

Invicta Care and Training Ltd

The Winning Box

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

This announced inspection took place on 29 October 2018.

At our last inspection on 24 August 2017 we found a breach of the regulations in safe care and treatment. This was because the provider did not have an effective system to assess the risks to people using the service and did not have measures in place to minimise the risk to people.

Following the last inspection, we asked the provider to complete an action plan to show what they would do by November 2017 to improve the key questions safe and well-led to at least good. At this inspection we found the provider had improved their risk assessment process. However, there were still some risks that were not fully assessed and guidance was not always provided to staff.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people with a range of needs including older adults, some of whom were living with dementia, people with a learning disability or autistic spectrum disorder and people with mental health needs.

Not everyone using The Winning Box received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection ten people were receiving a service from The Winning Box, nine of whom received a service of personal care.

There was a registered manager in post who was also the owner of the business. 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 had received medicines administration training but we found one person was being supported with their medicines when their care plan had not addressed the support the person required with their medicines.

Furthermore, at the last inspection not all care plans were person centred. Once again, although work had been undertaken to address this, it was not completed at the time of our inspection. As such people's diverse support needs were not specified and there was no background information to place people in the context of their life.

The registered manager audited people's records and had identified shortfalls. However, these had not been addressed in a timely manner.

We identified two breaches of regulations. These were in relation to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager audited daily communication records to ensure all safeguarding adult concerns were reported appropriately. Care workers demonstrated they knew how to recognise and report abuse.

The registered manager had attended training to support them to work in line with the Mental Capacity Act 2005. They understood the need to ensure people's representatives had the legal authority to make decisions on their behalf.

The provider recruited staff following their recruitment procedures and recruited enough staff to meet people's care needs. People and relatives told us that care workers usually attended calls in a punctual manner. They described care workers as, "good" and "very caring," and often had the same familiar care staff to work with them or their family member.

Care workers had received infection control training and were provided with personal protective equipment to avoid cross contamination in people's homes.

The registered manager told us how they were learning as they grew and were reviewing their systems and documentation to ensure they offered a quality service to people. They were working with a consultancy company to support them through this process. The provider had invested in an electronic monitoring system and had recruited specialist staff to support them to create good office systems.

Staff had received appropriate training and supervision to support them to meet the demands of their role.

People were supported to eat healthily and drink enough. The registered manager had supported people and relatives to access the appropriate health and social care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

The provider had improved their risk assessment process since our last inspection. However, there were still some risks that were not assessed and guidance was not always provided to staff on how to mitigate identified risks.

Staff had received medicines administration training but we found one person was supported with their medicines when it was not in their care plan for staff to do this.

The registered manager audited people's records to ensure all safeguarding concerns were reported appropriately. Care workers demonstrated they knew how to recognise and report abuse.

The provider recruited enough staff to meet people's care needs. People and relatives told us that care workers usually attended calls in a punctual manner.

Care workers received personal protective equipment to avoid cross contamination.

The registered manager told us how they were learning as they grew and were reviewing their systems and documentation to ensure they offered a person-centred service to people.

Requires Improvement 

Is the service effective?

The service was effective.

The registered manager had undertaken further training to understand and implement the requirements of the Mental Capacity Act 2005.

The registered manager assessed people prior to them receiving a service. This was to identify their support needs and ensure staff could meet their needs.

Care workers supported people to eat healthily and drink enough to remain hydrated.

Good 

Relatives told us the registered manager was helpful in ensuring their family members received appropriate health and social care.

Is the service caring?

The service was caring.

People and relatives told us they had a core group of the same care workers who had got to know them well.

People told us staff provided their care as they wanted it to be done.

Care workers promoted people's dignity and privacy.

Good ●

Is the service responsive?

Some aspects of the service were not responsive.

People's care plans were not person centred. This was because they did not contain information about how people could be supported with their diverse needs. In addition, there was no background information about people. This was in the process of being addressed by the registered manager.

People and relatives told us they knew how to complain and felt the registered manager addressed complaints appropriately.

