face to face.

Continuous learning and improving care
● The senior and management team observed the care workers in their usual routines to ensure they were working to the requirement of their role.
● The registered manager told us they kept updated with changes in the care industry and best practice, including reading reports on the CQC website, involvement in registered manager forums, national care association network groups, CQC updates, bulletins from the local authority and government updates.

Working in partnership with others
● The nominated individual and registered manager told us they had positive working relationships with other professionals involved in people's care.
● We received positive feedback from social care professionals regarding their working relationship with the management team. One social care professional told us, "[Registered manager] is very responsive to any requests and always tries to accommodate them as best as possible… [Registered manager] is very approachable and open to any conversations."

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 Risk assessments did not identify how risks to people were being mitigated. Records did not provide staff with sufficient information relating to the support people required with their medicines. This placed people at risk of harm.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.