Dennyson Care Limited

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Inspection report

Olympic House
28-42 Clements Road
Ilford
Essex
IG1 1BA

Tel: 07912038498
Website: www.dennysoncare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This comprehensive inspection took place on 24 April 2018 and was announced. This was the first inspection since the service registered with the Care Quality Commission in March 2017.

Dennyson Care is based in Ilford, Essex. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Not everyone using Dennyson Care receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection, 50 people were using the service, who received personal care. The provider employed 25 care staff.

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 care homes, 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 our inspection, we found people did not always receive safe care. Specific risks to people were not always included in risk assessments to help staff identify and mitigate the risks to ensure the safety of the person and the staff. This meant that the provider did not always assess, monitor and mitigate risks associated with the service to ensure people received safe care at all times.

The registered manager was committed to developing the service, although further improvements were required with quality assurance systems as this had not identified the shortfalls we found at the inspection. This would ensure people received a safe service.

People were protected from abuse. Staff understood procedures to follow in order to safeguard people from potential abuse.

The provider had sufficient numbers of staff available to provide care and support to people. Staff had been recruited following pre-employment checks such as criminal background checks, to ensure staff were suitable to work with people safely. Staff received an induction, relevant training and were able to shadow experienced staff in order for them to carry out their roles effectively.

When required, staff prompted people to take their medicines and recorded this in Medicine Administration Records (MAR). Staff had been trained on how to manage medicines safely.

The provider was compliant with the Mental Capacity Act 2005 (MCA) and staff understood the principles of

the Act.

Staff told us that they received support and guidance from the registered manager and other senior staff. They received regular supervision and could approach the management team with any concerns they had. People's care and support needs were assessed and reviewed regularly.

The provider worked with health professionals if there were concerns about people's health. People were registered with health care professionals, such as GPs and staff contacted them in emergencies.

People were supported to have their nutritional and hydration requirements met by staff, who provided them with meals and drinks of their choice, when this was requested.

People were listened to by staff and were involved in their care and support planning. They were treated with dignity and respect when personal care was provided to them.

Care plans provided staff with information about each person's individual preferences.

Complaints about the service were responded to appropriately as set out in the provider's complaints procedures.

The provider had introduced an online call monitoring system to help manage and improve the service.

The management team carried out monitoring checks on staff providing care in people's homes. This ensured staff followed the correct procedures and people received the care they had been assessed for.

Feedback was received from people and relatives to check they were satisfied with the service. The management team ensured lessons were learned following serious incidents.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people were not always identified to ensure staff were fully aware of them when providing care to people.

Staff understood how to safeguard people from abuse. They were aware of their responsibilities to report any concerns.

A recruitment procedure was in place to employing staff that were safe. Staffing levels were sufficient in order to provide care to people at all times.

People received their medicines safely when required and staff received training on how to do this.

The provider was able to learn lessons from serious incidents to improve the safety of the service.

Is the service effective?

Good

The service was effective. Staff receiving up to date training and support through regular supervision meetings.

The requirements of the Mental Capacity Act (MCA) 2005 were followed.

Assessments of people's needs were carried out to ensure effective outcomes for their care. Changes in people's care needs were updated in their care plans.

People had access to health professionals to ensure their health needs were monitored. Staff ensured people had their nutritional requirements met.

Is the service caring?

Good

The service was caring.

People and their relatives had involvement in the decisions made about their care.

People were treated with dignity by staff when they received personal care.

Staff were familiar with people's care and support needs. They promoted people's independence.

Is the service responsive?

Good

The service was responsive. People were able to make complaints about the service and they were investigated in a timely manner.

The provider ensured information was accessible to people in a way they could understand it.

Care plans were personalised and reflected each person's needs, and preferences.

Is the service well-led?

Requires Improvement

The service was not always well led. There was a quality assurance system in place. However, this was not robust as it did not identify the shortfalls we found that may put people at risk of harm.