At the time of the inspection, end of life care was not being provided. However, care workers had received end of life training to equip them should the necessity arise.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led.

Although audits and checks had been undertaken and some shortfalls identified, actions had not always been taken in a timely manner to make the necessary improvements.

People and relatives found the registered manager approachable.

The provider had recruited specialist staff to support them to embed electronic systems and was working with a consultancy company to improve the systems and documentation so the agency could operate more effectively.

Requires Improvement ●

The registered manager worked in partnership with the commissioning body for the benefit of people using the service.

The Winning Box

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.

This inspection took place on 29 October 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. However, the announced inspection visit was cancelled as the registered manager was unavailable due to unforeseen circumstances. We rearranged and inspected one week after giving notice. One inspector carried out the inspection.

Before the inspection, we reviewed information we held about the service. This included notifications we had received. A notification is information about important events that the provider is required to send us by law.

During our inspection, we looked at three people's care records. This included their care plans, risk assessments and daily notes. We also looked at one person's medicines administration records. We reviewed three staff personnel files. This included their recruitment, training, and supervision records. We spoke with the registered manager, two care workers, and the IT administrator. In addition, we met a quality assurance consultant and trainer who were working with the provider.

Following the inspection, we spoke with one person who used the service and three people's relatives. We spoke with a representative from the commissioning body who had recently visited the service.

Is the service safe?

Our findings

During our last inspection in August 2017 we found that the provider did not have robust risk assessments. During this inspection we found that there had been some improvements to the risk assessment process but there were still some areas that required further action.

The registered manager had undertaken assessments to identify the risks to people safety. These included, risks present in the person's environment such as tripping hazards. People's mobility, risk of falls and moving and handling was risk assessed and the staff support required to keep people safe from harm was identified. A recognised risk assessment tool for skin integrity (Waterlow) was completed and there was guidance in place for staff to reposition the person during each visit and to flag to the district nurses if there was a concern. However, there were no repositioning charts for us to review as we were told this was in use in the person's home. A reposition chart template was sent to us following our inspection. However, we did not see completed repositioning records for this person.

We noted however, that some risk assessments that should have been in place were not and guidance was not always sufficient. For example, one person's care plan stated they used bed rails but a risk assessment was not available for the use of the bed rails. There were health risk assessments to address risks in relation to people's health, including where people had pain but these lacked detail in other areas. For instance, one person was identified at a high risk because they had Type 1 diabetes but there was no guidance in place for staff to recognise the signs and symptoms of low or high blood sugar so they knew how to support the person appropriately. In addition, one person's care plan alluded to "agitation" and "aggression" when being offered personal care but their care plan did not contain guidance to manage this behaviour. We brought this to the registered manager's attention and they told us that they were reviewing all risk assessments as they were reviewing the care plans. They agreed to put risk assessments in place for the risks we identified.

The provider had ensured that care staff who administered medicines had the appropriate training to support them to administer the medicines in a safe manner. We looked at three people's records but only one person required support with their medicines as the other two people managed their own medicines or had support from their relatives and this was clearly recorded on their care plans.

The provider recorded on people's care plan what level of staff support they required with their medicines. One person's care plan instructed staff to "Administer my medication and record on the log book," on Sunday to Monday 6pm-6.30pm. The morning visit that took place Sunday to Monday 9-9.30am did not state medicines should be administered. However, in the daily communication notes it was written repeatedly throughout August and September 2018 that medicines had been "Administered," during the morning call by staff.

We brought this to the registered manager's attention and they told us that this was a language use issue only, as it was only "prompting" if the person's relative wasn't there. However, prompting medicines was not an action included on the care plan for the morning visit and there were no instructions as to what actions

to take about the medicines if the relative was not there. The registered manager showed us the newly revised care plans, not yet in use and it was clearer as to who was responsible for collecting medicines and who had oversight of the medicines process. The registered manager told us they were in the process of further developing the plan to ensure it accurately reflected what was required in terms of staff support. Whilst we could see that work was in progress to address this issue it was not in place at the time of our inspection and had not been available for staff during the months of August and September 2018.

