

Blossom Home Care Ltd

# Blossom Home Care Ltd

## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Blossom Home Care Ltd is a domiciliary care agency. They are registered to provide personal care to people living in their own homes. The service supports younger adults and older people as well as people who may be living with dementia, a learning disability or autistic spectrum disorder, a physical disability, sensory impairment or mental health needs.

Not everyone using Blossom Home Care Ltd receives a regulated activity; the Care Quality Commission (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.

We inspected the service between 13 and 22 March 2018. The inspection was announced. We gave the service 5 days' notice of the inspection site visits because we needed to be sure the registered manager would be available. At the time of our inspection, the service was supported 56 predominantly older people with personal care.

At the last inspection in November 2016, we identified breaches of regulation relating to safe care and treatment and the governance of the service. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective and Well-Led to at least good.

During this inspection, some improvement had been made, but we identified on-going concerns about how risks were assessed and managed. Sufficiently detailed risk management plans were not consistently in place to guide staff on how to safely meet people's needs. They did not always provide clear instructions about how to respond in the event of an emergency. This placed people who used the service at increased risk of harm.

Audits had not been consistently effective in monitoring and ensuring improvements were made. This is the second consecutive time the service has been rated Requires Improvement. It showed us sufficiently robust action had not been taken in response to concerns raised at our last inspection.

We identified two breaches of Regulation relating to safe care and treatment and the governance of the service. You can see what action we told the provider to take at the back of the full version of the report.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by the directors, one of whom was the provider's nominated individual, a deputy manager, field care supervisor, care coordinator and administrator in the management of the service.

People who used the service provided generally positive feedback about the service and management. Staff told us they felt management were supportive and approachable.

People received their prescribed medicines. Audits were being used to identify and address shortfalls and errors in recording on medicine administration records. We made a recommendation about reviewing best practice guidance and implementing protocols for 'when required medicines'.

Recruitment checks were completed to help ensure suitable staff were employed. Sufficient staff were deployed to meet people's needs. The registered manager had systems in place to monitor and address issues with reliability and punctuality. Work was on-going to retain staff and improve the consistency of care for people who used the service.

Staff used gloves, aprons and sanitising hand gel to minimise the risk of spreading infections.

Staff understood their responsibility to identify and respond to safeguarding concerns. Accidents and incidents were reported, recorded and analysed to identify any patterns or trends and prevent similar reoccurrences.

People told us staff were kind, caring and maintained their privacy and dignity. Staff supported people to make decisions and respected people's choices.

Staff provided person-centred care. They knew people well and understood how best to support them to meet their needs. Care plans contained varying levels of person-centred information about people's likes, dislikes, hobbies and interests. The registered manager was in the process of reviewing and updating care plans and risk assessments and showed us new paperwork they intended to implement in response to our concerns.

Staff received an induction, theoretical and practical training and on-going support through supervisions, appraisals and spot checks.

Staff supported people to make sure they ate and drank enough. There were systems in place to respond when people were unwell so they received appropriate medical attention.

Consent to care was sought in line with relevant legislation and guidance on best practice. This meant people's rights were protected.

The provider had a system to gather feedback and respond to complaints about the service. People told us they felt able to raise concerns if needed.

## 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 had not always been assessed. Sufficiently detailed risk management plans were not always in place to support staff to provide consistent and safe care and support.

Audits were used to identify and address issues with medicine management.

Improvements had been made to how accidents and incidents were reported, recorded and analysed to prevent reoccurrences.

Staff understood how to identify and respond to safeguarding concerns.

Sufficient staff were deployed to meet people's needs. The registered manager continually monitored staff's reliability and punctuality.

### Is the service effective?

**Good** 

The service was effective.

New staff received an induction and completed training to enable them to provide effective care and support.

The provider used regular supervisions, appraisals and spot checks to support staff to continually develop and improve their practice.

Staff sought people's consent. People's rights were protected.

Staff supported people to help ensure they ate and drank enough.

### Is the service caring?

**Good** 

The service was caring.

