

Castle Care Teesdale Limited

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Inspection report

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19 June 2017

23 June 2017

26 June 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 June 2017 at the registered location office and was unannounced. We subsequently carried out interviews with staff and spoke with people via telephone on 23, 26 and 28 June 2017. Castle Care Teesdale Limited provides personal care to people living in their own homes in and around the Barnard Castle area. There were currently 40 people receiving personal care.

At the last inspection in February and March 2017 we rated the service as 'Inadequate' and the service was placed into 'Special Measures'. The service has not been compliant with regulations since our inspection in 23 and 28 July 2015 and October 2016. People who use adult social care services have the right to expect high-quality, safe, effective and compassionate care. Where care falls below this standard and is judged to be inadequate it is essential that the service improves quickly for the benefit of people who use it. Special measures will give people who use the service the reassurance that the care they get should improve.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and they are no longer rated as inadequate overall or in any of the key questions. Therefore, this service has now been taken out of Special Measures.

The provider has worked on improvements with the Care Quality Commission, Durham local authority and through their own consultants brought in to assist them since our last visit. At this inspection we found the provider had worked hard to meet all required regulations but needs to complete the improvement work they have started and to sustain the improvements long term.

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 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 our last inspection in February 2017 we saw that not all people had a list of medicines in their dosette boxes so staff knew what they were supporting people to take. Not all staff had been trained in the safe administration of medicines. This put people at risk of not receiving their medicines safely. On this visit we saw all policies and procedures had been revised and shared with staff in relation to medicines and all staff had been trained in the safe handling of medicines. Robust checks were now in place to ensure medicine records were safe and we saw actions taken by the service in response to issues found by audits. The service was carrying out competency checks with staff which observed staff carrying out medicine administration as well as recording their response to scenarios that may occur. We did find some gaps in the medicine administration records (MARs) we looked at. We could see that some staff had recorded their administration in the daily notes of the person rather than on the MAR and this did not contain the detail of the exact medicines that had been given. We asked the provider to explore the gaps we saw and they carried out an investigation and returned the findings to us including actions they were taking to ensure staff improved in

this area.

At our last inspection in February 2017 risk assessments were not in place to ensure people were kept safe. People who required restrictive equipment such as bedrails did not have specific risk assessments in place. This meant staff did not always have the guidance in place to help them mitigate the risks to people using the service. On this visit we saw in the four files we viewed that risk assessments were in place and had been reviewed. We saw a variety of risk assessments were in place including for moving and handling, falls, bathing, bed rails and equipment and these had been reviewed with the person or their named representative.

At our last inspection in February 2017 there was not a systematic method of recording incidents. We found incidents had not been reviewed in sufficient detail to ensure people who used the service were kept safe. At this visit we saw two incidents had been recorded, investigated and appropriately actioned by the registered manager, this included the submission of a statutory notification to the CQC.

At our last inspection in February 2017 no required notifications had been made to CQC since the service registered with us in 2010. At this visit we saw that the provider had submitted appropriate notifications to CQC in a timely manner.

At our last inspection in February 2017, the provider had not carried out comprehensive pre-employment checks to ensure staff were safe to work with vulnerable people. Although the service had not employed any new staff by this visit, we saw that all outstanding references had been sought and new Disclosure and Barring Service checks had been carried out by the provider for those staff without the correct level of check.

At our last inspection in February 2017, staff were not supported to carry out their role through regular supervisions and appraisals. We found staff were caring for people without having training to meet people's needs. On this visit we saw the registered manager had begun a programme of one to one supervision with care staff and had recorded these meetings. Staff also told us they had received supervision and had found it helpful. Since our last visit staff had undertaken training in mandatory subjects such as moving and handling, food hygiene, infection control as well as training to meet the specific needs of people such as diabetes and pressure care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

At our last inspection in February 2017, two people did not have assessments or care plans in place. This meant that people were at risk of receiving unsafe care. We saw all people now had care plans in place and these had been reviewed with the person or their named representative. Whilst care plans had improved we discussed with the provider that further improvements still needed to be made to ensure care plans were person centred and reflected the preferences and wishes of people who used the service.

There had been no complaints received since our last inspection and we saw that the service's management team had met with people and their representatives as they reviewed people's care. People were asked about their satisfaction with the service or if they had any concerns.

At our last inspection in February 2017, there was a lack of established quality audits carried out at the service by the registered manager and provider. The service had implemented spot audits to visit people at

home and observe staff, but this had not commenced until January 2017 so this required sustained improvement. We saw new audits in relation to service user records had been undertaken and these had addressed and actioned areas for improvement. The provider had also reviewed and re-drafted its quality assurance policy to self-monitor and evaluate the service with the assistance of an external consultant. Management changes had also taken place to ensure the registered manager had the appropriate time and support to make the improvements required from the last inspection.