Staff received support and guidance when required from the management team.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

Dennyson Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 24 April 2018. This was an announced inspection, which meant the registered provider knew we would be visiting. We gave the provider 48 hours' notice. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support us with our inspection. The inspection team consisted of one inspector and an expert by experience, who made telephone calls to people who used 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 the inspection, we reviewed the information we held about the service and provider. The provider had completed and sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also contacted health and social care commissioners for their feedback on the service.

During the inspection, we spoke with the registered manager, a care coordinator, a deputy manager, a compliance officer and two care staff. We spoke with eight people who used the service and two relatives.

We looked at nine people's care records and other records relating to the management of the service. This included six staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

Requires Improvement

Is the service safe?

Our findings

During our inspection, we found concerns with risk assessments to ensure people received safe care at all times. Risks to people who received care and support, were not always identified during assessments of their needs.

Not all risks for each person were identified when their needs were assessed before they began using the service. Risks were initially set out in a document called General Client Risk Assessment, which was part of the overall care plan for the person. These included risks associated with falls, medicines, the person's mobility, their home environment and infection control.

However, risk assessments did not contain clear information on specific risks to the person and actions that were required to be taken. We found that the assessments for each person were limited in detail, despite the severity of the risk. For example, one person was at risk of falls due to reduced mobility and the risk assessment stated that staff should "support person with their relative" but there was no detail as to how they would go about this to ensure the risk was reduced.

Some risks to people were not detailed or identified in their risk assessments. Information from the local authority referred to one person's home environment as not being completely safe due to maintenance problems, such as no hot water being available and the "house in disrepair". However, the home environment risk assessment for the person did not detail this. For example, there was no information about any potential hazards that were present in the home for staff to be aware of, to ensure their own safety as well as the safety of the person.

Another person was at risk of pressure sores, self neglect, malnutrition and dehydration. We viewed this information from the local authority assessment of the person's needs. The provider's risk assessment for the person after they started to provide care for them at home, however, did not detail these risks and the actions required by staff to reduce them.

This meant risk assessments did not clearly identify what risks there were for staff and people when care and support was provided, the severity of each risk and what actions were required to minimise each risk. Consequently, current staff or new staff providing the care would not be completely aware of the specific risks, what impact they could have and what action to take to reduce the risks.

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

People we spoke with told us they felt safe when being supported by staff. One person told us, "Yes, they come every morning and evening; yes, I feel safe oh yes, [staff member] is alright." Another person said, "I have no problems with time keeping and I do feel safe with them.

There was a safeguarding procedure in place for staff to follow in order to protect people from abuse. Staff

were aware of their responsibilities for safeguarding people and understood how to report any abuse, such as physical, financial or verbal abuse. One member of staff said, "I would look for signs to see if someone was being abused, such as whether their body language or behaviour changed. I would report it to the local authority and to the managers." Staff also were aware of the whistleblowing policy, which enabled them to report any concerns they had about their employer to regulatory authorities, such as the police or the Care Quality Commission.

Infection control procedures were in place to help protect staff and people who used the service. Staff told us they used gloves, shoe covers and aprons, to prevent the risk of infections spreading when they provided personal care.

Care staff were monitored by senior staff, based in the office. They would be alerted through an online call monitoring system if staff did not log in a visit after a certain time or had missed any visits. Office staff checked the system to see that care staff had logged in to a personal care visit remotely by using a telephone. If a telephone was not used, care staff completed a timesheet instead.

People were required to be kept informed by senior staff if their carer was running late or were delayed for their visit. One person told us, "They can't always arrive on time daily because of the buses and they have to walk through the snow and rain; but I am glad they arrive when they do." Rotas showed the days and times care was to be provided to people. Daily records and call logs confirmed that most staff completed their tasks and calls for the scheduled times. One person told us, "Yes, they come on time, the one in the morning, in the evening various times sometimes 7pm sometimes earlier." A relative said, "Yes, they come on time, they do, all of them they are very good; they are very reliable and very patient." Staff told us they were happy with their rota and schedules. They told they had sufficient time to travel in between care visits to people to ensure they arrived at the scheduled times.

