

Smithfield Health & Social Care Ltd

# Smithfield Health & Social Care Limited t/a Verilife

## Inspection report

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21 August 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This announced inspection took place on 15, 16 and 21 August 2017. Smithfield Health & Social Care Limited t/a Verilife is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection 170 people were using the service.

At our previous focussed inspection on 25 January 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found staff were not always deployed in a way that met people's needs. Effective systems were not in place to monitor and address late visits and the provider was not taking sufficient action to improve the service.

Following that inspection we took enforcement action issued a warning notice to the provider in relation to the quality monitoring at the service and told them to meet the fundamental standards by 12 April 2017. The provider sent us a report of improvements they had made.

At this inspection we found that the provider had made improvements in the systems used by the service to assess and monitor the quality of the care people received. In March 2017 the provider had appointed one more care coordinator in addition to the existing three. As a result of these interventions the service had made improvements, which included updating staff rostering to allow them sufficient travel time between calls, informed people when staff were running late to attend their scheduled calls and maintained a record to show what action was taken in this matter. The provider carried out an analysis of late call alerts routinely and have also recorded what action was taken to address. Through our discussions with staff and people using the service, we confirmed there had been no missed calls to people.

Although the provider had made improvements since the January 2017 inspection, at this inspection we identified some further improvement was required in specific areas. Five members of staff calls were arranged back to back with no travel time allowed in between visits. Another four members of staff did not have sufficient travel time allocated between calls. We further found, that some people either received late calls or early calls instead as per their scheduled call time. A member of staff told us that sometime people requested them to come early or late on some occasions and so they accommodate their request. However, there was no record to show that people had requested them to come early or late. Also, on some occasions staff have not spent the full allocated time at people's home but spent less time. A member of staff told us that when they finished their allocated tasks, people asked them to leave their home. However, there was no record to show people have asked them to leave earlier than their scheduled visit times.

The above issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have asked the provider to take at the back of the full version of this report. The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The service worked effectively with health and social care professionals and commissioners. Feedback from a social care professional stated that the provider continued to make improvements and had been cooperative with safeguarding investigations.

People's consent was sought before care was provided. However, we saw in people's care records that five people were identified as not having capacity to make decisions in relation to their care. Although, the service had worked with their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their best interests but had not maintained a record to reflect the same in line with the MCA, and this required improvement. There was no negative impact on people.

The service provided an induction and training, and supported staff through regular supervision and annual appraisal to help them undertake their role. The service had enough staff to support people and carried out satisfactory background checks of staff before they started working. The service had an on call system to make sure staff had support outside the office working hours. Staff felt supported by the provider.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered 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.

Staff supported people with food preparation. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

The provider involved people about their care and support needs. Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. The service had maintained a complaints log, which showed when concerns had been raised senior staff investigated and responded in a timely manner to the complainant. The service sought the views of people who used the services.

## 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 was not consistently safe.

The provider had ensured that they monitored people's calls to check they were attended on time through an electronic call monitoring system, and records showed they regularly contacted people to check on this. However, other aspects about the deployment of staff to meet people's needs required improvement. We reported the details under Well-led section of this report.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working

People and their relatives told us they felt safe and that staff treated them well. Staff understood the action to take if they suspected abuse had occurred.

Senior staff completed risk assessments and risk management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

Staff supported people so they took their medicine safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective but one aspect of the service required improvement.

The service had systems to assess and record whether people had the capacity to consent to care. However, we saw in people's care records that five people were identified as not having capacity to make decisions in relation to their care. Although, the service had worked with their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their best interests but had not maintained a record to reflect the same in line with the MCA, and this required improvement. There was no negative impact on people.

**Requires Improvement** ●

People and their relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff. Staff were supported through regular supervision and yearly appraisal to help them undertake their role.

Staff supported people with food preparation. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

### Is the service responsive?

Good ●

The service was responsive.

Staff developed care plans with people to meet their needs.

Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary.

The service had a clear policy and procedure for managing complaints.

### Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

Although the provider had made improvements in the systems used by the service to assess and monitor the quality of the care people received. We identified further improvement was required in relation to staff deployment and staff rostering to allow sufficient travel time between calls to people's homes.

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Staff said they enjoyed working for the service and they received good support from the registered manager.

The service worked effectively with health and social care professionals and commissioners.

# Smithfield Health & Social Care Limited t/a Verilife

## **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.

Before the inspection we looked at all the information we held about the service. This information included the notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This announced inspection took place on 15, 16 and 21 August 2017. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the registered manager would be in. The inspection was carried out by two inspectors. Two experts by experience also carried out phone calls to people and their relatives to ask for their views about the support provided. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at 17 people's care records, 12 staff records, and 25 records related to staff rostering. We also looked at records related to the management of the service such as details about the complaints, accidents and incidents, safeguarding, and quality assurance and monitoring. We spoke with 18 people and 13 relatives about their experience of using the service. We also spoke with the provider, the registered manager and 14 members of staff.

# Is the service safe?

## Our findings

At our last unannounced inspection on 25 January 2017 we found a breach of regulation as staff were not always deployed in a way that met people's needs.

At this inspection on 15, 16, and 21 August 2017, we found that the service had enough staff to support people safely. The registered manager told us they organized staffing levels according to the needs of the people who used the service. People told us the staff arrived when they should. One person told us, "Yes, they [staff] are on time, I do feel safe with them." Another person commented, "It seems alright, they [staff] turn up reasonably on time, never really late."

People who required support from two carers at one time told us that the care staff arrived together so care could be provided as planned. Their relatives confirmed this. For example, one relative told us, "We have four visits of two carers a day as [my loved one] has to be hoisted, they [staff] are pretty much on time traffic permitting and they have rung a couple of times when they were running late. They usually arrive together." Another relative said, "Yes, they [staff] turn up when they should." A third relative commented, "We think they [staff] turn up alright, they [staff] certainly haven't missed a visit."

The provider had ensured that they monitored people's calls to check they were attended on time through an electronic call monitoring system. Records showed they regularly contacted people to check on this. There was a communication record to show that the office staff had informed people when staff were running late to their scheduled home visits. For example, one relative told us, "They [staff] are reasonably on time, but the office rings up to tell you if they are late or held up."

Staff told us they had enough time to meet people's needs. One member of staff told us that the issue around not having enough travel time had been resolved, and now they have enough time allocated for travel between calls. Another member of staff said, they had sufficient times to travel between calls, but it depend on traffic at times. The service had an on call system to make sure staff had support outside the office working hours and staff confirmed this was available to them at all times.

However, other aspects about the deployment of staff to meet people's needs required improvement. Staff rostering records showed that the provider had not always allowed enough time for all staff to travel between calls. For example, we found some staff calls were roistered back to back with no travel time allowed and for others travel time allotted between calls to people was not sufficient. One member of staff told us, "There isn't a sufficient running time between calls." We reported the details under Well-led section of this report, and this required improvement.

The provider carried out satisfactory background checks of all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.



People and their relatives told us they felt their loved ones were safe and that staff treated them well. One person told us, "I feel very safe that they come and see me." A relative said, "I am sure [my loved one] is safe with them, and I feel confident about leaving [my loved one] with them." Another relative commented, "There are two carers for hoisting [my loved one], I do think [my loved one] is safe with them."

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and all staff understood what abuse was, the types of abuse that could occur, and the signs to look for. Staff knew what to do if they suspected any abuse. All staff told us they completed safeguarding training and the training records we looked at confirmed this. One member of staff told us, "I would report any concerns to the office. Although I have not come across any abuse yet, if I come across it, I will report to the office and they would respond straight away." Another member of staff said, "I report to the office, if I notice a safety issue that someone did not have an appropriate bed or a wheelchair, and the office coordinate with appropriate bodies. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to."

