Compassionate Care Ltd

Compassionate Care LTD

Inspection report

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Date of inspection visit:
04 April 2017
05 April 2017
07 April 2017
10 April 2017

Date of publication:
12 May 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Compassionate Care Ltd on 4, 5, 7 and 10 March 2017. We gave the provider 48 hours' notice that we would be visiting the office to make sure the appropriate people would be there to assist us with our inspection.

Compassionate Care Ltd is a domiciliary care agency providing personal care and companionship in Trafford and Cheshire East. Care workers support the people using the service with a wide range of needs, including assistance with washing and dressing, accessing activities, attending health appointments, cleaning and making meals. Information provided by the registered manager indicated that the service was providing personal care for 58 people in total.

The service also provided support in the in a 24 hour supported accommodation for six adults with learning disabilities. This was located in the Sheffield area.

The service had a registered manager who was also the company's managing director. 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 the last inspection we found the provider was not fully adhering to Mental Capacity Act (MCA). At this inspection we found the provider still needed to address this area as we found there was no direct reference to the MCA in people's care plans. We saw no capacity assessments, records of best interest meetings, or exploration of whether people using the service had devolved decision-making responsibilities to other people such as through a Lasting Power of Attorney.

At the last inspection we found care plans were person-centred, but did not always address people's identified care and support needs. At this inspection we found a number of improvements had been made and care plans now recorded people's assessed needs.

People told us they felt safe when using the service; their relatives also said they felt people were safe. Staff we spoke with understood about safeguarding vulnerable people, they had received safeguarding training and said they would report any concerns appropriately.

People receiving support and their relatives complimented staff for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able.

The service had enough staff to attend the care visits scheduled. People receiving support and their relatives said care workers arrived on time and stayed for the duration of their allotted visits.

Some people using the service were assisted with their medicines; we saw these were well managed by the service. Care staff administering medicines received training.

The service undertook risk assessments for all aspects of the care and support people received in their homes. Care workers had been trained in infection control and used personal protective equipment when they supported people with personal care.

Staff received the training they needed to care for the people safely. New care workers who had not previously worked in health and social were undertaking the Care Certificate. The care certificate is a nationally recognised set of induction standards for people new to working in care.

Care workers had received regular informal supervision and had a documented annual appraisal. They also attended regular team meetings.

People receiving support and their relatives told us that care workers respected their privacy and dignity and promoted their independence. Care workers we spoke with could provide examples of how they did this.

Care workers could demonstrate that they knew people's likes and dislikes and the service tried to match people with care workers they would get on with.

People receiving support and their relatives (when appropriate) were involved in developing their care plans. They told us the service was flexible and they could change their care plans if they wanted to. Daily records reflected people's care plans and people told us the content was accurate.

We saw the service acted upon feedback and had dealt with complaints in a timely way in accordance with their complaints policy. None of the people receiving support or relatives we spoke with had ever made a formal complaint.

The provider had arrangements in place to receive feedback from people who used the service, their relatives, and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture and relatives and staff were comfortable to speak with the registered manager if they had a concern.

The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

We found one breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 11: Need for consent.

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?

Good

The service was safe.

People were supported to take their medicines which were administered by staff who had been trained and had their competencies regularly checked by managers.

Staff were trained and knew how to safeguard people from abuse and knew how to report concerns internally and externally.

Risks associated with the support people received were assessed, effectively mitigated and regularly reviewed.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people lacked capacity to consent to the care provided, the service had not documented a capacity assessment and, if necessary, followed a
best interest's process, in line with principles of The Mental Capacity Act 2005.

Staff received suitable training to ensure that they could appropriately support people.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

People were supported by committed staff who were compassionate and patient.

Is the service responsive?

Good

The service was responsive.

People's care and support was person centred and met the needs of the individual person.

Staff had access to detailed information and guidance that enabled them to provide person centred care and support.

People were aware of how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager to provide leadership and direction to the staff team.

There was a clear staffing structure and a good staff support network.