Cover arrangements were made when staff were unavailable to provide care to people. For example, if there were staff absences, the care coordinator or registered manager ensured they found cover staff, or in some cases carried out the visits themselves. The provider had an out of hours on call system in place should people and relatives require assistance in the evenings or at weekends. Staff were able to contact the on-call staff, who were on duty during out of office hours and weekends, in case of an emergency. Records showed that when any missed visits occurred, these were investigated to ensure they were minimised in future. We noted that these mostly occurred prior to the service using the online system when senior staff devised the rota manually. The registered manager told us this had increased the likelihood of a mistake being made with the rota and the allocation of staff visits to people. The care coordinator also said that since the online call monitoring system was introduced in the service, missed visits had reduced and if any missed calls did take place, senior staff would be alerted through the system so that cover arrangements could be made. We saw the online call system operated effectively during our inspection.

The manager and staff were aware of what actions to take in the event of accidents or incidents occurring. We saw records of serious incidents that had taken place. The provider was committed to learning from incidents to ensure that there was continuous improvement and people using the service remained safe. For example, one care staff member had failed to contact the office to let them know they had called an ambulance for a person and was therefore going to be late for their next visit. Care staff were later reminded of their responsibilities to keep senior staff informed of incidents so that appropriate action can be taken at the time.

There were safe recruitment procedures in place. The provider carried out the necessary criminal checks to find out if the person had any convictions or were barred from working with people who use care services.

We saw that new staff completed application forms and provided two references. Evidence that the applicant was legally entitled to work in the United Kingdom was also obtained. Applicants were required to list their previous experience where applicable and their employment history.

Senior staff visited people's homes to ensure staff were following safe and correct procedures when delivering care. We saw monitoring and spot check records, which are observations of staff to check that they were following safe and correct procedures when delivering care. Records showed that staff carried out safe care and were provided guidance on where they required further improvement.

A medicine policy and procedure was in place for staff to administer medicines safely. Care plans contained information on whether people themselves, their relatives or carer staff were responsible for administering their medicines. Staff were required to prompt people to take their medicines from blister packs, which were supplied to people by their pharmacist or hospital. We saw that staff logged that the person had taken their medicine in Medicine Administration Record sheets (MAR), which contained details of people's medicines and their personal details. The MAR sheets had recently been devised and were completed and stored together with daily logs in a booklet. People and relatives told us staff assisted them with their medicines safely. One person said, "They do give medication, yes they do." Another person told us, "Yes they give me my medication usually on time." Staff who were required to prompt or administer medicines to people told us they were confident with managing medicines. One member of staff said, "I prompt people to take their medicines and record it on the sheet or daily log."

Good

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were satisfied with the quality of care they received. One person said, "Oh yes, I don't have to tell them anything they know what to do, yes, they are well trained." Another person told us, "I don't know about their training, the thing they do most for [family member] is toileting and shaving; I do everything else. [Family member] is not able to stand so the carers use the hoist." However, one relative was not happy with the service and said, "The workers mean well but they are not trained properly." We spoke to the registered manager about this relative's concern and they told us that it was part of a complaint that had recently been investigated.

Records showed that staff had received training to enable them to provide safe and effective care. Topics included infection control, care planning, safeguarding adults, medicines, catheter care and first aid. There was an induction programme in place for new staff, which provided them with the necessary training. New staff shadowed and observed experienced staff to help them settle into their role, providing personal care to people. Staff received refresher training every six months, which helped keep their knowledge and skills up to date and in line with current legislation. Staff told us they were supported by senior staff and the training helped them to perform their roles. One member of staff said, "The induction and training was very helpful." Care Certificate standards were incorporated into the training. The Care Certificate is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time.