We received generally positive feedback about the kind and caring support staff provided.

People told us staff treated them with dignity and respect.

Staff supported people to maintain their independence and have choice and control over their care and support.

### Is the service responsive?

**Good** ●

The service was responsive.

Staff provided person-centred care to meet people's needs.

People knew how to raise concerns and the registered manager responded to complaints about the service.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Concerns identified at our last inspection had not been fully addressed.

Audits had not been effective in identifying and addressing concerns with risk management plans.

We received generally positive feedback about the service and management, but people told us communication could be improved.

# Blossom Home 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 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.

Inspection activity started on 13 March 2018 and ended on 22 March 2018. The inspection was announced. We gave the service 5 days' notice, because we needed to be sure the registered manager and staff would be available when we visited.

The inspection included speaking with nine people who used the service and two people's relatives. We visited the office location on 20 and 22 March 2018 to speak with the registered manager, deputy manager, field care supervisor and two care workers. We reviewed six care plans, Medicine Administration Records (MARs) and daily records. We looked at five staff files, including recruitment, induction, training and supervision records.

The inspection was completed by two 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 who supported this inspection specialised in care for older people. They telephoned people who used the service and their relatives or carers to gather their views about the service.

Before the inspection we reviewed information we held about the service. This included notifications providers send us about certain changes, events or incidents that occur and which affect their service or the people who use it. We also contacted the local authority adult safeguarding and quality monitoring team to ask if they had any relevant information to share.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

At the last inspection in November 2016, appropriate risk management plans were not consistently used to manage risks to people's safety. This was a breach of regulation relating to safe care and treatment.

At this inspection the provider had not appropriately assessed the risks to people's health and safety when they were receiving care and treatment, as risk assessments had not been completed to an appropriate standard or regularly reviewed. They did not consistently provide staff with clear person-centred guidance about how risks should be managed. One person had been identified as at high risk of malnutrition in May 2017. Their Malnutrition Universal Screening Tool had not been updated since. A detailed risk management plan was not in place to guide staff on how to support the person to ensure they received adequate nutritional intake. Another person had been screened and identified as at very high risk of developing problems with their skin integrity. A detailed management plan was not in place to guide staff about what if any action they were required to take to manage this risk. One person was at risk of choking and they did not have a choking risk assessment in place to guide staff on how to safely support them to minimise the risk. Another person had bed rails, but there was no risk assessment in relation to this.

At our last inspection, where people had a specific diagnosis such as diabetes, there were no risk assessments about how staff should respond to any complications that may occur. At this inspection, people with diabetes still did not have detailed care plans and risk assessments to guide staff on how to respond to keep them safe in the event of an emergency. Another person was diagnosed with epilepsy. Their care records contained generic information about epilepsy, but not person-centred information about what type of seizures they usually had, how often these occurred and how they affected the person. Although staff showed a good understanding of people's needs, we spoke with the registered manager about ensuring risk assessments provided detailed and clear guidance to support and reinforce consistent and safe working practices.

These findings showed the provider was still not taking appropriate steps to protect people who used the service against risks. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People gave positive feedback about the support staff provided to take their prescribed medicines. One person said, "I take my own medicines from the pack, but the carers do prompt me before my meals."

A medicine policy and procedure provided guidance to staff on how to safely manage and administer people's medicines. Staff responsible for administering medicines completed training and the registered manager documented competency checks of their practice. These ensured staff had learnt the necessary skills to safely support people with their medicines.

People's care plans recorded who ordered their medicines, where they were stored and the level of support required taking their medicines. Staff used Medication Administration Records (MARs) to document the support provided with people's medicines. These were regularly returned to the office and audited to

identify and address any shortfalls in practice. We noted some on-going issues with gaps on people's MARs where staff had not recorded whether they had administered the person's medicines. In each instance, staff had recorded in the daily notes that people had taken their medicines, but had not always correctly documented this on the MARs. The registered manager showed us how these errors had been identified in the audits completed and addressed with the staff involved to prevent reoccurrences.