There were systems in place to monitor the quality of the service and to drive further improvements.

Compassionate Care LTD

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection took place on 4, 5, 7 and 10 March 2017 and was announced. The provider was given 48 hours' notice, because the location provides a domiciliary care service and we needed to be sure someone would be available at the office. The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned nine people using the service, their families and carers on the 5 March 2017.

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. We contacted the local authority contracts and quality assurance team to seek their views and we used this information to help us plan our inspection.

During our inspection we spoke with the registered manager, a company director, supported accommodation manager, a team leader, 14 support workers and an administrative assistant.

We spent the first day of the inspection at the company's registered address speaking with staff and looking at records; these included five people's care records, five staff recruitment files, various policies and procures and other documents relating to the management of the service. On the second day of inspection we visited four people who used the service in their own homes; this included looking at the care documents kept there, with the person's permission. On the third day we visited the supported accommodation in Sheffield.

Good

Is the service safe?

Our findings

We asked people receiving support if they felt safe when they used the service and all of them said they did. One person told us, "I always feel safe with them [care staff]", a second person said, "Yes I am safe, they make sure my door is locked when they leave", a third person asked if they felt safe replied, "Safe as I can be, yes." We asked people's relatives if they thought their family members who used the service were safe. They told us, "It's reassuring that they are there for him and I am completely reassured of his safety" and "[person's name] is very safe, the staff make sure of that."

We spoke with members of staff who were able to tell us about the action they would take in the event of them suspecting abuse or potential abuse. Staff told us they would speak with the registered manager and were aware of the possible intervention of other agencies such as the local authority or police. The registered manager was aware of their responsibilities to inform the local authority of any actual or suspected abuse. All staff received training in safeguarding adults and we confirmed this by looking at the company's training matrix; care workers also said they would report any suspicions of abuse to their managers. One care worker said, "We are trained well, we understand the importance of reporting any safeguarding concerns we may have", a second said, "The managers are approachable and will listen if we have concerns." This meant care workers knew how to identify the signs of abuse and would report any suspicions appropriately.

People using the service were supported by care workers visiting their homes at an arranged time for an agreed duration. We asked people if care workers arrived on time and stayed for the duration of the time they were allocated. Comments included, "They're usually on time but on the odd occasion that they've been running late they always call me", "They're always on time, never late at all", "They're not always on time due to traffic but they're never that late that they need to phone me to let me know", "They've never missed an appointment" and "This service is superb, I have had poor care agencies in the past, this one has never let me down." This meant care workers were reliable and did not cut care visits short.

We asked the registered manager how visit rotas were managed. She told us that a computerised system was used to book people's visits and to allocate care workers to them. An administrative assistant showed us the system, explaining that it ensured people were not missed off the rota, even when their regular care workers were off sick or on holiday. In addition, care workers dialled into the system when they arrived at a person's house and again when they left. The administrative worker also said that if the care workers did not dial in within 15 minutes of their scheduled visit, the system alerted the team leaders who would investigate and arrange to cover the visit. We asked the registered manager how she monitored care workers' visit times. She showed us data from the visit scheduling system, which had the times a care worker had dialled in and out, the visit duration and the expected visit duration. This meant that the service had an effective system in place to rota care workers which prevented missed visits; it was also used by the registered manager to audit visit time and ensure the reliability of the service.

The care workers we spoke with told us there was sufficient time allocated between visits for them to travel to the next person's house. Three care workers commented, "Our travel time is included on our rotas", "I

have never needed to cut any calls short, because we are given enough travel time" and "If anything we are given too much travel time."

All new employees were appropriately checked through robust recruitment processes, we looked at five staff records for newly recruited staff. We found staff had been through a thorough recruitment process before they started work. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks were confirmed before staff started work at the service. The personnel files we looked contained a copy of the original application in which gaps in employment were explained. Each file also contained two written references and records of their interview. Employees had provided photographic identification which had been copied and stored on file. This meant that new care workers employed were suitable to work with vulnerable people.