Supervision meetings, where staff have the opportunity to formally discuss any issues or concerns with the service manager, are a requirement for providers of health and social care. Records confirmed that supervision meetings took place every three months. Staff were able to discuss with their line manager, their current workloads, any health and safety concerns and personal development goals, such as further training. Most staff had been working for the provider for less than a year but those that had been working for more than a year, had an annual appraisal scheduled to discuss their overall performance. One staff member said, "I have had supervision, it helps me get better in my role. It is very good."

We looked at the provider's policy on the Mental Capacity Act 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked that the provider was working within the principles of the MCA. We found that capacity or best interest assessments for people were completed in accordance with MCA principles and people's consent to care was sought. Care plans indicated where people required support to make their own decisions. Staff were trained on the MCA and understood its principles.

The provider received referrals from the local authority who referred people that required assistance with personal care at home. We saw assessments of people that required support, which set out the needs of the person. Discussions were held with other health or social care professionals for further information.

Each person had a copy of their care plan in their home, which contained details of what support people wanted for each part of the day, such as in the morning and in the evening. People's needs were assessed by the provider before the person started to use the service. Assessments were carried out by a registered nurse, who worked for the provider and was also a senior manager. The assessments looked at needs people had, such as with their mobility, nutrition, housekeeping, socialising and any health conditions they had. The provider produced their own care plan based on the outcomes the person wished to achieve. One person's expected outcome was "for all their personal care needs to be met." Staff completed logs in people's care plans. We looked at daily logs and found that they contained details about the care that had been provided to each person and highlighted any issues. This helped to staff monitor people's wellbeing, share important information and respond to any concerns.

People were supported to have their nutrition and hydration requirements met by staff and told us that staff provided them with food and drink, when they requested it. This mainly involved heating meals that had already been prepared. Staff were to support people with meals if required, or the person's relatives were responsible for this. This was discussed with people and their relatives prior to them using the service and included in care plans. One person said, "No, my [relative] prepares my meals before she goes, the carers only have to heat it up." Another person said, "Yes, it's usually a microwave dinner and they heat it up for me, it's very easy." A third person told us, "Yes, they do breakfast and I get ready meals now. They microwave it and put it on a plate."

People's care was planned and delivered to maintain their health. Records confirmed that people's relatives and their GP were informed of any concerns raised about people's wellbeing or health. One person told us about a time they were supported by staff after an accident. They said, "Yes, the carer helped me when I fell down in the bedroom. They phoned the ambulance and put some clothes in a bag for me to take." Another person said, "My [relative] arranges my appointments and takes me to the doctor. The carers are good and do other things." Staff were aware of how to respond to any concerns they had about a person's health. We saw that there was a Lone Worker's policy in place for staff, which detailed that staff should carry out first aid should a person require immediate assistance and refer to a list of key contacts for health professionals and relatives to call. Staff told us they had read the policy and knew the procedures to follow in an emergency. A member of staff said, "I know what to do in an emergency. I would call for help immediately. I have had first aid training."

Good

Is the service caring?

Our findings

People and relatives told us that care staff treated them with respect and kindness. One person said, "They treat me very kind, they are very nice people. I think I can do more for myself, but my [relative] says I need help, so I am happy for the help they give." A relative told us, "Yes very caring, they are very good with [family member] and I am happy for the help."

Staff told us they had a good understanding of all people's care needs and developed positive relationships with people. People and their relatives confirmed they usually had the same staff providing care. One person said, "I have the same carer most of the time, so I know them." Another person told us, "On the weekend I have different ones. The one on Thursday do the shopping and Tuesday do the cleaning; I am pleased. They don't change very often. It's happened twice and they sorted it out." This meant people received continuity of care.

People and relatives told us they felt comfortable with staff who visited them regularly. One person said, "They haven't changed so far, they always turn up. They don't have to introduce themselves because I know them, I haven't seen any new ones." A member of staff said, "I have very good clients. We have a social time together when I am helping them. They are very friendly."