The above concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person and one relative we spoke with told us that there were no missed calls and that staff arrived on time. Their comments included, "Yes they turn up on time, they always let me know if they will be a few minutes late. There have been no missed calls," and "Yes on time always." One relative told us that they had experienced that two staff did not always attend as scheduled. Their comments included, "We had a lot of missed calls. One carer will turn up but the other carer did not. That has happened a lot of times before." They explained that they had complained to the registered manager and apart from one weekend when the second carer did not attend on time, the care worker attendance had improved over the past two months. Another relative said that there had been, "A few occasions when carers were late but generally they are ok. They are flexible with their time and will fit in with our requests." They described care workers will stay longer than scheduled if the need arises and do not rush their family member. They also told us they had in the past mentioned time keeping to the registered manager and it had been addressed with the staff.

The registered manager told us, "We had no missed calls but some lateness. We give travel time and monitor so we don't overlap, we really plan ahead, by allocating properly." We asked how they provided care staff if a scheduled staff member was absent unexpectedly. They told us, "We have a lot of bank staff, we recruit every single day. We train and check and they are there ready on our register to use."

The registered manager told us staff received a copy of their rota on the Friday of the week before the calls are due. Staff are expected to log in when they arrive for a call using a telephone application (App). If staff can't use the app they are asked to phone and confirm that they have arrived. In, addition the registered manager had invested in an electronic system that could monitor calls to show if staff had not logged in within 15 minutes of their scheduled start time. They had recently begun to use this system. The registered manager told us, "all staff are logging in now."

The registered manager had undertaken regular spot checks to monitor staff attendance and work practice. They had undertaken some of these spot checks as part of the staff supervision process and had asked for feedback from people and relatives using the service. In addition, they told us they had made telephone calls to monitor and check if people were satisfied with the service provided and some relatives spoken with confirmed this was so.

People and relatives told us they felt safe with the service provided and with the care staff. Their comments included, "Yes absolutely safe," and "Yes I do feel safe."

The registered manager and staff demonstrated to us that they would recognise signs of abuse. Staff comments included, "I look when I give a strip wash for bruises or harm. If they say verbally something or I see something unusual that I have not seen before, like behaviour it could be emotional abuse. Anything I would report to the office, to [registered manager] and they would approach the social services," and "If I see something wrong I would let [registered manager] know. If they didn't do anything I could contact social services or the CQC. Anything could happen sexual or financial abuse. We have to do something if there is

any suspicion of abuse."

The registered manager told us how they monitored incidents and accidents, complaints and daily records to ensure all safeguarding concerns would be identified. They told us what incidents they would report as a safeguarding adult concern and how they would investigate and ensure similar situations did not occur again. They told us how they would discuss any learning from safeguarding concerns with their staff team to avoid the same mistake occurring again.

Relatives told us that staff wore protective equipment. Their comments included, "They do wear disposable gloves, but they did not always change their gloves for feeding. I spoke to the manager and now it is getting better," and "Yes they use gloves." Staff had received infection control training and people's care plans contained prompts for staff to maintain good infection control measures. For example, stating where care workers could wash their hands and where to dispose of contaminated waste in a safe manner.

Is the service effective?

Our findings

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection, we checked to ensure the provider was working within the principles of the MCA.

People had signed to say they agreed with their care plans. The registered manager told us all people had capacity to consent to their daily care and treatment currently. They explained that they had, following a visit from the commissioning body, reviewed their learning around MCA and attended a training course. Following the training they would not accept relatives' signatures unless they had Lasting Power of Attorney (LPA). LPA gives a person the right to decide on a person's behalf when they no longer had the capacity to make that decision. They could tell us what action they would take if they saw an indication a person no longer had capacity to consent to their care and treatment.