As part of the initial assessment before providing a service, a risk assessment including home safety assessment was carried out, usually by the one of the team leaders. These assessments led to either planned reductions in risk or the creation of contingency plans to manage the risk, if this was the person's choice. Each risk identified had details included on how the risk should be mitigated. This meant people were still able to make choices about how they lived their lives, and how their care was delivered. Staff we spoke with felt the high levels of contact between the registered manager, office staff and people receiving the service and their families helped to ensure these issues were discussed and resolved quickly. Staff had confidence that if issues arose they could contact the office or on call for advice and support.

Some of the people using the service were supported with their medicines. All of the care workers we spoke with said they had received training in medicines administration and we confirmed this by looking at the company's training matrix. We looked at the medicines administration charts for two people supported to take their medication by care workers. Medicines were written up clearly and recorded as being given consistently. Audits were undertaken of the medicine records once they were returned to the office. These highlighted areas such as any gaps within the records. The registered manager ensured the appropriate action was taken when errors were highlighted by ensuring the staff member received refresher training.

One person we spoke with received assistance with their medicines; they told us, "I'm self-medicating but they do hand me my blister pack because of my mobility." Another person we spoke with commented, "I would be lost without the staff, they make sure I take my tablets." This meant that the service was effective at supporting people to take their medicines.

Accidents and incidents to people were recorded and care plans and risk assessments up dated when needed to reduce the risk of similar incidents occurring in the future. The registered manager told us about the system in place for reporting accidents and incidents and confirmed they were analysed for trends to try to reduce the number of incidents. We saw incidents were thoroughly investigated and that appropriate action had been taken including making referrals to safeguarding agencies where needed.

Requires Improvement

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 make 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.

People who live with conditions such as dementia or those with learning disabilities sometimes lack the capacity to make some decisions, for example, how to spend their money or where they live, but retain the capacity to make other decisions, for example, what hobbies they enjoy or what food they'd like to eat. Sometimes people can make decisions with support or be better able to make a decision at a certain time of the day. It is important that people who may lack capacity are assessed to find out which decisions they can make, which they need help to make and which decisions need to be made for them.

Decisions made on people's behalf under the MCA are called best interest decisions.

The MCA assumes that all people have capacity to make their own decisions; capacity assessments are only required when it is thought people may lack capacity to make their own decisions. Other people, including relatives, cannot legally make decisions on a person's behalf, unless they have been granted lasting power of attorney.

At the last inspection we found that Compassionate Care Ltd was not providing care in accordance with the MCA. For example, care plans for people living with dementia did not include capacity assessments for their ability to consent to receiving care, to help manage their money or for the service to support them with medicines. At this inspection we still found inconsistencies from the provider and capacity assessments for people living with dementia were still not being completed. For example, we noted from one person's care plan they were living with Alzheimer's and required support with their medication by staff. We asked to view this person's mental capacity assessment to see why they needed support with their medication; however the provider had not undertaken this assessment and thought this would be done by the local authority.

Within the five care files we checked during our visit, there was no direct reference to the MCA. We saw no capacity assessments, records of best interest meetings, or exploration of whether people using the service had devolved decision-making responsibilities to other people such as through a Lasting Power of Attorney.

The lack of adherence to the principles of the MCA constituted a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the registered manager commented that they misunderstood their responsibility when it came to completing mental capacity assessments. The registered manager was keen to learn from this area of shortfall and immediately began to review all care plans and make further inquiries to ensure her

team leaders had the necessary skills to complete mental capacity assessments.

We checked whether the service was working within the principles of the MCA at the supported accommodation. The service was not providing support, at the time of our inspection, to anyone where an application had been made to the Court of Protection. However the supported accommodation manager was fully aware a Court of Protection Order may be required for some people in the future depending on their capacity. Restrictions were documented in people's care plans and had been based on a 'least restrictive' approach. This ensured people were safe without unnecessary restrictions on their freedom.

