

Crest Care Services Ltd

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Inspection report

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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

The inspection took place on 1 December 2016 and was announced.

Crest Care Services provides care and support to people in their own homes. The service provided personal care to 32 people at the time of our inspection. Most of the people who used the service were older people but some were younger adults who needed support due to disability.

The provider had not acted appropriately when safeguarding concerns were raised. The provider had recently been made aware of an allegation made about one member of staff. The provider had not followed the local multi-agency safeguarding procedures or notified CQC about the allegation. Since our inspection, the provider has referred the allegation to the local safeguarding authority and submitted a statutory notification to CQC.

Staff were aware of their responsibility to report any signs or allegations of abuse and how to report these concerns. The provider carried out appropriate checks to ensure they employed only suitable staff. People who received support with their medicines said staff gave supported them to take their medicines safely and on time.

The provider had not always ensured that staff had the training they needed to deliver care effectively. Staff who had worked for other care agencies told us they had completed all elements of mandatory training with another employer. They said they had not attended mandatory training since joining Crest Care Services or been required to provide evidence that they had this training.

There were some inconsistencies in the monitoring of the care provided by staff. Some staff had been assessed in 'spot checks' carried out by the provider but others had not had a spot check since they started work for the agency.

Care had not always been planned effectively in the past, which had affected the service people received. Several people said they had difficulty getting through to the office and often had to leave messages. Some people told us their messages were responded to but other people said their calls were not returned.

People told us they felt safe when staff provided their care. They said staff understood how to support them safely. People said staff took appropriate steps to keep their property secure. Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe and staff knew how to respond in the event of an emergency.

People usually received their care from staff who were familiar to them, which they told us was important to them. They said their regular carers understood their needs and knew how to provide care in the way their family members preferred. Some people said new staff were not always adequately briefed before they provided their care. They said this meant they had to instruct new staff how to provide the care they needed.

People told us their care workers had never missed a visit. They said their care workers stayed for the allocated time of the visit and confirmed this was sufficient to provide all the care they needed. Staff attended an induction when they began work, which had included shadowing an experienced colleague. Staff had access to appropriate management support from the provider.

The provider worked with the local authority to ensure people's care was provided in line with the Mental Capacity Act 2005. Staff understood they should not provide care without consent and people said their care workers always asked for their permission before they provided their care.

People who received support with meal preparation were happy with this aspect of their care. The agency worked co-operatively with people's families to ensure their healthcare needs were met. Relatives said staff responded appropriately if their family member became unwell and kept their families informed.

People were supported by kind and caring staff. People said staff were friendly and treated them and their property with respect. They told us staff treated them as individuals and knew how they preferred their care to be provided. Relatives said staff were caring in their approach and sensitive to their family members' needs. They told us staff encouraged their family members to be as independent as possible.

People received a service that was responsive to their needs. People's needs were assessed before they began to use the service and an individual care plan drawn up. Staff were willing to be flexible to provide the service people needed.

The provider had a complaints procedure, which was given to people when they started to use the service. The provider responded appropriately if people raised concerns about the service they received. People told us the provider listened to their feedback and used this to improve the service they received. Relatives gave us examples of how the service their family member received had improved following feedback.

Staff told us they were happy with the support they received from the provider. They said the registered manager and deputy manager were approachable and available if they needed to speak with them. People and their relatives told us staff always recorded the care they provided at each visit. They said care notes were detailed and accurate. Relatives said the notes made by staff were useful in monitoring the care their family members received.

During our inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made a recommendation to the provider. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The provider had not acted appropriately when safeguarding concerns were raised.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were safe.

Staff attended training in safeguarding and were aware their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People's medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had not always ensured that staff had the training they needed to deliver care effectively.

People were happy with their regular care workers but said new staff were not always adequately briefed before they provided their care.

Care workers had access to supervision and support.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

Staff responded appropriately if people became unwell.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People's regular care workers understood their needs and how they preferred their support to be provided.

Care workers respected people's choices and treated them with respect.

People were encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs were assessed before they began to use the service and an individual care plan drawn up.

Staff were willing to be flexible to provide the service people needed.

The provider responded appropriately if people made complaints.

The provider listened to feedback and used this to improve the service people received.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Care had not always been planned effectively, which had affected the service people received.

Some people said they had difficulty contacting the office when they needed to.

There were inconsistencies in the monitoring of staff performance.

Staff said they received the support they needed from the provider.