Detailed protocols were not in place for medicines prescribed to be taken only when needed. We spoke with the registered manager about ensuring staff were provided with easily accessible information to help them identify whether or not to administer the medicine, the minimum time between doses and the maximum number of doses to be given (for example, in a 24-hour period).

We recommend the registered manager reviews the National Institute for Health and Care Excellence guidance 'Managing medicines for adults receiving social care in the community'.

People told us they felt safe with the staff who visited them. Comments included, "I trust the staff. They are really nice and haven't given me a reason not to trust them" and "I feel well enough looked after. It is good to know that I can be looked after in my own home." A relative said, "We are so pleased our relative is safe and someone is taking care of them and keeping them safe."

The provider had a policy and procedure to support staff to recognise and respond to safeguarding concerns. Staff completed safeguarding training and understood the signs and symptoms which may indicate someone was experiencing abuse and how to report concerns to their manager. The registered manager worked with local authority safeguarding teams to investigate and respond to safeguarding concerns.

People told us staff usually arrived on time and stayed for the agreed length of their visit. Comments included, "I would say 80% of carers are on time", "My carer is very reliable and stays for the 55 minutes", "A few calls have been late, but nothing excessive - just the usual, which I'm guessing is due to traffic. They are always apologetic" and "A few times staff have left early, but they always ask if there is anything else they can do first."

The provider had an electronic system to monitor staff reliability and punctuality. Staff used this to remotely record when they arrived and left people's houses. This enabled office staff to identify late visits so action could be taken to notify the person or make alternative arrangements.

Data from the provider's electronic monitoring system showed approximately 84% of visits were within 15 minutes of the scheduled start time for the two week period before our inspection. The registered manager kept a log of significant issues with staff arriving late and used this to identify reoccurring problems and record what action had been taken. This demonstrated a positive approach to monitoring and maintaining staff reliability.

Staff received rotas in advance and these were sent electronically to their mobile telephones. Changes to the rota were automatically updated and staff notified. Staff confirmed there was generally sufficient travel time between visits to enable them to get from one person to the next. One member of staff said, "In most instances we have sufficient time, but we raise it when it's a problem."

The registered manager completed a 'safety register' every morning and evening to record each member of staff was at work and had returned home safely at the end of the day. This enabled them to quickly identify unreported absences each morning and also to minimise the risks associated with lone working at night.



Recruitment checks helped ensure suitable staff were employed. Staff filled in an application form, had an interview, provided references and completed a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with adults who may be vulnerable. Some recruitment records, for example, interview records and records to evidence staff had the right to work had not been dated to evidence these were completed or checked. We spoke with the registered manager who agreed to address these minor recording issues.

Staff completed infection prevention and control training. Supplies of personal protective equipment such as gloves, aprons and sanitising hand gel were available at the office. We observed staff visiting during our inspection to collect these and people who used the service confirmed staff used them when supporting with personal care.

# Is the service effective?

## Our findings

New staff completed a four day induction course aligned to the Care Certificate. The Care Certificate is a nationally recognised set of standards. It sets out the knowledge, skills and behaviours health and social care workers should demonstrate in their daily working life. This training included theory and practical sessions on topics such as first aid, fire safety, infection control, moving and handling and safeguarding.

New staff completed an induction checklist and shadowed more experienced members of the team to develop their skills and confidence. Shadowing agreements evidenced everyone was happy with the shadowing completed and were confident that the new member of staff could work independently.

Staff provided positive feedback about the shadowing, support, training and learning opportunities available to them. One member of staff said, "They are one of the best companies for giving you support and encouragement to expand your knowledge."

The provider ensured competency assessments were completed to check staff had learnt the necessary skills. For example, moving and handling assessment were used to monitor and ensure staff had the practical skills to safely support people with hoisting. Other competency assessments were completed around medication administration and catheter care.

The registered manager had a system in place to review staff training needs and to identify when training needed to be updated. Staff completed refresher training on a regular basis throughout the year and records showed the majority of staff were up-to-date with the provider's training requirements.