Staff received mandatory training in health and safety, food hygiene, fire safety, first aid, medication, moving and handling, MCA, safeguarding and dementia awareness. Mandatory training is training the provider thinks is necessary to support people safely. The training matrix showed care workers had attended mandatory training courses on safeguarding, fire safety, infection control, health and safety and food hygiene. Additional training courses had been identified as required by care workers, such as autism awareness, tissue viability and record-keeping. We saw a 2016/2017 training plan was in place with dates allocated. Comments received from staff were positive about the training on offer. Comments included, "The training is great, I have done so much since working here", "If you ask the management for any additional training such as autism awareness, they always make this available for staff" and "This job has given me the desire to learn new subjects due to the brilliant training on offer."

The service had the equivalent of one and a half training coordinators who arranged and provided training to the staff at the service. The training coordinators arranged courses that could be tailored for staff supporting people with certain conditions or needs, and training had been organised for care workers around supporting people with epilepsy and learning disabilities.

The service used the Care Certificate for employees joining the service who were new to adult social care. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. All new employees had received training which had included both theory and on the job competency assessments during their induction period and we saw induction documentation in staff files to confirm this. This meant the service had an induction process that prepared and supported staff new to care for their roles.

The staff we spoke with told us they had regular informal one-to-one supervisions with their line managers; this formed part of the 'spot checks' that managers did at people's homes. The registered manager explained that every month, line managers visited five people in their homes at the time the care worker was due to be there. Part of the visit involved asking the care worker how they were, if they had any issues or training needs. We saw spot checks were documented but the supervision aspect was not always noted. Care workers told us they received an annual appraisal and we saw from records this involved an employee self-evaluation and skills rating plus a discussion as to future goals and aspirations. This meant the service had an effective appraisal system in place for its staff that focused on personal and professional development.

We asked people if care workers assisted them to book appointments with other healthcare professionals to help maintain their holistic health. The people we spoke with usually managed their own appointments or had families that did this for them. Some people did tell us that care workers had made calls for them if they asked and also accompanied them to healthcare appointments, such as the dentist and outpatients at the hospital. One person told us, "The staff will always phone the doctor if I'm feeling unwell." A second person said, "They would call the GP if I needed it and let my daughter know."

Good

Is the service caring?

Our findings

We asked people receiving support and their relatives if they thought the care workers who supported them were caring and the response was overwhelmingly positive. Comments included, "They're absolutely fantastic, utterly wonderful", "They show compassionate care as in their name", "They're great". "In the beginning, it was quite difficult to accept the care but I'm very pleased with them and the service as a whole", "My regular carer is something special. She has passion and really enjoys what she's doing", "I really like [Staff Name], I feel so calm and relaxed with her. She's like a breath of fresh air", and "They're all very kind and we can have a laugh. They always have time to talk to me. I've got very fond of them already."

We asked people receiving support and their relatives if they thought the care workers promoted people's privacy and dignity; everyone we spoke with said that they did. They told us, "He adores them, they're very kind and respectful", "It's nice to see their interaction with him. They have professionalism as well as a caring attitude" and "The staff they employ are superb, very caring."

Staff told us how they ensured people's privacy and dignity by closing the curtains, keeping doors closed and covering people when they provided personal care. One staff member we spoke with told us "When I'm providing personal care I close the curtains, doors, and cover the person with towels. I encourage the person to do what they can themselves if they can." Another staff member told us, "Dignity is essential, people can at times be vulnerable and I ensure my caring approach makes people feel at ease." Comments from people receiving support included, "I have a wash in bed and they're very discrete. It's lovely the way they do it" and "They help me with toileting in the evening and they're absolutely discrete. They're very good."

We saw that care plans reflected people's choices and were written in a respectful way which incorporated people's wishes and helped staff to care for people in a dignified manner. For example we saw one care plan described how to support a person living with dementia who on occasions became anxious and distressed. The guidance was written in an empathic way and described how staff should support this person, it stated 'Try to reassure me in a gentle soft voice as this will help me relax and become less anxious.' People receiving support and their family carers were cared for and supported by staff that were trained and understood the standards set by the provider regarding how to support people and their family carers.

