Home Life Carers Limited

HomeLife Carers (Plymouth)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

HomeLife Carers (Plymouth) (referred to as "HomeLife Carers") was inspected on the 9, 12 and 21 June 2017. The inspection was announced 48 hours before the first day of the inspection. This was because the service delivers care in people's home and we wanted to ensure someone was available at the office address. Also, we needed the registered manager to arrange that we could speak to people who use the service and staff. People and staff needed to have notice and give their consent to talk to us.

HomeLife carers provide care to people in their own homes. They could be older or younger adults with a range of needs such as living with dementia, a sensory impairment, a physical disability or a mental health diagnosis. The service was providing personal care to 116 people in their own homes when we inspected.

This was the service's first inspection since their registration with us on the 11 September 2015.

A registered manager was employed to manage the service. 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.

Prior to the inspection we received information of concern about the service. Concerns included staff training, new staff working without the training needed, staff not being introduced to people, poor management at the office, and people being placed at risk by not following safeguarding procedures. Also, staff were told to visit the next person or not being given enough time to travel to appointments and, staff were not speaking out in case they lost their employment. We highlighted we had these concerns to the registered manager and looked at them as part of the inspection.

We found most of the people and family carers we spoke with were frustrated with how their visits were organised. This had been an issue for some time and although their concerns had been shared with the service, it had not been successfully resolved. People told us they did not know who was coming to their home and when. The providing of staff rotas to people so they knew who would be visiting, had been inconsistent and at times the staff member who did visit people was not on people's list or known to them. Staff told us they had at times been given unrealistic travel times which had made them late.

People had mixed experiences of having a familiar, known number of staff meeting their needs. They also had different experiences of how new staff were introduced into their team. Some people were very happy with how this was done; others expressed a deep dissatisfaction with this. We found the service had not always recorded people's complaints and concerns and ensured these were met.

The registered manager was not reviewing parts of the service to ensure the quality of the service. For example, a range of audits were not taking place in addition to the annual satisfaction questionnaire. Staff attended regular staff meetings and felt they could give ideas. Staff told us if they asked for changes these

were often changed for them as individuals.

People told us they were cared for by staff who were kind, considerate and respectful. Visits were never missed. People's privacy and dignity were assured. People were involved in planning their care and staff made sure people controlled how they wanted their care needs met. People's records were up dated but this was not always recorded. The registered manager reviewed this during the inspection and put new systems in place.

Where staff were responsible for making sure people were given their medicines as required this was achieved safely. People were also given enough to eat, drink and had their health needs responded to. Risk assessments were in place to keep people safe. Some issues that had been identified as risks in the care plans were not recorded as individual risks. For example, the risk of choking for one person. The registered manager addressed this immediately following the inspection.

Staff were recruited safely and in sufficient numbers to meet the needs of the service. Staff were trained and supported to be effective in meeting peoples' needs. The provider has acted to improve aspects of the training, such as the staff induction and Care Certificate, following the inspection.

We found breaches of the regulations. You can see at the end of the full report on our website what action we have told the provider to take.

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.

People told us they did not always know which staff was coming to their home and when.

Staff were trained to recognised abuse and act on this. The registered manger had not reported all safeguarding concerns as required.

Risk assessments were in place to alert staff to the risks people may face in their own home and how to reduce these for people.

People's medicines were administered safely.

Staff were recruited safely and there were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff ensured they asked people for their consent and understood how the Mental Capacity Act 2005 applied to their work.

Staff were trained and supported to carry out their role effectively.

People were supported to have enough to eat and drink when this was part of the staff role.

People's changing health needs were responded to.

Is the service caring?

Good

The service was caring.

People were looked after by staff who were caring and treated them with kindness and respect.

People were empowered to be in control of their care and to

remain independent.

People had their dignity protected and privacy respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were provided with the system of how to complain but the complaints process had not always been followed by the service or recorded. Lessons had not then been learnt to prevent incidents happening again. The provider addressed this following the inspection.

People's care was planned in a personalised way. People and their family carers were involved in making sure people's care was as they wanted it given.

Staff responded to people's care needs in flexible manner.

Is the service well-led?