Staff maintained detailed records of the care they provided.

Crest Care Services Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 1 December 2016. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process. One inspector carried out the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). 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 visited the agency's office and spoke with the registered manager and deputy manager. We checked care records for four people, including their assessments, care plans and risk assessments. We checked four staff files and other records relating to the management of the service, including staff training and supervision records, staff meeting minutes, the complaints log and quality monitoring checks.

After the inspection we spoke with six people who used the service and six relatives to hear their views about the care they received. We spoke with five staff members about the induction, training and support they received.

This was the first inspection of the service since its registration with the CQC in February 2015.

Is the service safe?

Our findings

The provider had not acted appropriately when safeguarding concerns were raised. One person told us they had recently made an allegation about a care worker's behaviour during a care visit. The person said they disclosed their concerns to another care worker, who reported the allegation to the provider. We discussed this with the provider and found they had not taken appropriate action when they had been made aware of the allegation. The provider had not followed the local multi-agency safeguarding procedures, which include referring all allegations of abuse to the local safeguarding authority. These procedures also state that staff about whom allegations have been made should be removed from providing care until the allegations have been investigated. The provider had not referred the allegation to the local safeguarding authority or removed the member of staff from providing care. The provider also had a responsibility to notify CQC about any allegations of abuse and had failed to do so.

Failure to act appropriately upon becoming aware of an allegation of abuse is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our inspection, the provider has referred the allegation to the local safeguarding authority, suspended the member of staff involved and submitted a statutory notification to CQC.

Staff were aware of their responsibility to report any signs or allegations of abuse. They were able to describe the different types of abuse people may experience and the signs that abuse may be taking place. Staff told us they had undertaken adult safeguarding training and were able to describe the procedures for reporting concerns, including outside the agency if necessary.

People told us they felt safe when staff provided their care. They said staff understood how to support them safely and they felt reassured by the presence of staff. One person told us, "They make me feel safe." Another person said, "I like to have a shower but I couldn't do it on my own. I feel a lot safer now they are there to help me." Relatives were confident their family members were safe when receiving care and that staff understood any risks involved in their care. One relative told us, "They are really careful when they're doing his care. I never worry about him when they are there."

People told us that staff took appropriate steps to keep their property secure. They said arrangements for property access and security had been discussed with them and that staff followed the guidelines they had requested. For example one person said they had a key safe for staff to use in the event that they were unable to come to the door when staff arrived. The person said they felt reassured by this arrangement as staff would be able to enter the property if they had suffered a fall. The person told us, "The staff know to use the key safe in an emergency if I can't get to the door to let them in."

Staff understood how to respond in the event of an emergency to keep people safe. Staff told us they had been briefed on how to respond in emergency situations and were aware of the procedures necessary to maintain people's safety. The provider had developed contingency plans to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The provider

had identified those people most at risk and put plans in place to prioritise the delivery of their care in the event of an emergency.

The provider carried out appropriate checks to ensure they employed only suitable staff. Staff told us they had submitted an application form and attended a face-to-face interview before being offered a position with the agency. We saw evidence to confirm this in staff files. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care, such as slide sheets, and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. Any incidents or accidents that occurred were recorded and actions to minimise the likelihood of a recurrence recorded.

People who received support with their medicines confirmed that staff gave them the support they needed to take their medicines safely and on time. One person told us, "They make sure I take my medicines." Relatives said staff were competent in delivering this aspect of their family members' care. One relative told us, " and another relatives said, "They always give him his medicines on time." Another relative said, "They manage her medicines safely." Medication administration records were maintained for each person in their home. These were checked regularly by the provider to ensure medicines were being managed safely.

Is the service effective?

Our findings

The provider had not always ensured that staff had the training they needed to deliver care effectively. Staff who had not previously worked in care told us they had completed all elements of mandatory training online since joining the agency. They said this included safeguarding, moving and handling, health and safety, food hygiene and infection control. Staff who had worked for other care agencies told us they had completed training in these areas but with another employer. They said they had not attended mandatory training since joining Crest Care Services. These staff told us they had not been required to provide evidence that they had completed all elements of mandatory training. They said the provider had accepted their statement that they had completed the training and had not asked them to provide certificates. People told us that staff were delivering the care they needed. However, the provider had a duty to ensure that staff had the skills, qualifications and knowledge to provide effective care.