During our inspection we visited the supported living accommodation in Sheffield. We observed positive interactions between the staff and the people receiving support. Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Staff demonstrated excellent knowledge of the people they were caring for and were able to tell us in great detail about them, how they liked to spend their time and how they communicated. They could also tell us about people's preferred routines and how they could reduce any behaviour that could challenge others from occurring through following them.

Records were stored securely at the office and staff understood the importance of respecting confidential

information. They only disclosed it to people such as health and social care professionals on a need to know basis.

At the time of the inspection no-one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The service user guide given to people when they started using the service contained information on advocacy services, and the registered manager explained this could be arranged for people who wished to have one.

Good

Is the service responsive?

Our findings

At the last inspection we identified a breach of regulation 9 Person- centred care. People's care and support needs were not always holistic in terms of people's identified care needs, or comprehensive. At this inspection we found the service had made a number of improvements and had changed the framework of how care plans were written.

We looked at the care files of five people who used the service in the main office and at three other people's in their own homes, with their permission. We also viewed two support plans at the supported accommodation. Each person had a 'summary of care' towards the front of their file. This contained a section which described the person's personality, likes, dislikes and preferences along with details of anything staff should not do when supporting the person. This was followed by a detailed plan of the support provided at each visit the person received. The summary of care was the only care plan each person had, although care files also contained risk assessments and initial assessment documents which care workers were expected to read prior to providing support. The purpose of the summary of care was to summarise a person's support needs into one plan in order to provide care workers with the most important information they needed to know about the person in order to support them effectively and in a person-centred way.

People's assessed needs and previous medical history had now been captured in the care plan. Care plans described the level of care and support people required to meet their needs and ensure they were safe. We saw care plans demonstrated the level of assistance required and showed where people could be independent in their own care where possible. It was evident these were reviewed to reflect changes in people's needs. Care plans were dated and signed to show when they were last updated. We found the care files to be concise and filed in a consistent order so they could be navigated easily. Each file contained assessment documentation relating to the areas of support people needed plus a table showing their preferred hobbies and interests.

The provider employed a client liaison manager who was responsible for reviewing people's care with them approximately every three months. All of the people receiving support and their relatives that we spoke with agreed that their care plans could be adapted at any time to suit them and commented that they did receive regular reviews with either the team leader or client liaison manager. Comments included, "I have regular opportunities to discuss my care", "I have a review every so often with one of the staff, they go through my care plan with me", and "I have a copy of my care plan, I know what has been recorded is accurate." This meant the service was flexible so care visits could be changed and adapted to suit the needs and wishes of the person.

We look at the daily records of four people who used the service. Daily records are the notes written by care workers at the end of their visits to people's homes, which describe the support they have provided. Daily records should make reference to people's care plans and evidence that people had received the support they had asked for. The daily records we saw provided evidence people were supported in a person- centred way according to the detail in their summary of care documents. This meant people received the support

from care workers they had asked for and was described in their daily records.

The service had a complaints policy which set out the process and timescales for dealing with complaints. The service had received four formal complaints in the last 12 months. We read the documentation relating to each of the complaints and could see the registered manager had resolved each complaint in a timely fashion in accordance with the policy. However, we noted one complaint had not been actioned by the registered manager. During the inspection the registered manager contacted one of the team leaders who dealt with this complaint and confirmed the complainant was satisfied with the outcome. The registered manager was confident they had a clear overview of the complaints the service received, but acknowledged this outcome should have been clearly recorded.

We asked people who used the service have they ever raised a complaint to the agency. Comments included, "I've never made a formal complaint, but I know who to ring if I need to", "There's nothing that concerns me at all", "I've no problems at all with them" and "I have had minor issues in the past, but this was sorted out very quickly."

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was in the process of changing the nominated individual's role to become the registered manager to allow the current registered manager/director to concentrate fully on other aspects of the service.