People's care plans identified their specific needs and how they were met. People required assistance from staff for most of their needs, although care plans showed they were supported to remain as independent as possible by staff. For example, one person's care plan included how they were able to take their own medicines without prompting and were 'self-caring with cleaning their hearing aid.' Staff were required "to empower [person] to take their medication as prescribed." A relative told us, "No, the carers don't help [family member] do things if [family member] can do it for themselves but sometimes they encourage him to do exercise."

Staff had an understanding of how to treat people equally, irrespective of their race, sexuality, age or gender. Staff we spoke with told us they were respectful of people's personal preferences and their religious beliefs. They told us people should not be discriminated against and they treated people they cared for equally. One member of staff said, "Of course, we have to be very respectful of people's choices and wishes. I treat everybody the same and don't discriminate because of their colour or sexuality."

People and relatives told us staff were friendly, helpful and treated them with dignity. One member of staff told us, "I encourage people to be independent all the time but when we are giving personal care, I make sure they are covered with a towel and doors are closed." One person said, "The carers give me breakfast and give me a bath every day." Another person said, "They always put a towel around me when I am being washed, they are very caring."

People and their relatives told us they were involved in discussions with the provider about the person's care plan. There was a section in the care plan to evidence that the contents of the care plan was discussed and agreed with them.

People's personal information and care plans were filed securely in the office, which showed that the provider recognised the importance of people's personal details being protected. Staff said they were aware of confidentiality and not sharing people's personal information. They adhered to the provider's data protection policies.

Good

Is the service responsive?

Our findings

Most people and relatives told us the service was responsive to their needs and they were satisfied with the level of care they received. One person said, "They know what to do I don't have to tell them anything." A relative said, "They are very good, they help to bring in the shopping and I don't have to ask." Other comments from people and relatives included, "Yes, there is a care plan or book that the carers write in all the time" and "Everything is working out fine, I have no problems with them."

Where people were unhappy with the service, they told us they would contact the office or make a complaint. One relative said, "I had to complain once. I called the office because the carer would come when they want and not at time I want them to come; I said I am not happy and they changed the carer. Now, I am very happy."

A complaints procedure was in place. People and relatives were aware of the complaints process and knew how to complain. We saw that after a formal complaint was received, it was investigated by the registered manager and a response was written to the complainant. All formal and informal complaints were logged with details of how it was investigated and the outcomes. Staff told us they were aware of the procedure and would support people to make a complaint if required.

We received some mixed feedback from people and relatives about the responsiveness of the service. One relative we spoke with was very unhappy with the service and told us, "I have put in a complaint. The service knows about my complaints, but they are not at all helpful. I can't really trust them. The staff are not trained and are all over the place. My [family member] is not always safe and the carers don't listen." We spoke with the registered manager about these concerns and they told us that a complaint had been received from the relative via the local authority and was investigated and responded to. We saw a record of the response. We were assured that the matter was being dealt with and handled appropriately to ensure the person received a safe service.

Another relative expressed concerns about their family member's care. We fed this back to the registered manager who told us they were aware of their concerns and that because the person was a new referral to the service, they had not had a chance to speak with their relatives in detail. The deputy manager said they would contact the family to reassure them. One person we spoke with also told us they were not happy with the care staff. The registered manager told us they were not aware of these concerns. They would therefore look into it and speak to the person to gather more information.

We looked at how people who used the service could receive information in a way that they could understand. We saw that people's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs. Staff we spoke with told us they were able to communicate well with people and their relatives. One staff member said, "We have to be able to communicate well with people who may find it hard to understand us. I talk slowly and carefully, maybe talk over their shoulder if they are hard of hearing. If someone needs to make a choice I show them options like two meals or two clothes so they can choose which one they want."

People confirmed that they had a care plan. Care plans were personalised in a document. It contained their likes and dislikes and some details about their preferred daily routines. For example, one person's care plan said, "I enjoy going to the day centre, my needle craft, television and my garden." This information helped people receive a personalised service and staff responded to people's requests and needs. Care plans detailed the support people would require and described the tasks that staff would need to complete during care visits throughout the day. They also contained people's family contact details. Care plans included important information such as their date of birth and the number of care staff required to support them each day. The plans were reviewed monthly and updated to reflect people's changing needs when they occurred.