People and relatives told us that the registered manager had met with them prior to a service being offered and in several instances described that the registered manager met them with a social care professional. One relative said, "Yes they assessed [my family member] at the hospital. The social worker came with the [registered manager] to look and see what they could do and they did an assessment." The registered manager told us that they always met with the person and checked through telephone calls, staff feedback and face to face review that people's care plans reflected the actual support they required. They gave an example, that following a review, they contacted the commissioning authority when a person's support needs were not being fully met. The package of care the person received was increased because of their intervention.

Staff told us they were well supported by the registered manager. They confirmed they had an induction prior to commencing their role. Their comments included, "We have had moving and handling, safeguarding adults and medicines training," and "They gave us training like dementia/Alzheimer's disease training. We read to learn more. We were observed and they showed us how to use the hoist and we shadowed for one day." Staff said they found the training was good and shadowed experienced staff during their induction to understand how people liked their care provided. We saw evidence of ongoing staff supervision sessions and informal support.

Staff records evidenced staff undertaking shadowing and medicines competency assessments during their induction. New staff received a six-week review to check on their progress. Training provided included, duty of care, equality and diversity, person centred planning, communication, privacy and dignity, fluids and nutrition, mental health awareness, dementia, learning disability, safeguarding adults and children, MCA, basic life support, handling information, infection control, Fire safety, moving and handling and death, dying and bereavement and introduction to administering medicines. We saw that staff were encouraged to

undertake online training and there were computers available for staff to use. On the day of our inspection, training was taking place with the support of an external trainer.

People's care plans stated if they required support with their food and drink. In some instances, care staff prepared light meals that included sandwiches or soup. All people being supported could say what they wanted to eat or had a relative who oversaw their meals. The registered manager confirmed there was no one currently who required support to eat. People's care plans gave an indication of what they might like to eat for example one person's care plan stated for breakfast, "I usually have boiled eggs, cornflakes, bread and butter and a cup of tea."

Care plans stated when staff were to leave a drink with the person to ensure they remained hydrated, for instance, "Ensure I have all my drinks within reach." Care staff told us how they supported people to drink enough. One care worker told us, "I leave a bottle or a glass of water. I encourage them to drink water as it is important for everybody to drink water."

People's care plans contained information about their health and contained prompts to ask if the person had issues. This included, breathing difficulties, heart problems, allergies, blood disorders, arthritis, urinary or continence issues and if they had mental health concerns such as a low mood. If people had pain this was risk assessed and plans were in place to help manage people's pain such as making sure people had received their pain relief before moving and handling commenced.

The registered manager told us about the health recordings that were now kept in people's homes. These included, repositioning charts and charts to record people's elimination patterns. The registered manager explained most people lived with their relatives who were responsible to liaise with health professionals. However, they did liaise on occasion with the GP and district nurses on behalf of people. One relative told us that they found the registered manager had been very helpful in contacting health and social care professionals.

Is the service caring?

Our findings

People and relatives told us, "Well to be honest it is amazingly good. The girls were good straight away and did a really good job," and "It is really about the caring, they make it obvious they care." In addition, one person said, "They are brilliant. They always go above and beyond...they are more like my family than carers." One relative explained they felt the arrangement worked well because there was a core group of three or four carers who knew their family member well. They said, "Always the same staff, [Person] has got to know them."

Staff told us how they built a good working relationship with people. One care worker said, "First I have to talk in a nice way, call by their name and slowly, slowly you get to know them. You must respect their way of life and their lifestyle and ask them what they want."

People and relatives told us that staff communicated well with people. "[Family member] is very happy with all carers but in particular [Care staff] who is good at explaining," and "They do speak nicely," and "They are very caring, focussed and understanding." One relative told us they had initially asked for staff who spoke a specific language. However, although they described attempts had been made by the agency they had not been able to find a staff member who spoke the language their family member could converse in. They still hoped that a suitable staff member might be found. They described the staff in positive terms however, and felt that staff had managed to build a rapport with their family member helped by the fact that it was always the same two staff who visited.