The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of investigations when known. The registered manager developed performance improvement plans for staff to make sure they used any incidents as an opportunity for learning. For example, refresher training for staff in relation to person centred care had been planned in response to a recent incident. The service worked in cooperation with the local authority in relation to safeguarding investigations and they notified the CQC of these as required.

Staff completed a risk assessment for every person when they started using the service. Risk assessments covered areas including falls, fire, the home environment and moving and handling. Risk assessments included appropriate guidance for staff on how to reduce identified risks. For example, where someone had been identified with a risk of mobility, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the risk. A senior member of staff told us that risk assessments would be reviewed on a six monthly basis, or more frequently if people's needs changed. We reviewed 17 people's care records and we found all were up to date with detailed guidance for staff to reduce risks.

The service had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accidents and incidents records. These included action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. The senior member of staff reviewed each incident and the registered manager monitored them to identify possible learning. The provider showed us examples of changes they made after incidents. For example, when medicine recording errors were found actions to reduce future risks were discussed with the individual member of staff and also in staff meetings.

Staff supported people so they took their medicines safely. One person told us, "They [staff] do my pills, I feel safe with them." A relative said, "They [staff] do [my loved one's] medicines this seems to be alright." The service trained and assessed the competency of the staff they authorised to administer medicines. The Medicines Administration Records (MAR) were up to date and the medicine administered was clearly recorded. The service had up to date PRN, (when required), medicines protocols. These advised staff when and under what circumstances individuals should receive their PRN medicine. There were also protocols for dealing with medicines errors. Staff had a clear understanding of these protocols. Senior members of staff conducted monthly reviews of management of medicines and shared any learning outcomes with staff to ensure people received their medicine safely.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The service had systems to assess and record whether people had the capacity to consent to care. For example, one person told us, "I like all my carers and they always ask me what I would like to eat and drink." Another person said, "Staff encourage me to make decisions." Staff understood the importance of asking for consent before they supported people. A member of staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs. At the time of inspection the registered manager told us that most people using the service had capacity to make decisions about their own care and treatment.

However, we saw in people's care records that five people were identified as not having capacity to make decisions in relation to their care. Although, the service had worked with their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their best interests but had not maintained a record to reflect the same in line with the MCA, and this required improvement. There was no negative impact on people.

Following the inspection the registered manager had sent in an action plan to show how they planned to make improvements by 30 September 2017. We shall assess the impact of these interventions at our next inspection.

The service trained staff to support people appropriately. People and their relatives told us they were satisfied with the way staff looked after their loved one and staff were knowledgeable about their roles. One person told us, "They all seem well trained." Another person said, "I have particular needs and they [staff] are trained well to meet my needs." A relative commented, "I have seen them [staff] hoist my [loved one] and it goes well, they [staff] are well trained."

Staff told us they completed comprehensive induction training when they started work, and a period of shadowing an experienced member of staff. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, safeguarding, health and safety in people's homes to moving and handling, administration of medicine, and the Mental Capacity Act 2005. Training records we looked at confirmed this. Staff told us the training

programmes enabled them to deliver the care and support people needed. One member of staff told us, "I have completed an induction programme and required mandatory trainings to support my role; I also have a staff handbook to refer too."

Records showed the service supported staff through regular supervision, and annual appraisal and spot checks by a senior member of staff. Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. One member of staff told us, "The supervision meetings help me to improve upon what I am doing." Staff told us they worked as a team and were able to approach their line manager at any time for support.

Staff supported people to eat and drink enough to meet their needs. One relative told us, "They [staff] give my [loved one] breakfast and lunch which are set things that I leave, they are good." However, another relative said, "They [staff] have been giving my [loved one] meals but not waiting to see if my [loved one] has eaten. I spoke to a member of office staff and they are going to fix it." People's care plans included a section on their diet and nutritional needs. A member of staff told us, "Dietary needs are specified in people's care plan, and I follow their care plan. I sometimes assist clients to have their meals when necessary."

People's relatives coordinated their health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a GP or a hospital appointment.