Requires Improvement

The service was not always led.

We had not been notified of all events as required.

People's experiences of the service had not always been acted on to ensure the quality of the service they received was good. Aspects of the service were not being reviewed to ensure the quality of the service.

People and staff said the registered manager was approachable.

Staff felt valuable to the service and they could give ideas on changes to how the service was run.

HomeLife Carers (Plymouth)

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.

The inspection took place on the 9, 12 and 21 June 2017. The inspection was announced 48 hours before the first day of the inspection. This was because the service delivers care in people's home and we wanted to ensure someone was available at the office address. Also, we needed the registered manager to arrange that we could speak to people who use the service and staff. People and staff needed to have notice and give their consent to talk to us.

This was the service's first inspection since their registration with us on the 11 September 2015.

The inspection team included one inspector and an expert-by-experience. The expert-by-experience was someone with a personal experience of caring for someone who had used this type of care service.

Prior to the inspection we reviewed our records and the Provider Information Return (PIR) which had been completed in March 2017. The PIR 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. We also reviewed the information on the service such as notifications (which are specific incidents registered people have to let us know about) and when we have had concerns raised.

On day one of the inspection we visited the office and met with the registered manager. We read five people's care records, five staff personnel records and other documentation held by the registered manager to measure the quality of the service. We also reviewed staff training, support and supervision. On the second day we spoke with the one person and three family carers of the four of the people whose care records we looked at. Another family carer responded by email on the 21 June. On the 9 and 21 June we telephoned and spoke to 11 people, two further family carers and four staff about their experience of the service.

The registered manager sent questionnaires out to all staff on our behalf and we received five of these back.

Requires Improvement

Is the service safe?

Our findings

Systems were not operated effectilvey to ensure people knew which staff member was coming to their door and when. Most of the people we spoke with raised this as a concern. No one had appointments missed. The registered manager advised that staffing of the service had been an issue in respect of lots of new staff being recruited in recent months. People also told us they had seen a lot of new faces and staff had been to their home who were shadowing other staff; they had not been told this was going to happen but the known member of staff would ask at the time if the person or family carer were happy to have this new staff member come in.

On inspection, we found some people had a regular care team and this was welcomed; most people told us however this was not the case. One family carer of people living with dementia told us there had been 20 different staff in one week and another 13. One staff member said, "I sometimes have to turn up cold; they don't have the time to introduce all of us. There have been quite few new carers; we do go out cold to people who have dementia and mental health."

People told us, "I get all different [carers], we usually get a letter on Saturday to let me know what time and who but haven't had one this week, then I have to ring the office to ask"; "The last week or so I've had no letter to tell me a time and whose coming"; "It varies, sometimes I get regular staff for a while then it changes, yes it does bother me they get to know me, learn how I like things done, then they are gone"; "No they are not regular. I get all different staff, they show me their ID, I don't like it , I have telephoned and asked for more regular carers but nothing has happened" and, "They did send different ones; I've called the office to ask if they know my care plan as I specified I needed regular carers due to my condition and anxiety."

Two family carers expressed to us how not knowing who was coming to their home to care for their family members was causing them stress and anxiety. They told us it prevented them from feeling their family member was safe without them remaining observant. Comments from family carers included, "My husband's carers rarely arrive together, one will come in and check if the other has arrived and if not will go and sit in their car till they do; can be 45mins or so"; "We don't always get a rota so don't know who or when they are coming; most of the time I do recognise them but occasionally I get one I don't know" and, "The communication is not very good; staff are sometimes late. This delays meals and my respite. I can't then go and have a break. I can't leave until I know he is settled; it has been known that staff come [who we don't know] and without being introduced."

People and family carers told us on the whole they had their allotted time; staff also told us they were not rushed and could spend time with people. In addition though, we were told that the times of staff arriving was not predictable. People told us that this could have an impact on their day. People thought staff might be later because they were not given enough time to travel between locations. Staff also raised this as an issue. For example, one staff member said they were given 10 minutes to do a journey between two appointments that would take 30 minutes with no traffic issues adding, "Late? Sometimes we end up late all the time." One family carer told us that staff tended to stay for 45 minutes as opposed to the one hour allocated time. Staff told us they would leave a little bit early if all the person's needs had been met.