We asked people receiving support, their relatives and health care professionals involved with people using the service if they thought the service was well managed. Those we spoke with were overwhelmingly positive with their feedback. People told us, "All Compassionate Care staff are really friendly compared to other care providers", "They're a well-set up provider and I've had excellent service right from the start", "We're in regular contact with the management and office staff. They are always open to ideas from us." "The difference this provider has made to my brother's life is amazing, I feel like I have my brother back" and "Reliable service, and I have great piece of mind." "The office staff are very responsive and flexible to commissioned services and requests we have sent them."

The registered manager continued to audit and monitor the service to ensure its safety and quality. Each month 10% of the care files people kept in their homes were spot checked by managers. The unannounced spot check involved checking the care plan to ensure it was up to date, auditing the medicine administration record (if the person was receiving this type of support), observing how the care worker interacted with the person, assessing the care worker's appearance and whether they arrived on time. Spot checks also involved the manager speaking with the person to ask for their feedback on the quality of the service and the content of their care plans. Accidents, incidents and any other concerns were recorded by staff on 'management attention forms', which outlined what had happened or what the care worker's concerns were. The team leader then assessed the form and actioned it accordingly. We checked a number of these forms and found appropriate action had been taken to address the issues raised.

The registered manager told us that they had employed a consultancy company to audit their processes and provide them with advice on improvements to their systems. The company had provided Compassionate Care Ltd with a comprehensive set of new audit procedures for the monitoring of care plans, complaints, medications and incidents and accidents. We saw new forms for assessing people's mental capacity had been incorporated immediately during the inspection when we brought the mental capacity assessments shortfalls to the registered manager's attention. This meant the service had a system of audit and monitoring in place and was in the process of implementing an improved method of recording and analysing the information gathered.

People receiving support and staff received an annual questionnaire to ask for their feedback about various aspects of the service. The last questionnaire had been sent to people in November 2016 and we looked at the responses that had been received. The eight surveys returned were positive about most aspects of the service. The staff survey had included asking care workers what they liked most about their jobs and what

the service could do better. This meant the registered manager solicited feedback from people receiving support and the staff and acted to make improvements when they were required.

Staff knew their roles and responsibilities and felt involved and listened to. Staff told us they met regularly to discuss all aspects of the service and all staff we spoke to felt respected and consulted about the service delivery. There was evidence of regular staff meetings, from senior staff meeting to peer support meeting held in order to ensure that everyone had an opportunity to contribute. These meetings provided all staff with opportunities to discuss people who used the service, any changes or concerns and share positive experiences.

We found the registered manager and staff team were passionate and proactive in making a difference to people who used their service. For example, the service introduced catheter care awareness training for staff to allow a safe discharge for a person who was returning home after a hospital stay. The registered manager wanted staff to have the knowledge needed and equipment to provide the care this person needed so they could return home with the support from staff. Another example was, one person initially received several hours a day due to their anxiety and issues around eating. Following the consistency of having the same care worker over the years, the service got to know this person's strengths and how to encourage them. With consistent staff approach and support this person had become much more independent and confident. This person no longer required several daily hours of support and it was anticipated would soon no longer require a service due to the progress they had made.

The registered manager went out of her way to show staff that they were valued employees. Care workers told us about letters they had received from her stating her appreciation of their efforts. The service had also implemented an 'employee of the quarter' scheme to coincide with team meetings, whereby care workers nominated each other in recognition of their hard work or support. At the last team meeting, three care workers had received money and a bottle of champagne each. The registered manager organised a Christmas party for staff to attend at a local hotel and paid a contribution towards care workers' tickets so that they could be offered to staff at a significant discount. One care worker said of the registered manager, "[The registered manager] is amazing, she is so kind", and another staff member commented, "She will sometimes provide care and this shows she is hands on." Another care worker said, "I can speak to the manager about anything, she is very understanding." This meant the registered manager showed appreciation for the staff and they felt like valued employees.

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 11 HSCA RA Regulations 2014 Need for consent The registered provider did not comply with the requirements of the Mental Capacity Act 2005.