People who used the service provided generally positive feedback about staff's skills and experience, although commented some staff were more hesitant or lacked confidence compared to others.

Staff received regular supervision and an annual appraisal to monitor their performance and support their continued professional development. Spot checks were used to assess staff on their punctuality, appearance, politeness, knowledge and skills. They included constructive feedback from the observer and feedback from the person being supported and were an effective tool to support staff to learn and develop their skills.

Staff supported people to prepare meals and drinks. Where this was necessary, people who used the service told us staff checked the temperature of the food served and made sure they had enough to drink during their visit and also by leaving drinks in accessible places. Records showed all staff completed food safety training to enable them to provide effective support at mealtimes.

Staff assessed people's nutritional needs and people's care plans contained information about the support staff provided with meals and drinks. This incorporated basic information about people's likes and dislikes as well as any allergies they had. Staff used food diaries to keep a daily entry of what food they prepared and how much had been eaten. Concerns regarding food and fluid intake were shared with office staff and the

dieticians were involved where necessary.

Staff supported people to promote and maintain their health and wellbeing. Care plans included information about people's medical history and any healthcare professionals involved in supporting them. Records evidenced staff assessed people's needs, shared concerns when people were unwell and took action to arrange visits from their G.P, district nurses or the ambulance if necessary.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. People who used the service had signed to record they consented to the care and support staff provided.

Staff completed training on the MCA and DoLS and understood the importance of supporting people to make decisions. People's care plans recorded when a power of attorney (POA) existed. A POA is someone who is legally authorised to make decisions on people's behalf when they lack mental capacity. Staff completed MCA assessments and best interest decisions when necessary. This showed us people's rights were protected in line with relevant legislation and best practice guidance.

# Is the service caring?

## Our findings

People provided positive feedback about the caring staff who visited them. One person told us, "My carers are very caring and will bring in a treat for me sometimes." Other people explained how staff were kind, showed an interest in them and treated them with respect.

Our conversations with staff showed us they genuinely cared about people and wanted to improve their quality of life. They spoke in a kind and compassionate way about their role and how they supported people to promote and maintain their wellbeing. For example, one member of staff described how they support someone with personal care. They told us, "I explain everything that I am doing." They went on to describe how the person might become anxious and explaining what they were doing reduced their anxiety and ensured personal care could be provided in a relaxed, caring and dignified way.

Staff were scheduled to complete regular 'routes'. This meant that wherever possible they visited the same people on a regular basis. Although staff's routes changed to cover holidays, sicknesses and absences, this system helped to improve consistency for the people who used the service. Staff described how regular contact enabled them to get to know people and develop familiar caring relationships with them.

Where a regular member of staff was unavailable, the provider's rota system provided information about other staff who had previously visited that person and how often they had been. This helped office staff to identify who might be the most appropriate and familiar member of staff to cover that visit.

People who used the service told us staff made them feel comfortable and respected their privacy and dignity. One person said, "The carers understand the need for privacy and avoid any awkward moments."

Staff completed diversity and equality training and treated people with respect. They understood how to support people in a way which maintained their privacy and dignity. A member of staff commented, "I treat them with the upmost respect it is their home." Staff explained how personal care was delivered in private with people's doors and curtains closed; they explained what they were doing and encouraged people to do things for themselves to maintain their independence. A person who used the service told us, "Staff explain what they are going to do before they do it and ensure I am OK with that." Other people confirmed staff promoted their independence and explained how this enabled them to maintain their privacy and dignity.

People who used the service had choice and control over their care and support. People's care plans as well as records of reviews showed they were involved in making decisions about how their care and support needs were met. This showed us staff listened to people and respected their decisions. Care plans contained detailed information about how people communicated as well as strategies to guide staff on how to support them to make decisions and interpret meaning. For example, care plans for one person described the non-verbal cues they used to communicate with staff. This demonstrated a positive approach to supporting and enabling people to make decisions.