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

People told us that appointments had sometimes been met by the service's Rapid Response Team that acted to meet appointments under threat of not being met. People were very clear this was welcomed as a positive and separate to the concerns raised above. The registered manager advised they had a ratio of staff to allocate to each person's care which they tried to adhere to adding "with complex clients we offer a core team so only carers experienced with that client attend" those appointments. One family carer said, "In the three years or so we have used HomeLife we have never had a missed visit. There has been the odd occasion when a carer has turned up late, in that case I have had a call from the office apologising and been kept informed of the situation."

We discussed the issue in respect of staffing and people knowing who was coming into their home during the inspection. The registered manager advised this was a concern which they were in process of addressing. There had been an issue in respect of people receiving their rotas and staff consistency and this was being addressed. There had been a recent reorganisation of the office and new staff appointed.

Following the inspection and our feedback, the registered manager and provider told us they had taken people's comment seriously and communicated to people and staff how they were aware of people's concerns and the action they were putting in place to address this. This would then be monitored and checked to ensure people were happy with the service.

Before the inspection we were told of an incident where a person had not answered their door bell at 7.30am and the staff member had called the office in order to let the office know they were worried about this person. We were then told the member of staff had been told to move on to the next appointment and the office would send another staff member later on. The other staff member arrived at 10.00am to find the person had fallen on the way to answer the door and had remained on the floor for that period of time. The registered manager had not notified the local authority or ourselves in respect of this incident stating the ambulance crew had said they would so they did not believe they were required to do so. This meant this event had not been investigated by the authorities responsible for safeguarding vulnerable adults.

We spoke with the registered manager in respect of the concern which had been raised with us about safeguarding people. They advised the incident was an accurate account of what happened and having investigated this, an office based member of staff had been dismissed.

Staff were trained in safeguarding and could identify abuse and told us they would report it.

People had risk assessments in place to support staff to manage their risks in respect of caring for them in the home. People's home environment was assessed for safety and people had their individual needs highlighted in their care plans. We found some individual care needs such as the risks of choking were highlighted in care records and support from outside agencies had been sought. The risk was managed well. However, these people did not always have their own individual risk assessment in place so this need could be reviewed. We discussed how having individual risk assessments would then highlight if the risk was being met or needed further review. The registered manager started looking at the range of needs people had and how to put risk assessments together. This meant people's risk were clear to staff what they were and how to meet that risk to maintain people's safety.

Staff were recruited following an interview and having completed an application form. However, staff were interviewed before they had completed the application form. Of the five files we viewed, three had gaps in

staff employment history and there was no further record to demonstrate staff were asked to account for this. We asked the registered manager how they were ensuring they had reviewed the prospective staff member's gaps in employment history or asked them questions about why past work had ended if they had not had this in writing prior to meeting with potential employees. They told us that this was always checked when the application came in and someone was allocated to review this. The registered manager stated they would ensure this was actioned and clearly recorded in future. Checks were in place before staff started work. Staff then underwent a 12 week probationary period before their employment was confirmed. Their progress was checked. This meant staffs ongoing suitability for the role was reviewed.

Where staff were responsible for administering medicines, records showed this was met safely. No one we spoke with had their tablets administered by staff. Records showed people's tablets were always in a blister pack for staff to administer. People's records showed staff kept a record of when they had administered the content of the blister pack. People who had prescribed creams used these as required. The registered manager showed us a new way of identifying the right cream was placed on the right part of the body. This included a photograph of each cream so staff could safely identify the cream by name and visually. The provider redrafted their policy and practice guidelines based on the 2017 national guidance for services that provided care in the community.

Good

Is the service effective?

Our findings

People told us that staff always asked for their consent before meeting the care needs.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) which 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.