Failure to ensure that staff are suitably qualified and have completed appropriate training for the work they perform is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that care had not always been planned effectively in the past, which had affected the service they received. They said there were not enough staff available in the summer months to provide their care. One person said, "In the summer there were so many staff on holiday. They were late every day then." A relative told us, "There have been staffing problems in the past. The summer was very bad, that caused us a lot of problems." Staff reported that a shortage of available staff had affected their ability to provide people's care effectively. One member of staff told us, "There were some problems a few months ago. They were short of staff. There was a lack of communication and things were going wrong."

The provider acknowledged that the service people received had been affected by staffing issues in recent months. The provider said staffing availability had improved since the summer and that people now received a consistent service. This was confirmed by the people we spoke with. People told us their care workers were usually on time unless they had been delayed due to another person's needs at a previous call. One person told us, "They are good timekeepers on the whole. They are usually very punctual. They have never missed a call." A relative said, "They are mostly on time, unless they've had to deal with someone who's unwell."

People told us their care workers stayed for the allocated time of the visit and confirmed this was sufficient to provide all the care they needed. One person said, "They take their time. I have never felt rushed." Relatives confirmed that their family members' care workers always stayed for the full allocated visit time and that their family members were not rushed when receiving care. One relative told us, "They stay for the full amount of time, which is ample for what she needs." Staff told us they now had enough time to provide people's care in an unhurried way. They said their rotas were planned to allow them sufficient travelling time between visits.

People said they received their care from staff who were familiar to them. They told us their regular care

workers knew their needs well and their preferences about their care. One person said, "I'm very happy with my regular carers, they are very good." Another person told us, "I get different people but it's not a problem, I know them all now." A third person said, "I see different staff but they have all had the right attitude."

Relatives told us their family members' regular carers understood their needs and knew how to provide care in the way their family members preferred. One relative said, "We see a few different carers but we are familiar with them all. He is very happy with them. They understand his needs. They know how to speak with him, to communicate with him." Another relative told us, "There is a small group of them that tend to do [family member's] visits. She has a main carer, who she gets on with very well, and there are a few others. She knows them all now. We are very happy with them. They are all very nice."

Although people and their relatives were happy with their regular care workers, some people said new staff were not always adequately briefed before they provided their care. One person told us, "The regular carers know their job and what they need to do but when you get new ones, they don't always know what they are supposed to do and you have to tell them." Relatives also highlighted this as an area that could be improved. One relative told us, "New staff are not always briefed on the care plan." Another relative said, "Some new staff haven't been briefed too well when they first arrive. That could be improved."

We recommend that the provider review and improve the arrangements for briefing care workers before they begin to provide people's care.

Staff were briefed on the agency's policies and procedures and the provider's expectations before they started work. Staff told us they had attended an induction when they began work, which had included shadowing an experienced colleague. Staff said the shadowing element of their induction was valuable as it had enabled them to learn how to provide people's care in the way they preferred. Staff files contained evidence that staff had attended a structured induction, which had been signed off by the registered manager. The provider told us that a member of the management team always observed a care worker and assessed their competency before authorising them to provide care unsupervised.

Staff had access to appropriate supervision and support. Staff told us they met the deputy manager for supervision sessions, which gave them an opportunity to discuss their training needs. We found evidence to confirm this in staff files. The provider had obtained funding to support staff to register for vocational qualifications in social care and had recently introduced the Care Certificate, which some staff had completed. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

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

We found evidence that the provider had worked with the local authority to ensure people's care was provided in line with the MCA. For example one person sometimes refused to take their prescribed medicines as directed. The local authority had carried out an assessment to determine whether the person had the mental capacity to make an informed decision about their care. Having established that the person did have the capacity to make this decision, their decision was respected and guidance about their care amended accordingly. The provider told us that, if people were assessed as lacking capacity, the local authority would arrange best interests meetings to discuss decisions about their care with the person's

family and relevant professionals.

The provider said staff understood they should not provide care without consent and were told to notify the office if people refused any element of their care. The provider told us they would notify the local authority should this occur. The care workers we spoke with understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. People told us their care workers always asked for their permission before they provided their care.

People who received support with meal preparation were happy with this aspect of their care and support. One person told us, "I've always had the meals I wanted. I don't feel restricted. They will cook me whatever I want, fresh or ready meals." Relatives said staff knew how their family members preferred their meals to be prepared. They told us that if they had suggested changes to the way meals were prepared to suit their family members' preferences, these changes had been implemented. One relative said, "He is happy with how they do his meals. He wasn't to start with but we had a word with [provider] and that was soon sorted out." Another relative told us, "They encourage him to eat. They make sure he has a proper breakfast." People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required.