# Is the service responsive?

## Our findings

Office staff visited new people to assess their needs before agreeing to provide care and support. Care plans and risk assessments were then developed in consultation with the person and their family who were then asked to check they were happy with them and that they reflected their needs.

People who used the service and relatives confirmed they were involved in planning the care and support and making decisions about how their needs were met. A person who used the service said, "I am always asked my opinion about care plans and this is great because it makes me feel included in what is going to happen." A relative told us, "All our family are always involved in discussions about the care, which is great because it's all about what is best for my parent." This showed a positive approach to working in collaboration with people and their relatives to provide a person-centred service.

A copy of each person's care plans was securely stored in the location offices and also in the person's home for staff to look during their visits. At the time of our inspection the registered manager explained they were in the process of reviewing and updating people's care plans.

Care plans we reviewed contained inconsistencies in the level of detail and person-centred information about people's needs. We identified numerous positive examples where records contained detailed information about people's social history, likes, dislikes and personal preferences. For example, one person's record contained very detailed information about their social history, hobbies and interest to support staff to get to know them. Another person's included information about their food likes and dislikes to help staff when preparing meals and snacks. This supported staff to provide person-centred care to meet people's individual needs.

Other care plans contained more limited or brief person-centred information. They did not always provide detailed guidance about how staff should support that. We have addressed these concerns in the safe and well-led domains.

Staff we spoke with showed a good understanding of people's needs, preferences and how best to support them. They explained how they read the person's care records, spoke with them and their relatives as well as other staff to understand people's preferences and how to meet their needs.

People who used the service provided positive feedback about the person-centred care and told us staff were responsive to their needs. One person said, "Sometimes they carry out tasks they are not obliged to like hanging out washing. They always want to help me as long as it doesn't make them late for the next client."

Staff had remote access via their mobile telephones to information about the people they were visiting and the care and support they required. Staff documented the care and support provided at each visit and the next worker read these notes before providing care. This helped ensure staff kept up-to-date with any important information they might need to know.

Staff also completed electronic records and could send automatic updates about significant events, risks or concerns. These updates were reviewed by office staff who took additional action when necessary to share information and respond to concerns. For example, where one person had sustained an injury, records evidenced how they were supported to see the district nurses and make a doctor's appointment. This showed how information was effectively shared to ensure staff responded if people's needs changed.

The registered manager used reviews, monitoring calls and spot checks to ensure the service continued to meet people's needs and to gather and respond to feedback.

The provider had a complaints policy and procedure. This was given to people who used the service and included information about how to raise concerns and how these would be dealt with. People who used the service and their relatives or carers knew about the complaints process. Comments included, "We know how to complain, it's one of the first things we found out how to do", "I do know how to complain and have rung about a couple of things" and "I would chat to the carer before escalating anything and they would call the office and get it sorted." Another person told us, "We have been asked for our feedback; it allows me to be honest and open about a few niggles."

The registered manager kept records of complaints and how these had been dealt with. Records showed complaints were thoroughly investigated and actions taken to resolve issues appropriately.

Staff had also received a number of compliments about the care they provided. Feedback included, "We appreciate all the assistance", "Thank you for the excellent provision of care" and "[Name] was thorough, caring and showed dignity and respect."

## Is the service well-led?

### Our findings

At our last inspection in November 2016, audits were not always effective in identifying and addressing concerns; records were not always kept up-to-date. This was a breach of regulation relating to the governance of the service. At this inspection, we identified improvements had been made in response to some of the concerns identified at our last inspection. Accidents and incidents were appropriately recorded and audited to identify patterns and trends, the provider had introduced a new more robust system of induction, training and shadowing. Medicine records and daily notes were routinely returned to the office and audited to identify patterns and trends.

However, we identified outstanding concerns about how risks were assessed and risk management plans. Risk assessments did not always contain detailed and specific information about the risks to people's safety and how staff should manage these. This was a breach of regulation relating to safe care and treatment. This is the second consecutive inspection where the service was found to be in breach of regulation and rated overall as Requires Improvement. It showed us the provider had not taken sufficiently robust steps to address our concerns and ensure that systems and processes were established and operated effectively to ensure compliance with regulations. The provider had not adequately assessed, monitored and improved the quality and safety of the service since our last inspection, and they had not maintained an accurate, complete and contemporaneous record in respect of each person using the service.