The staff at HomeLife Carers had received training in the MCA and understood how that impacted on their role. Staff were informed of the MCA as part of their induction training. Staff were aware of the MCA and encouraged people to agree to them delivering care. For people unable to consent to receiving care from staff, we saw an overarching MCA assessment was in place. This recorded for people and staff the details of why this person could not consent. For example, the person was living with dementia. On one record there was no record of the care provided being part of a best interests decision in the referral; the records had then not been updated on how staff were acting in this person's best interests. We discussed with the registered manager the importance of ensuring they were aware of the MCA when they started to provide a service as well as keeping this under review as part of the care planning process. The registered manager and provider shared with us how this would be embedded in future assessments.

Staff had the training required to complete their role effectively. People told us they thought the staff were largely well trained. Two people shared concerns about manual handling which have been raised with the registered manager and they have addressed this with staff. Comments we received included, "They do seem well trained and they know what they are doing anyway"; "They seem well trained and I hear them explaining to the new ones what they are doing"; "Most of them seem well trained but some are better than others" and, "They all seem to be well trained, they know how to handle me in the shower."

Staff underwent a three day induction at the start of their employment and an annual review. These were compulsory courses that staff had to attend to maintain their knowledge and skills. At the end of the three day induction staff were being given the care certificate. The care certificate is a national training course that has been introduced to provide a set standard for all staff new to care. The care certificate is overseen by Skills for Care. and is meant to be completed following a period of competency assessment. We raised concerns that the certificate being given after three days was not meeting the requirements of the certificate. The provider has reviewed this; they have increased their induction to four days, introduced a theory certificate following the induction and a practice certificate to be given at 12 weeks as part of staff completing their probationary period. The training time will be extended if required.

One staff member said, "The induction was really good and I learnt a lot even though I have been in care a long time".

New staff shadowed other staff and were checked to make sure they were able to meet people's needs

before working on their own. Staff told us they had people shadowing when they were not very experienced themselves. The registered manager told us they are looking at making sure the experienced staff were shadowed, knew what they were checking for and staff undertaking mentoring would be asked for more formal feedback to support the new staff member's learning.

Staff had the training and support necessary to ensure they continued to be effective in their role.Staff added they felt training was valued by the registered manager and provider. They told us how much training they had in various subjects. Training in subjects such as dementia care and end of life were highlighted as having added special value in how staff looked after people. One staff member said, "All the training has been invaluable." Staff had regular times when they could meet with a senior staff member and look at their progress. Competency checks and spot checks were completed to ensure any extra support and training needs were identified and met. Staff said they could ask for extra support and training in any area of work and this was met.

Where staff were required to support people to eat and drink enough this was met. People had specific care plans in place to make sure staff knew what people liked and how their food should be prepared. Records were in place to monitor how much people ate and drank if needed. However, there was no amount for one record we looked at so it would not be possible to check if this was enough for that person. This has been reviewed and changed by the registered manager for each person staff are monitoring, which meant people's needs could be clearly identified and shared with them, their family and GP if required.

People told us, "At lunchtime we will discuss what they will make me; usually a sandwich and cup of tea"; "In the evening they will cook my meal, I have all fresh ingredients delivered to make a meal and the instructions; the carers seem to quite enjoy cooking it" and, "They don't do any food for me but before they leave they will make sure that I have enough drinks until they come next."

People had their health needs met. People told us that staff would say if they thought they had a health need that required their GP or other health professional to review. One person said, "Last year when the carers arrived they alerted my parents that I seemed unwell" and another, "I did have blisters on my leg and they suggested that I get the doctor to take a look". Staff told us they would pass any concerns to the office so these could be followed up on. Staff felt that there was always something done about any concerns raised.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff were kind and caring, polite and treated them in a respectful manner. People were quick to answer that their privacy and dignity was always met. One person said, "They are respectful, they talk nicely to me, they will close the door when giving me a shower" and another, "I can shower myself but if they need to come in they will knock first, they will close the door".

People told us, "The staff are as good as gold, we have a laugh"; "I can't fault the carers on their kindness"; "The carers are very kind; they are excellent"; "I have no problems with the [staff] they are all good, kind and caring" and, "Yes they are [caring]; they are all very kind and chatty".

People and family carers spoke fondly of the staff coming into their home. They felt staff respected they were in other people's homes. One person said, "I do look forward to them coming, it's a bit of company" and another told us they liked having a laugh and a giggle with staff. Quite a few people could identify key staff by name who they particularly looked forward to seeing and missed if they were on holiday and away. The team leaders who had a link between the office and home were particularly mentioned as staff that were important to people.