People's care plans stated if people had difficulty in communicating their choices. One person's care plan that was under review, informed staff that they had difficulty expressing themselves. Guidance for care workers stated they should give the person time to respond as their health conditions made it difficult for them to communicate quickly. Care plans stated preferences in some instances. For example, "My choice of clothes is in the cupboard in the bedroom." And drink preferences, "Coffee, milk no sugar."

Staff described how they gave people choice. Their comments included, "I give all the time choice to the person," and "Firstly, I speak slowly and calmly that is the main important thing. Secondly, I try to be clear in the way I speak and have good communication with them. I never rush them. I give them choice like at breakfast, tea or coffee or orange juice, cereal or toast."

The registered manager told us the expectations they had for staff to respect all people's diversity choices. They said, "From the beginning [care staff] sign an equality form. We explain to them they must respect people's choices and differences. They will be working in the community with different people. From the beginning we encourage them to respect people's religion and sexuality and to use the appropriate language." They continued to explain that staff had been told when in people's houses they must not use their own language to speak to each other. They said they told staff, "If you don't understand, ask what do you mean? Some carers speak the Asian languages this can be helpful." They continued to tell us one person using the service liked to tell their care staff about colloquial phrases in English that are not so readily understood. They explained both the carers and the person enjoyed this. They said, "It is about

openness and understanding."

We asked care staff how they worked with people who had support needs associated with their diversity including people who might be from a different religion, culture or have different sexuality or gender. One care worker told us, "We respect people's values and religion no matter what. It is their private life and their choice. If you like your job it is not hard. It is good to know different people, it broadens your mind."

People and relatives confirmed that staff promoted people's dignity. One relative said, "Of course yes they protect their dignity." A staff member told us, "In whatever I do I have to protect their dignity, with respect and protect their privacy. I have the responsibility to protect their privacy and dignity." They said, "When changing their clothes, I make sure the door is shut to keep it private from others."

Is the service responsive?

Our findings

People and relatives confirmed that care was provided by care workers as they wanted it to be done. All people's care plans were in the process of being reviewed using a different template. We confirmed with the registered manager that the plans they referred to as the, "new care plans," were "work in progress." We looked at a sample of these plans and saw the intention was for them to be more person centred. They contained more information for staff to understand and support people but they were not fully completed or signed by people at the time of our inspection.

We reviewed the current care plans that we were told were also in people's homes. Staff confirmed that there was a care plan in each person's home that they could reference. They told us that the care plans gave them the information they required to support people. Their comments included, "Yes everyone needs different care, everyone is on a different journey. What the care plan says is useful, we write them in order to know what the person needs," and "Usually the care plan is there, yes, it is very helpful."

Current care plans contained basic information about people's background. This included their personal details such as their status, ethnicity or culture and religion and their preferred language. However, there was no information as to what staff support people might need to meet their cultural or religious care needs. Furthermore, there was no information about their background or for instance, where they grew up or events that were important to them that staff could reference. The lack of a person-centred approach was in the process of being addressed in the "new care plans."

The registered manager told us they were continually improving the office systems and reviewing the care plan documents because they felt they were not person centred enough. They had discussed care plans with the care staff and were developing new plans by working with the staff team. Where they felt they required support they had recruited new staff. For example, to obtain the best results from the new electronic system they had appointed an IT administrator who was working to tailor the system to the needs of the provider.

Care plans contained details as to what care people required during each call and how many staff were required. Each care plan highlighted for care staff what people could do for themselves and if relatives supported with some aspects of their care. For example, if they prepared meals to be served by the care staff to the person.

Care staff wrote daily notes that contained a brief indication of what had been undertaken at each call. Entries varied as to the effectiveness of the content in stating clearly what had been done and how the person received their care during each call. We noted this had been picked up during audit by the registered manager who had noted for example that sometimes staff use of written English was poor. They were in the process of addressing the short falls with the staff team.

People and relatives told us they could complain if they unhappy about the service. The registered manager told us that all people using the service had the contact details of the office provided in their care file and

the contact numbers of the local authority and the CQC. There was a complaints policy and the procedure was displayed on the office wall for staff reference. The registered manager told us they aimed to address concerns immediately and apologise straight away.