Feedback from people who used the service and their relatives at Castle Care Teesdale Limited was positive about the care and support received from staff. People we spoke with told us staff turned up on time and were caring and diligent. Relatives we spoke with told us the service had improved in relation to the administration of medicines and that staff were responsive to any changes in people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service needed sustained improvements to be safe.

Medicine records and practice had been reviewed and improved and the provider was checking that medicines were given safely.

Incidents and accidents were now monitored and reviewed to keep people safe.

Staff had been trained in areas to keep people safe such as handling medicines and health and safety.

Risk assessments were now in place for people which described how to manage risks associated with restrictive equipment such as bedrails and mobility equipment.

Requires Improvement ●

Is the service effective?

The service needed sustained improvements to be effective.

Staff had undergone a training programme covering all mandatory training requirements.

The provider had begun a programme of staff supervision.

Care plans had been reviewed to ensure adequate information in relation to people's health and nutritional needs.

Requires Improvement ●

Is the service caring?

The service was caring.

Feedback from people who used the service was that staff were caring.

People we spoke with told us staff upheld their dignity and respected them.

Staff we spoke with knew people's preferences and needs well.

Good ●

Is the service responsive?

Requires Improvement ●

The service needed sustained improvements to be responsive.

Every person now had a care plan that had been reviewed in place.

Care plans needed further development to be person centred.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

The service needed sustained improvements to be well led.

Audits were now in place to address the deficits in the quality of the service we found during our inspection in February 2017.

Staff and people told us there had been improvements at the service since our inspection in February 2017.

The service had submitted the required notifications to CQC and had displayed its rating at the service.

Requires Improvement 

Castle Care Tessdale Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social 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

This inspection took place on 19 June 2017 at the registered location office and we subsequently carried out interviews with staff and spoke with people via telephone on 23, 26 and 28 June 2017. Castle Care Teesdale Limited provides personal care to people living in their own homes in and around the Barnard Castle area.

At the last inspection in February 2017 we rated the service as Inadequate and it was placed into special measures. The service had not been compliant with regulations since our inspection in July 2015.

The inspection team consisted of two adult social care inspectors.

The service had submitted a Provider Information Return (PIR) to us in January 2017 which we used to inform our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also reviewed the service's own action plan which they had submitted to CQC following our inspection in February 2017, which showed how the service intended to meet required regulations.

We also contacted professionals involved in caring for people who used the service including local authority

commissioners and the local authority safeguarding team before our inspection visit.

During the inspection we read four people's care files in detail, six medicine administration records and other records associated with the management of the service. We spoke with four care staff and the registered manager, assistant manager and director of the service. We also spoke with six people who used the service and four relatives of people via telephone interview.

Is the service safe?

Our findings

We asked people if they felt safe using the service. Everyone we spoke with replied they felt safe with the care staff from Castle Care. The service had reviewed its policy in relation to missed calls and had shared this with the staff team. The registered manager also told us the service was implementing a new electronic recording system that would monitor the staff visiting people in their homes as well as recording any updates or changes to people's care needs.

We saw the registered manager, assistant manager and a senior carer had attended level one 'Alerting safeguarding training' with the local authority and were booked to take the level two 'Managing the concerns' course over the next two months. All staff had also completed basic training in safeguarding since our last inspection visit in February 2017. The provider had reviewed their safeguarding policy in April 2017. This policy and the local authority's safeguarding adults policy were available in the provider's registered office.

We asked staff about their understanding of safeguarding. One staff member told us, "I'd discuss with management and report any concerns." Another staff member said, "The training gave an eye opener about things to watch out for." Staff members we spoke with told us they knew how to recognise and report any concerns relating to potential abuse that they may have.

We checked to see if people were receiving their medicines in a safe manner. At our last visit, there were no checks on medicines arriving from pharmacies and there were gaps in the recording of people's medicines. This meant people were at risk of not receiving their prescribed medicines.

At this visit we reviewed six people's Medicines Administration Records (MARs). We saw there were still occasional gaps in MARs but these had been picked up and then addressed by the audit process put in place by the management team. For example, one audit stated, "A cream/ topical record was not completed correctly with the name, supplied by, week commencing and checked by information." The actions taken stated, "The staff concerned were given a printout of how to fill a topical medication record correctly and there will be ongoing monitoring of this record."