One family care told us, "There is an excellent level of care we receive from our core team of carers. We and our home (and our cat) are treated with the upmost respect at all times. At moments when we need some privacy, for any reason, the staff are very sensitive to this, and respond accordingly without any great need of prompting. It's hard to put into a nutshell just how our team make us feel special, as they most certainly do without a doubt, it is shown in so many ways, big and small, they genuinely care".

People told us that staff respected and encouraged their need to remain as independent as they could for as long as they were able. People told us they could ask staff to do anything for them but staff struck a good balance of not taking over. People commented, "They are very good at prompting me to eat, take meds and to shower, they will do it respectfully by speaking nicely to me" and, "I wash myself and they will help towards the end if I get tired". Staff told us they felt recognising what people could do for themselves was part of ensuring people maintained control of their care. That and listening to people and encouraging them to do things for themselves. One staff member said, "I encourage [people] to do what they can for themselves" adding that they ensured choice and options were always available for people and they helped them explore these.

People told us they felt they could tell staff if they were worrying about anything and staff would listen to their concerns.

Staff felt caring for people and meeting their needs was important to staff and HomeLife carers as a provider . One staff member said, "HomeLife really care about their staff and clients. There are kinks in the system but I know they are being worked on."

Requires Improvement

Is the service responsive?

Our findings

The service had a complaints policy in place. This was available in people's records. People told us they knew who to complain to. One person said, "I don't know anyone in the office, but I never have any reason to call them" and another, "I've never complained but I would if I had to".

We received mixed views from people on how well their concerns were addressed. We saw in records that people's formal complaints had been fully investigated, but the day to day issues when they arose had not always been recorded. One person told us, "They do appear helpful in the office but they don't always ring me back". Another person said, "I got a bit cross recently because of all the different carers; it changed for a while then it goes back again" and a third person said, "I just don't know why they don't send the rotas; I've had so many issues over this, I almost gave up. I did make a formal complaint and spoke to the owners, now I do get the same carers at roughly the same time every day" and, "To be fair the [registered] manager she has stuck to her promise to keep me to the same carers, I now have four regular."

We discussed people's concerns about not having these issues addressed when they did complain with the registered manager. The registered manager acted to address this immediately, advising us that new systems of recording people's formal complaints and concerns have been put in place. These will be reviewed by them and the operations manager and to see if there are patterns to people's issues that they could learn from.

People had personalised care plans in place in place that reflected their current needs. These reflected people's care needs and how they wanted that need met by staff. Most people said they were aware of their care plans and they were discussed with them or their family carers. We received a mixed response as to whether people or their family carers saw staff reading the care plans. Some people and family carers told us they had to update staff each time and not all staff were passing important information on through the daily records. This meant they had to update staff when they came. This was discussed with the registered manager during the inspection and action was taken to correct this.

The registered manager told us they updated the records every six months but sooner if required. People or their family carers were involved in this process. There were also spot checks in place to ensure staff were completing the care records fully. The evidence to support these reviews and checks were not evident in people's records or at the office. The registered manager put new systems in place to evidence this better so this could be reviewed through auditing to make sure people's records were accurate. It would also clearly show who had been involved in the review process so the voice of those whose care needs they were meeting were highlighted.

People told us they felt staff responded to their needs and requests. People told us staff were as flexible as they could be and would always meet a request such as to make them a cup of tea or how they wanted to be bathed. People felt staff gave them their full attention and would pick up if they felt their needs had changed. Everyone told us staff would check with them that they were alright before leaving and if there was anything else they needed. One family carer said, "I find the carers are highly sensitive to my wife's needs,

knowing when to encourage her, when to give her space, and obviously always supporting her. When my wife shows an interest in something new they show a lot of enthusiasm which is great to see".

Staff said they felt the care records provided them with enough information to meet people's needs. Staff could feedback if they felt people's needs had changed. Staff told us they read the care plans on most visits. They would be alerted to any changes in people's needs and their role by email or text message. Staff said they would then definitely read the care records to ensure they had the right, up to date information available to provide continuity of care.