We concluded further improvement was needed to establish consistently effective and robust systems of governance. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

On the second day of our inspection the registered manager showed us changes they were proposing to care documentation in response to our feedback. This demonstrated a positive commitment to improve the service. We will review how effective this is at our next inspection.

The registered manager ensured regular spot checks, competency assessments, monitoring calls and reviews were completed to ensure the quality and safety of the care and support staff provided. Office staff completed audits of different aspects of the service provided. Action plans were used to address shortfalls identified and included the name of the person responsible and the date the action needed to be completed. These systems were being used effectively to support improvements. For example, medicine audits were used to identify and address recording issues on people's medicine administration records. However, the issues with care plans and risk assessments showed us these systems needed to be further strengthened and developed.

People who use the service provided generally positive feedback about the service. One person told us, "Compared to other agencies we have had Blossom Home Care Ltd is 'top of my list'." People told us management were approachable and they could always get hold of someone if they had any questions or needed help. A person who used the service said, "I think the office staff are helpful. They take my call and someone usually gets back to me."

People and their relatives could access information about rotas and updates following staff's visits via the internet. We received mixed feedback about this system. One relative commented, "The online system seemed a good idea, but it is not much good if the information isn't uploaded." Other people told us they did not know who would be visiting or if the rotas changed. They said, "Communication could be better e.g. if there is a change of staff just give me a call", "Rotas are changed at last minute and I can get a complete stranger" and "As long as I know before they arrive that I will get a different carer it is fine, but that is not always the case." Another person told us, "New carers are fine, but when the regular carer has a new trainee with them and I haven't had a call to let me know, saying – "You don't have to allow the trainee to help" - makes me feel awkward."

We gave this feedback to the registered manager. They told us rotas could be posted to people and information about accessing the electronic records was provided. They explained that in future, they would ensure people's communication preferences for this information was explored at reviews. This demonstrated a positive commitment to listen and respond to people's feedback about the service.

The registered manager used surveys to gather feedback about what the service did well and any areas they could improve on. We saw 26 surveys had been returned by people who used the service in January and February 2018. The feedback from this was overwhelmingly positive with people commenting, "Carers are reliable and professional with a genuine caring attitude", "Reliable, regular, caring staff" and "Carers are kind and friendly." Some people had commented about a lack of continuity in the staff who visited them stating, "We have had a lot of different carers", "Large number of different carers who have been coming" and "We rarely know is coming until we open the front door."

The registered manager told us they were due to collate and analyse the results from these surveys, but explained the work they were doing to improve continuity by retaining staff. This included recognising good performance and providing bonuses to staff. The registered manager had also developed the training and support provided to new members of the team. They explained the new induction process was designed to ensure staff felt supported in their role through training and shadowing opportunities. The registered manager also offered 'exit interviews' to try and understand the reasons why staff left.

Staff provided positive feedback about the support they received from management. One member of staff said, "You are constantly asked how you are getting on." Another member of staff said, "I love my job. They're [management] excellent here."

The registered manager held regular meetings to share information. Topics discussed included people's needs, staffing issues and the development of the service. They provided an opportunity for the registered manager to feedback on issues identified through audits and showed they were shared lessons learned.

The registered manager outlined clear visions and values for the service provided. They explained how they were focussed on providing support to people who lived in rural areas and promoting people's independence. For this reason, staff did not provide visits that were less than fifty minutes. This enabled staff to provide unrushed support to enable people to do things for themselves. Staff we spoke with reflected these values and spoke passionately about the importance of enabling people to be independent.

Staff actively supported local charities. This demonstrated a positive commitment to engaging with local community.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not consistently assessed the risks to the health and safety of people using the service and done all that was reasonably practicable to mitigate any such risks. Regulation 12(2)(a)(b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been established and operated effectively to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(a).</p>