All staff had now been trained in the safe handling of medicines. Staff members told us, "The meds sheets have changed and how we fill them in, but I understand better why we need to do this properly," and "We now check the new dosette boxes [where medicines are stored] and record what's in them so we know it's right."

People had also been prescribed topical medicines; these are medicines applied to the skin. We saw there were body maps in place to show where the topical medicines should be applied and that clear administration records for creams was now in place. Staff had completed and signed these new records to evidence they had administered people's medicines.

On our last visit people who had restrictive equipment in place such as bedrails did not have appropriate

assessments in place. This meant people could be at high risk of injury by care staff not having the appropriate assessment and guidance in place. We now saw risk assessments were in place to ensure people's safety was maintained. These were reflective of people's assessed care needs and included the person's home environment, moving and handling, falls, bathing, bed rails and equipment. Reviews showed these had been discussed and agreed with the person or their named representative.

In February 2017, accidents and incidents were not recorded appropriately. We found people using the service had been put at risk due to incidents and there was no analysis of the incidents in relation to the safety of the people involved and others. This meant the service was not doing all that was possible to mitigate risks to people. On this visit we saw two incidents had been recorded, one where a person was found on the floor when care staff attended their home. This incident was notified to CQC. Both incidents were dealt with appropriately by the registered manager who had clearly followed up and acted where needed.

At our last visit the provider was not carrying out the appropriate pre-employment checks on staff. Although the service had not employed any new staff since our last visit, the provider had sought the outstanding references and had obtained the correct Disclosure and Barring Service checks for all staff currently in post. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This meant the service could now verify that people employed by them were of good character and had the skills and competencies required to carry out their role.

Is the service effective?

Our findings

On our last visit to the service in February 2017, arrangements to ensure that staff members had appropriate training were inadequate. Training records showed that the provider did not have a programme of training which encompassed the needs of people who were supported. This included how to support people with diabetes, catheter care, epilepsy and people who were at risk of choking. Induction training for staff was also inadequate.

On this visit we saw a training programme had been established that covered not just mandatory training topics for all staff such as health and safety, moving and handling and safeguarding, but emergency first aid, catheter care from the local CCG [Clinical Commissioning Group] infection control nurse team and person specific conditions such as dementia and diabetes. One staff member who had worked for the service for over 10 years told us, "We have completed all the training booklets, it was hard work but we have done it." Another staff member who had worked at the service for a year told us, "The training has helped especially the practical sessions, which I find sinks in better." There was a training matrix in place that showed when staff had completed training and when it would need to be undertaken again in the future. The service continued to work with an external provider to deliver National Vocational Qualifications for its staff members.

Since our last visit, the induction programme for new staff had been changed with a new document to support the process. The registered manager told us that both they and the deputy manager would carry out future induction sessions for new staff. There had not been any new staff members since our last inspection.

On our last visit in February 2017, staff did not receive appropriate support and supervision as was necessary to enable them to fulfil their roles fully. On this visit we saw a programme of supervision sessions had been started with the registered manager and most staff had had one session already. One staff member told us, "Yes it was good, I got good feedback from my clients as [name] the registered manager had been out to visit them." Sessions comprised of set topics including training, feedback and issues. One staff member had raised a concern about a person locking their door so staff couldn't get access. We saw the registered manager had responded by recording they would contact the person's care manager to discuss the issue and they had recorded this discussion. We saw two records where the registered manager had highlighted areas for improvements for staff but had not detailed what these were. We discussed with the registered manager that to ensure the service could demonstrate it was supporting staff, any issues relating to performance or attitude should be detailed. The registered manager agreed to amend the form to detail the concerns and the staff member's response. Staff we spoke with told us they could contact any of the management team at any time for advice. They said, "The managers are great and you can go to them at any time," and "They are really responsive and will come straight out if there are any problems."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. No applications had been made to the Court of Protection. We saw the service had sought specific written consent from people or their next of kin to receive personal care from Castle Care Teesdale Limited. We saw as part of a new assessment record used by the service that a separate record was now in place to assess and review someone's mental capacity and we saw that staff had been trained in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We looked at the arrangements that were in place to ensure that people received the help they needed with eating and drinking. The service supports people in their own homes and only provides help with meal preparation and eating and drinking where this has been agreed as part of the person's individual care plan. We saw that some people had specific dietary needs such as diabetes and that staff had now been trained in diabetes. We saw in one person's care plan that a Speech and Language Therapist (SALT) had advised the person should consume pureed meals but there was no copy of the SALT letter or guidelines in their care plan. We asked the deputy manager about this and they stated the person needed their food to be fork mashable. They showed us information sheets about this staff could use. We advised the registered manager and deputy to confirm this food consistency with the SALT straight away and to update the care plan accordingly. Following the inspection, the deputy manager confirmed the required guidance was now in place and the care plan had been updated to reflect this. We saw some further work was required to ensure care plans were more person centred in relation to people's preferences for food and drink as some care plans did not reflect people's likes, dislikes and routines.