The agency worked co-operatively with people's families to ensure their healthcare needs were met. This was confirmed by the records we checked. Relatives told us staff were proactive in responding to any changes in their family members' health or well-being. They said staff responded appropriately if their family member became unwell and always kept their relatives informed. One relative told us, "If they have noticed changes in his health or behaviour, they have always contacted the family. They suggested making a GP appointment and offered to do that. He's prone to infections and they are good at picking up any signs of that." Another relative said, "If he's ever been unwell, they have acted appropriately. They have always rung me straightaway." A third relative told us, "When he wasn't well, they got in touch with me immediately."

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us that staff were friendly and that they had developed positive relationships with the staff who supported them. One person said, "The carers are very good. They are very kind people and they are good at what they do." Another person told us, "All the staff I've met have been in the right job and appropriate for the role. They do their job to the best of their ability." A third person said of the staff, "They are kind and friendly. They are in the job for the right reasons. I'm appreciative of what they do."

Relatives also provided positive feedback about the care workers supplied by the agency. They said that care workers were caring in their approach and sensitive to their family members' needs. Relatives told us that staff knew how their family members preferred their care to be provided. One relative told us, "The carers are friendly and kind. They are all nice people. He enjoys their company." Another relative said, "They are very kind. They always speak slowly and clearly to her to make sure she has understood." A third relative told us, "They treat him with kindness.

They are so lovely with him in their manner. They are very gentle with him. We are very happy with the care he gets. We couldn't wish for better."

People told us the care workers who visited them were polite and professional. They said staff treated them and their property with respect. One person told us, "They are very professional. They treat my property with respect." Relatives confirmed that staff treated their family members with respect and maintained their dignity when providing care. One relative said, "Looking his best is important to him. They always make sure his clothes are looking good and he looks smart. I heard him say to one of them, 'That's an excellent shave you've given me.' That was really important to him." Another relative told us, "They are very polite. Whoever comes into the house, they are respectful of his home."

People told us staff treated them as individuals and understood how they preferred their support to be provided. One person said, "I'm an individual and I like to be treated as one. They understand that and how to do things the way I like them to be done." Relatives told us staff encouraged their family members to be as independent as possible. One relative said, "They encourage him to do what he can for himself. They give him the spoon and encourage him to eat for himself."

People told us they were as involved in planning their care as they wished to be. They said they were involved in developing their care plans and that these reflected their preferences about their care. Relatives told us they had been consulted about their family member's care and the guidance for staff about how to provide it. Relatives said they were consulted about their family members' ongoing care needs and that the provider contacted them if their needs changed.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

The provider issued each person with a privacy statement when they began to use the service. The privacy statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed.

Is the service responsive?

Our findings

The care people received was responsive to their individual needs. People and their relatives told us the provider was flexible if they requested changes to their care package and always tried to meet their requests. One person told us, "They are pretty flexible. They've always tried to change things when we've asked them to." A relative said, "They are flexible. When we've asked for different arrangements they have done their best to accommodate us."

People's needs had been assessed before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. People and their relatives told us they had been involved in the assessment process. They said the person carrying out their assessment had been thorough and keen to ensure the assessment was an accurate reflection of their needs and wishes. One person told us, "They did a thorough assessment. They recorded what I wanted and my care plan was based on that."

Each person had an individual care plan drawn up from their initial assessment. Care plans provided guidance for staff about the support people required at each visit and the way people preferred things to be done. People said they had been involved in developing their care plans and that their care workers always followed the written guidance about their care. One person told us, "Everything in the care plan is exactly as we discussed. They follow the care plan." A relative said of their family member, "His needs are met. He has a care plan and they follow that."

Staff had access to advice and guidance from healthcare professionals based on people's individual needs. For example an occupational therapist had provided staff with training in the use of mobility equipment aids. District nurses and palliative care nurses had also provided specific training and guidance for staff in elements of the care they provided. People told us the provider adapted the way in which staff provided their care if necessary. One person said the provider had responded appropriately when they requested a change to the way in which staff provided a particular aspect of their care. The person told us, "When I fed that back, they improved the way they did it."

The provider had a written complaints procedure, which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The complaints log provided evidence that any complaints received had been responded to appropriately.