## Is the service caring?

### Our findings

People and their relatives told us they were happy with the service and staff were caring. One person told us there were "very caring staff." Another person said, "Staff respects me and my home environment." One relative told us, "They [staff] are very nice with my [loved one] very much so, and they are very polite to me and tidy when they work." Another relative said, "They [staff] are most pleasant."

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and how they liked to be supported. For example, one member of staff told us, "I follow care plans as they are different and specific to client needs." Another member of staff said, "I always give people options, they make a choice of certain foods and I ask them before giving any personal care, how they liked to be supported."

People were supported to be as independent in their care as possible. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One member of staff told us, "I always encourage people to do things for themselves, like washing their own faces, and the places they could manage to reach on their own." Another member of staff said, "One client like to do their breakfast themselves, so I assist them to do as necessary."

Staff involved people and their relatives, where appropriate, in the assessment, planning and review of their care. One person told us, "I was involved in all the planning, and the care plan was very good." One relative told us, "We discussed and we had a full care plan, and we have a folder with everything in it." Staff told us if a change of need arose, these were discussed with people and their relatives as appropriate to ensure that the service met their needs. For example, a change of visit time and increased level of support. People's care records showed that they were involved in planning and subsequent reviews of their care.

Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. Staff kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential, to respect their privacy. They said they would share people's information with their line manager or the relevant health and social care professionals. Staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. For example, staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, religion, and gender.

## Is the service responsive?

### Our findings

People and their relatives told us they had a care plan. One person told us, "They [staff] did a care plan, and it is good." One relative said, "We have a care plan, it's in the book and they [staff] write in the book every time they visit." Another relative commented, "They [staff] come and review my [loved one's] care plan at least once a year, but I do speak to them when they ring up to tell me things."

Staff carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. This assessment was used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves.

Staff discussed any changes to people's conditions with their line manager to ensure any changing needs were identified and met. The senior staff updated care plans when people's needs changed and included clear guidance for staff. For example, when people's needs changed about their mobility, medication, and the level of support they needed, the care plan was updated to reflect the change. We looked at 17 care plans and they all were up to date and reflected people's current needs. Staff completed daily care records to show what support and care they had provided to people. Care records showed staff provided support to people in line with their care plan.

People and their relatives told us they knew how to complain and would do so if necessary. We received mixed responses in relation to complaints management by the service. One person told us, "I haven't a complaint." Another person said, "My only complaint is they [office staff] do change carers without saying." A third person said, "If I call the office, I find the office staff unhelpful." One relative told us, "When I complained to the office, they [office staff] said sorry, we deal with it. Two or three weeks ago, a member of staff from the office visited to see my [loved one] and check on things and sorted out changes, so the times are better." Another relative said, "I never had to complain."

At our last unannounced inspection on 25 January 2017 we found people did not always have their concerns and complaints acknowledged in a timely manner. At this inspection on 15, 16, and 21 August 2017, we found that the service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. The service had maintained a complaints log, which showed when concerns had been raised; senior staff had investigated and responded in a timely manner to the complainant and where necessary staff held meetings with the complainant to resolve the concerns. These were about staff behaviour and general care issues. The senior member of staff told us they had not received any complaints after these concerns had been raised and the records we saw confirmed this.

## Is the service well-led?

### Our findings

At our last unannounced inspection on 25 January 2017 we found that effective systems were not in place to monitor and improve the quality and address late visits and was not taking sufficient action to improve the service. These issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection we took enforcement action issued a warning notice to the provider in relation to the quality monitoring at the service and told them to meet the fundamental standards by 12 April 2017. The provider sent us a report of improvements they had made.

At this inspection in August 2017 we found the service had made improvements in the systems used by the provider to assess and monitor the quality of the care people received. One person told us, "It's [service] very good, we have no problems." A relative said, "We are hoping to keep the service, it all seems to be working at the minute and the office has been helpful." Another relative commented that "We have only had it a month because the other company was pretty bad, but this one seems pretty good so far." However, a third relative stated, "Communication with the office staff is poor." One member of staff told us that they had a concern before, where there was not enough travel time between home visits. They further said that this issue had been resolved and they have enough travel time allocated between the visits. Another member of staff stated that their home visits roster had been reviewed and updated to reflect that their clients were in the same geographical area to allow them have sufficient travel time between home visits.