We looked at the arrangements that were in place to ensure that people were able to maintain their health, including access to specialist health and social care practitioners when needed. The staff we spoke with were aware of people's needs and were able to describe what they would do if someone was unwell or needed medical support during a care visit. For example, contacting the doctor or ambulance service, and contacting the office for additional support if needed so that they could stay with the person until medical help arrived. One relative we spoke with told us how in recent weeks Castle Care Teesdale Limited staff had raised a concern over their relative's health and called the GP. The staff stayed with the person and supported them with a hospital admission whilst keeping the relative who lived some distance away informed. The relative told us, "The staff were concerned over eating and drinking and were worried [name] would dehydrate so they called the doctor. Both owners kept me informed and were very concerned about my relative's welfare."

Is the service caring?

Our findings

People we spoke with who received personal care said they were very happy with the care and support provided. A range of support could be offered, which could mean staff visited once a day or several times a day to assist with personal care tasks, complete domestic tasks or provide companionship. People we spoke with told us, "They are very kind and caring," "They are lovely girls, all brilliant," and "I am happy now, I was unsettled for a while whilst they got to know me but now it works really well."

The care records we viewed included information about Castle Care Teesdale Limited and the services they provided. Everyone we spoke with had information about the service in their care file, so that they could access it at any time and everyone told us they knew how to contact the office. One person told us, "I always want to know who is coming and they inform me," and another said, "I can contact the office if I need to know about anything."

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. One relative told us, "I am very happy with the care. One staff member is amazing. My relative thinks the world of this main carer. She is gentle and supportive. She has the right mix of encouragement with respect and care but is understanding of my relative's issues. My relative can be very awkward and all the staff respond really appropriately."

People told us they were encouraged to do things for themselves to maintain as much independence as possible. One person told us how the staff supported them in a way that they chose to take their medicines using a special container. The person told us this meant they could still feel like they were taking the tablets themselves despite staff initially dispensing the medicines from the dosette box into their container. Another person told us, "They help me do the jobs I really can't do such as changing the bed and washing it but they always ask and never assume I can't do it."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. One staff member told us, "You make people feel comfortable and always ask before you do anything with or to someone." Care staff told us they tended to be allocated to provide support to the same people, which meant they could build very good working relationships. One staff member said, "I like the fact I have regular people and that makes them and us more comfortable and confident." This showed staff were caring and respected people's dignity.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form positive relationships. One person told us, "I am very happy with the service, the little things they do like taking the bins out make all the difference."

Is the service responsive?

Our findings

People told us that Castle Care Teesdale Limited staff always turned up as planned and that if, on odd occasions, they had been delayed by a few minutes the staff rang them to say why this had happened. One person told us, "They rang the other day from the office as someone was running late and they told me not to worry, it was fine." People told us it was very rare for staff not to turn up on time. People using the service told us that they were kept well informed of any changes to the visit times.

At our last visit in February 2017 there were two people for whom there was no assessment or care plan for staff undertaking personal care. This meant staff would be providing care and support to someone without knowing their needs. Other care records we viewed did not provide a record of how staff should provide care and support to people with needs such as catheters, diabetes and pressure care. This meant that people were at risk of not having their care needs met. On this inspection we viewed four care plans in detail. We saw that all risk assessments were now in place and care plans had been reviewed to include further detail about people's care and support needs.

We saw there was a breakdown of tasks for each call in people's care plans but information relating to people's preferences and information about their social and life history, often called "person centred care", could still be improved. We saw a good example in one plan that stated, "[Name] prefers a light breakfast, which is normally two slices of toast with marmalade," but this was not yet consistent across all care plans. We discussed with the registered manager, deputy manager and senior carer about recording the detail that meant for example, people's likes and dislikes around food or information about their family or work history that was meaningful to them was recorded. When we spoke with care staff, they had this knowledge about people but it was not captured in care plans which meant any new staff working with a person would not have this understanding to support someone in the way they preferred.

The deputy manager outlined the revised assessment process with more in-depth documentation. We saw information would be provided about the person's care and support needs by, either the person or their carer or family member. This would enable the service to produce a more comprehensive care plan. Since our last inspection the service had not been able to take on any new service users whilst it worked on improvements it had been required to make to meet regulatory standards.