The provider responded appropriately if people raised concerns about the service they received.. People told us the provider listened to any feedback they had given about their care and used this to improve the service they received. They said the deputy manager visited them regularly and asked for their views about the care and support they received. One person told us, "If things go wrong, I'll get on the 'phone and let them know. If I've had difficulties or raised concerns, they've always tried to address it in a positive way. They have been very open when I have raised concerns. They didn't get defensive but treated it as feedback."

Relatives also told us the provider responded positively to comments or concerns. One relative said, "If I raise an issue, I'm confident it will be addressed. They take feedback seriously." Another relative told us, "They have always responded to feedback in a positive way. They have always tried to put things right." Two relatives gave us examples of how the service their family member received had improved following feedback. One relative said some staff had left the key safe at their family member's home open while they were providing their care, which meant the combination could be read. The relative told us they raised this as a concern with the deputy manager and that staff no longer did this. Another relative said they had raised concerns about the way in which some staff prepared their family member's meals. The relative told us the deputy manager had addressed this issue with staff and the preparation of meals had improved.

Is the service well-led?

Our findings

The service had not been consistently well managed. Care had not always been planned and managed effectively in the past, which had affected the service people received. People were not always adequately protected from abuse because the provider was not aware of their statutory obligations when allegations of abuse were made. The provider has a legal duty to notify CQC of any allegations of abuse and to refer these allegations to the local safeguarding authority. The provider had not notified CQC about a recent allegation disclosed to them by a member of staff or followed the local multi-agency safeguarding procedures.

The registered manager and deputy manager sometimes carried out care visits when people's regular care workers were unavailable. This was positive in that the registered manager and deputy manager had regular contact with people who used the service but resulted in negative outcomes for some people because they could not contact the office when they needed to. Several people said they had difficulty getting through to the office and often had to leave messages. Some people told us their messages were responded to but other people said their calls were not returned. One person said, "When I call the office I often get an answerphone. Sometimes I get a call back but not always." A relative told us, "Communication can be an issue. I often find I can't get through and my messages aren't always returned." Some people said this meant they had been unable to make changes to arrangements when they wished to or to obtain information when they needed it.

There were some inconsistencies in the monitoring of staff performance, which meant the provider could not be assured that people were receiving good quality care. The provider told us they made spot checks on staff, at which they assessed how staff provided care and their competence to carry out their roles. We saw evidence on staff files that the provider had carried out spot checks on some staff. However there was no evidence that spot checks had been carried out on some other staff and some staff told us they had not had a spot check since they started work for the agency. The provider had not obtained evidence that staff had attained the training qualifications they described in their employment application forms. This meant the provider could not be sure staff had completed the training they needed to perform their roles.

Failure to establish systems to assess, monitor and improve the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had expanded rapidly in the previous 12 months. The provider told us the service employed two staff in September 2015, a registered manager and a deputy manager, who provided people's care and managed the service. At the time of our inspection in December 2016 the provider employed 13 care workers and the number of people using the service had increased significantly. The provider had not developed the systems and processes necessary to effectively manage any further increase in the size of the service. For example there was no system through which the provider could monitor care workers' arrival and departure times at people's homes. The provider did not have an electronic monitoring system and staff were not required to log in or out of people's homes. The provider said they relied on care workers to let them know by call or text if they were delayed or unable to attend a visit. Whilst there were no concerns about late or missed calls identified at this inspection, there would be significant risk involved in expanding the service

further without a more effective system for monitoring visits.

Staff told us that support was available from the provider when they needed it. They said they always had access to management support, including out-of-hours. Staff told us the registered manager and deputy manager were approachable and valued the staff team. One member of staff said, "I can always call on them if I need to, they are really helpful." Another member of staff told us, "[Deputy manager] is always in touch by phone or text." A third member of staff said, "[Deputy manager] is very supportive. She helps us out. She treats the staff well."

People and their relatives told us staff always recorded the care they provided. They said their care notes were detailed and accurate. One person told us, "They always write down what they've done in a book" and another person said, "They keep notes of what they have done." A relative told us they checked their family member's care notes when they visited and found them to be a full record of the care and support staff had provided. The relative said, "They record in detail what they have done, they are very thorough." The provider had introduced a system of monitoring care records to ensure they were accurate and up to date.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to act appropriately upon becoming aware of an allegation of abuse.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish systems to assess, monitor and improve the quality of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that staff were suitably qualified and had completed appropriate training for the work they perform.