The provider had appointed an additional care coordinator in March 2017 for quality assurance and care coordination. They carried out unannounced spot checks at people's homes, did telephone monitoring to get the feedback from people on quality of care, reviewed and updated staff rostering, and monitored late calls. As a result of these interventions the service had made improvements, which included updating staff rostering to allow them sufficient travel time between calls, informed people when staff were running late to attend their scheduled calls and maintained a record to show what action was taken in this matter.

The provider carried out an analysis of late call alerts routinely and recorded what action was taken to address them. The registered manager explained that when staff were running late for 20 minutes they would inform the office and the office staff followed up by calling people using the service to ensure the visits had been made. These calls had been recorded to identify patterns in late calls and how they were addressed. For example, a senior member of staff told us that "If a member of staff is running late for more than 20 minutes, I reschedule their visits and arrange an alternative care worker and inform the person about the change." We confirmed through our discussions with staff and people using the service there had been no missed calls to people.

Although the provider had made improvements since the January 2017 inspection, at this inspection we identified some further improvement was required in specific areas. The staff worksheets for the period 7 August 2017 to 13 August 2017 showed five members of staff calls were arranged back to back with no travel time allowed in between visits. Another four members of staff did not have sufficient travel time allocated between calls. As a result, people's preferred visit times were not always met by staff.

We further found that during the period 7 August 2017 to 13 August 2017, some people either received late calls or early calls instead as per their scheduled call time. For example, one person had a scheduled call visit from 4.45pm to 5.15pm but this person had 56 minutes late call. For another person, they had a scheduled call visit from 8.35pm to 9.05pm but this person was visited 57 minutes early. A member of staff told us that sometime people request them to come early or late on some occasions and so they accommodate their request. However, there was no record to show that people had requested them to come early or late.

Also, on some occasions staff have not spent the full allocated time at people's home but spent less time. For example, one person had a scheduled call visit from 7.00pm to 7.30pm. However, this person was visited for only 19 minutes instead of a full 30 minutes. A member of staff told us that when they finished their allocated tasks people ask them to leave their home. However, there was no record to show people have asked them to leave earlier than their scheduled visit times. As a result, it was not clear to determine whether people requested staff to leave early or they were in a rush to complete their allocated tasks.

The above issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us that they would revisit staff rostering and call monitoring system and process and make further improvements. Following the inspection, they have sent us an improvement plan showing that they would complete all the planned actions by 31 October 2017. We will review the improvements carried out by the provider at our next inspection.

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. One member of staff told us, "Staff meetings are held regularly, apart from other issues we discuss about travel times between calls and how to provide double handed care to people. This helps us to improve our day to day work." Records of the meetings we saw included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, travel time between calls and late calls monitoring, coordination with health care professionals, and any changes or developments within the service. One member of staff said, "We get regular email updates to inform us of any changes and developments within the service, and this is very useful."

The service worked effectively with health and social care professionals and commissioners. Feedback from a social care professional stated that the provider continued to make improvements and had been cooperative with safeguarding investigations.

During the inspection we saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is nice, they communicate in a respectful way." Another member of staff said, "I am well supported in my role. The leadership is approachable." The registered manager told us the service used staff induction and training to explain their values to staff. For example, the service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the registered manager and their conversations were friendly and open.

People who used the service completed satisfaction surveys. The provider developed an action plan in response to the feedback from the survey to show how the identified concerns were addressed. . For example, staff rostering (although further improvement was required) was reviewed and regrouped staff to work in the adjoining area to reduce on travel time, electronic call monitoring and rostering systems truly

reflect any electronic call monitoring alerts through to the office team, to treat as real time alerts.



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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not taken sufficient action to improve the quality of the service and have not addressed issues in relation to staff roistering and call monitoring.</p>