One relative told us the service had visited their relative who received care, and together they reviewed the service provided and checked that they were happy with everything. Another relative told us that they had lots of informal conversations and emails with the provider as they lived some distance away from their relative and that gave them reassurance. People told us that they had been able to make changes to their care package easily, by contacting the office. For example, a relative also told us how the service had responded very promptly in an emergency and visited straight away to provide the additional help and support that was needed. Review records were available in the office, showing that formal reviews were being completed by the service that not only reviewed care needs but also people's level of satisfaction with the service and carers.

Staff we spoke with confirmed that they usually cared for the same people, who they got to know well. Staff were knowledgeable about people's preferences and how they liked things done. Staff also confirmed to us that they were provided with information about people before they provided their care. For example, staff told us that where possible new staff shadowed or assisted more experienced staff during calls to get to know people. Staff also told us that they were told about the care people needed before they visited them and could look at the care plans that were available in people's homes. One staff member said, "We have got the care plans so you can read what's been happening but I also like to ring someone who has been regularly so I know exactly what to do and expect."

We saw that the service had begun to undertake reviews of care; however, care plans were still task focussed and did not reflect people's needs or preferences in relation to how they wanted their support to be provided.

On our last visit complaints were not recorded, investigated and acted upon by the provider. The service now had an up to date policy setting out how complaints should be dealt with. This included the complaints process and timescales for dealing with complaints. We saw that a previous complainant from the last inspection had received a response from the provider. There had been no formal complaints received by the service since our last inspection. People we spoke with stated they had no concerns and if anything arose said they knew how to contact the office or would speak with staff members. No one we spoke with had needed to make a formal complaint, but those who had asked for small changes to be made told us that they had been listened to and their issues had been resolved.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

Staff we spoke with were positive about the responsiveness and support of the registered manager and provider when they needed advice or support. Staff members told us, "They are always there if you need them," and "I find [name] the registered manager very supportive."

We saw that records were kept securely and could be located when needed. This meant only staff from the service had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. On our visit in February 2017, there was no evidence of any quality systems being completed as per the provider's policy. We saw evidence of gaps in medicine administration records, missed visits and a lack of response to complaints. This meant the systems in place to measure the service at that time had failed to identify the deficits we found.

The provider had reviewed its management roles and systems since our last visit. The registered manager was more involved in the running of the service instead of providing care and a senior carer had been brought off direct care to carry out reviews with people using the service. The provider had reviewed all its policies and ensured these were shared with the staff team by giving all staff a pack of key policies and requesting they sign to show they had read them. The service had also purchased a new electronic monitoring system that would enable the service to view staffs location but would also support the planning of rotas according to people's needs and preferences, give reminders of when reviews for people were due and would monitor staff training and supervision sessions. This was just beginning to be rolled out at our inspection visit and like all changes we saw, require monitoring for effectiveness and sustainability.

Since our last inspection, the provider has continued to engage with CQC in relation to improvement work and has also been supported by the local authority. The provider produced an action plan and has complied with all requests from stakeholders to share any issues or concerns whilst it has focussed on making the improvements required to meet regulatory standards.

On our last visit to Castle Care Teesdale Limited, we saw questionnaires had been undertaken but there was no analysis of the feedback given or an action plan produced. None of these issues had been followed up by the provider or an action plan created. At this inspection we saw the provider had sought support from an external consultant and as well as feedback information from questionnaires being in a new format, the consultant was reviewing the effectiveness of the questionnaires to issue to people later in the year.

Providers are required by law to submit notifications to us when there has been a death, safeguarding incident or serious injury to a person using the service. During our last inspection we found a number of notifications had not been submitted to the Commission and the service had not submitted any notifications since it was registered in November 2010. This meant the service was failing to meet the registration requirements. Since our last visit to the service, the provider has submitted two notifications in a timely manner.

In February 2017 the service did not have an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to each person in receipt of care. On this visit we saw that daily care records were being brought into the office on a regular basis and checked for accuracy and effectiveness by the management team. We saw issues in relation to medicine records and daily notes were recorded and actions taken to remedy these, such as speaking with staff were now in place.

People who used the service and staff we spoke with told us that the registered provider was very caring and focused on providing people with good care. People were satisfied with the care they received and told us that they received a good care service. For example, one person who used the service said "I'm very happy; I certainly wouldn't want to change."

Staff we spoke with were positive about the responsiveness and support of the registered manager and provider when they needed advice or support. Staff members told us, "They are always there if you need them," and "I find [name] the registered manager very supportive."