Daily records contained information on personal care tasks that were carried out and helped staff to follow up on any concerns and report on the wellbeing of each person. The records were brought back to the office and checked by senior staff to ensure they were being completed appropriately.

Requires Improvement

Is the service well-led?

Our findings

During our inspection, we found that risk assessments for people lacked detail and sufficient guidance for staff to follow to ensure people received safe care at all times. Risks, such as pressure sores or falls, were not always clearly identified in people's care plans, to show the severity of each risk and what actions were required by staff to reduce the risks. This had not been identified through the provider's quality assurance processes and could put people at risk of harm. This meant the provider did not ensure there was an effective system in place to assess, monitor and mitigate the risks to the health and safety of people.

There were quality assurance systems to monitor and improve the quality of the service. We saw that spot checks of care staff took place and telephone calls to people were made by office staff to ensure they were satisfied with their care worker. A compliance officer was recently recruited to ensure that the service complied with Health and Social Care regulations. They told us, "I think it is a good service. I am working with them to help improve and make sure they meet requirements. Things are going well."

Although the provider was able to identify some issues and concerns within the service that required further action, the existing internal systems needed to be more robust. This would ensure all concerns found during our inspection would be identified and actions would be taken promptly to ensure people received their required care and were safe at all times.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they were generally happy with the way the service delivered care to them. One person told us, "I don't know what better they can do, I think they do their best. We are very happy with the service, [care worker] is very helpful and we don't want to change them." A relative said, "I have not met the manager, but I have spoken to him a few times. But I do find its difficult to find someone to speak to if something isn't right, and sometimes you don't know who is in charge."

The registered manager was supported by a deputy manager, who was also the registered nurse who carried out assessments of people's needs. The registered manager told us it took some time before the service was fully up and running following registration with the CQC in 2017. The registered manager said, "We are growing slowly. There have been some challenges but I feel positive about the future. Retaining staff is difficult and we need more support from the local borough. But generally everything is fine."

Staff told us the management team and office staff were approachable and helpful. They were confident they could approach the managers with any concerns. One member of staff said, "[Registered manager] is very nice, kind and helpful. The managers work hard and are very good people. They are always available to help." We contacted local commissioners for their feedback on the quality of the service and they told us that the service was managed well and there were no major concerns. We saw that the provider cooperated with the local authority and submitted information and attended meetings when required.

The management team contacted people who used the service to check that they were happy with the level of care. This ensured that care was being delivered and people were satisfied with the service and their care worker.

Staff received regular information, guidance and communication from the management team to ensure they were aware of their responsibilities. These included notices about training, spot checks, medicine recording, uniforms and that any concerns or issues should be raised with senior staff immediately. A staff member told us, "We get regular emails and texts with advice, such as when there is very cold weather or hot weather. When we can, we have a meeting in the office." Full staff meetings had yet to take place and staff told us they often met in small groups with the management team to discuss any issues. Another member of staff said, "The meetings are very helpful." The registered manager said, "It's difficult to get everyone together at the same time for a meeting because we do not want to take carers away from providing care to our clients. So meeting in small groups is better for us at the moment."

People and relatives completed questionnaires and feedback forms, which helped to ensure people were satisfied with the care and support that was delivered. We noted that feedback from people was positive and included comments such as, "The carers are good, they do their best. I can't complain, I will be lost without them." Another person had written, "The regular staff are good and honest. But the covering staff are not as good and their timing is poor." The registered manager told us feedback from people would be analysed in order to try and make further improvements to 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 Risk assessments were limited and insufficient. They did not contain comprehensive information to assess and mitigate risks to the health and safety of each service user. Regulation 12(2)a,b

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was failing to take proper steps to ensure an effective system was in place to assess, monitor and mitigate the risks to the health and safety of people. Regulation 17(1)(2)(a)(b)