There were two complaints recorded in the complaints file. The records seen demonstrated that these complaints had been acknowledged and an investigation undertaken and an apology given, where this was deemed necessary. Actions had been taken to address the concerns. In both instances, disciplinary action had been taken against the staff involved in line with the provider's policy.

The registered manager confirmed they were not providing end of life care currently. However, they had prepared themselves and staff by providing end of life training. Staff had completed training and the registered manager showed us a CD they used to promote discussion with the staff team and to keep staff learning fresh and relevant. They told us, "Staff have to have the right training and competency and whatever support they need... whoever is doing that job needs the right skills and we need to support them. Relatives can also become upset so we must work with them too. We would work with the family, social worker, doctors and nurses in the palliative care team." They confirmed if they intended to offer end of life care they would develop an appropriate care plan with the person and their family. They said, it would contain, "Their care plan wishes and what sort of support they would like."

Is the service well-led?

Our findings

At the inspection on 24 August 2017, we identified a breach of regulation relating to safe care and treatment. This was because the provider did not always give guidance to staff about how to manage risks. Following the inspection, the provider sent us an action plan dated 2 November 2017, which indicated how they would address the identified breach. Whilst we found the provider had made some improvements and had reviewed their risk assessment processes, they still failed to identify some risks and guidance was not always available for staff to mitigate risks and meet people's needs. This included the lack of bed rails risk assessments and risk management plans to support a person with diabetes and another with a behaviour that could challenge staff.

In addition, at our last inspection we found that care plans did not contain the necessary information required to tell staff how people wanted their care provided. At this inspection we found that the care plans had been updated and generally information for staff about care people required was clear, but the care plans had still not been fully complemented and implemented to reflect people's needs. These were not always person centred in terms of reflecting people's diverse needs and contained little or no background information to support staff to understand the person. The provider had identified this shortfall and was in the process of reviewing all people's care plans and associated documents but these documents were not complete and had not yet been agreed with people and their relatives. As such it was work in progress and not completed.

The provider had systems in place to audit their records and we saw that records such as daily notes had been audited monthly. However, as stated above the registered manager had not yet updated all their documentation, even though they had said in their action plan that they had completed the necessary improvements by 2 November 2017.

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

The registered manager undertook phone calls, spot checks and reviews to ensure people were satisfied with the service they received. They were in the process of recruiting a field supervisor who was at the final checks of their recruitment process. It was planned they would monitor, supervise and support staff in the field. The provider had purchased a new electronic system to monitor the quality of the service and this was in the process of being set up by an IT administrator recruited for that purpose.

The registered manager was working with a consultancy company who had reviewed all the systems and documents and had made recommendations the provider was now implementing. They were offering further training and support to staff as well. The commissioning body had also visited and checked systems and procedures. They had made recommendations and the provider was working to implement these.

Staff told us about the registered manager, "They are good I think," and "I find [registered manager] a good person in the way they are communicating with us and looking after their carers, they are not authoritarian,

you can discuss with them," and "They are well organised, we can go to them if there is a problem." The registered manager held supervision sessions and met with staff on a regular basis. They described they encouraged staff to visit the office to speak with them if they had a problem. There was a staff questionnaire in October to gather staff views of the service.

People and relatives spoke mostly positively about the service, saying for example, "I would recommend them to anyone," and "Generally they are ok," and "The care service has really improved." Relatives' comments about the registered manager included, "Yes very approachable, they will always ring and check to see if we are ok," and "[Registered manager], they are approachable." People's files contained feedback forms when they had been asked to comment on the quality of the service.

The registered manager was working in partnership with the local commissioning body and was aiming to work with other commissioning bodies in the future to increase the size of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that all risks to the health and safety of service users of receiving care and treatment were appropriately assessed. They had also not done all that is reasonably practicable to mitigate such risks.</p> <p>Regulation 12(1)(a)(b)(d)(e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users in a timely manner.</p> <p>Regulation 17(1)(2)(a)(b)</p>