Requires Improvement

Is the service well-led?

Our findings

HomeLife carers (Plymouth) is run by HomeLife Carers Ltd. The provider has other homecare services in the South West of England. A registered manager was employed to manage the service supported by an office based team and other senior staff who worked out in the community. An operations manager acted as the link between the registered provider and their various services. We met the operations manager during the inspection.

The registered manager had not notified us of a safeguarding incident that they were required to tell us about as part of their registration. They told us they did not believe they had to because the ambulance had said they would. When we spoke with them they were aware of what other notifications they were required to tell us about in line with their obligations. Following the inspection, the provider has met with all their registered managers to ensure they know what they are required to notify us. This will be overseen by the operations manager to ensure this and all services are meeting this requirement.

The inspection of HomeLife carers highlighted people had polar views of the service and how it was run. Some people had no concerns and could not fault it. However, other people and family carers raised serious concerns. Where people had an issue, it was in respect of how the office was organised and most people expressed a frustration about not being able to have their needs heard and responded to fully. For example, one person said, "Just lately the office seems very up and down", "They are always apologetic on the phone and they do listen, it's not enough not to do anything about it" and, "I do feel that if they sorted the office out it would all run smoothly; I do feel the service is good".

The key issues people raised were in respect of knowing who was coming to their home and when. Different people expressed how they wanted this met. Most people however wanted to have a known group of carers to deliver their care. This was especially important to family carers and people with complex issues such as dementia, mental health or multiple physical care needs. People told us that this had been an issue for some time and even when it was raised with the service staff and seemingly resolved, they had to be vigilant and continually request this.

One person said, "I think they could do better by organising the [office] a bit more; they need to be more switched on like if a carer goes sick. They will send someone who does not know me and my needs are quite complex or the second carer has to go through the whole process. I have spoken to the office [when I get the rota] and if I see a name I do not recognise I will ask to have it changed".

We asked how they ensured the quality of the service and they showed us people received annual questionnaires to give feedback on the service. The operations manager also visited the service often to review aspects of the service. The findings of this were discussed by the provider in senior management meetings. However, there were no system of audits in place of areas of the service such as care plans, infection control, people's complaints, and medicine administration. There was no list of expected checks by the registered manager to check how maintaining the quality of the service was being maintained.

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

People identified the registered manager as the person at the office who was in charge and to approach if needed. People felt comfortable speaking to her and one family carer said, "I have found [the registered manager] a constant support. I am in regular contact by phone, should the need arise. I also go into the office to meet with her for updates regarding the care plan. I have found [them] very approachable and a solution it always mutually agreed upon to both parties satisfaction. I have found [the registered manager] to be extremely competent at her job; she genuinely cares about her clients welfare". Another person said, "Sometimes the registered manager comes and does my care so we have a chat and I think she updates my care plan."

When we raised people's concerns during the inspection, we found the registered manager responded to these fully. They took our feedback seriously and acted quickly to make changes and put systems in place to address these at both the provider and service level. The operations manager will complete a more in depth analysis of spot checks, appraisals, supervisions and quality assurance processes. These will create action plans for the registered manager and a way to sustain quality of the service.

Staff spoke positively about the registered manager, operations manager and provider. They described them as being very supportive of them personally and felt they could give ideas about how the service was run. One staff member said, "I feel listened to; [the registered manager's] door is always open." Staff were updated on the service by regular staff meetings and a newsletter was sent out to staff to keep them up to date about changes across the provider. Staff said internal recognition systems such as "Carer of the month", thank you cards, and being told thankyou personally all made them feel important to the service and provider.

Staff felt improvements could be made but these were happening. One staff member said, "I feel valued and love my job. Yes, improvements can be made and it's lovely to see them happening already." This had included changes to travel time and people knowing who was coming to their home.

The provider had put in place a policy in respect of the Duty of Candour (DoC). The DoC is a requirement for registered persons to act when something goes wrong and apologise.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17(1)(2)(a) Systems and processes were not always operated effectively to ensure the quality of the service provided (including the quality of the experience of people in receiving those services).