

Starlight Care Ltd

Starlight Care

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Starlight Care is a domiciliary care service which provides personal care and support to people who live in their own homes. The service is owned and operated by Starlight Care Limited.

The provider was first registered in August 2016 and supports people with a wide range of conditions including dementia, old age and physical disability. The service supports people who live in and around the town of Scarborough, North Yorkshire.

This was our first inspection of Starlight Care. We carried out the inspection over three days, 16, 17 and 27 July 2017, all of which were announced to the provider. The provider was given notice because the location provides domiciliary care services and we needed to be sure that someone would be in the location's office when we visited. We visited people in their own homes on 17 July 2017 to gain their views. At the time of our inspection, there were 14 people using the service.

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 showed a good understanding of the processes required to safeguard adults who may be vulnerable from abuse and they were able to explain to us what they would do if they had concerns. However, during the inspection process we identified a number of areas which required improvement to ensure that people's safety was consistently maintained.

On the first day of inspection the provider did not have a business contingency plan in place. However following day three of the inspection, the manager completed and implemented this plan to ensure the smooth running of the service in an emergency situation

People who used the service did not always have risk assessments in place for areas such as moving and handling, skin integrity and the use of bed-rails. Staff were not provided with sufficient information to enable them to manage risks. There was a lack of monitoring documentation with regards to re-positioning of people who were at risk of pressure damage.

Medicines had not always been managed safely. We found gaps in recordings so we could not be sure people had received their medicines as prescribed.

Robust recruitment procedures were not in place. We found appropriate checks had not been completed before new staff commenced employment. Staff recruitment records did not always contain full employment histories and gaps in employment had not been explored. References had not been obtained and there was no recorded evidence of interviews taking place. Disclosure and barring checks had not

always been received prior to employment commencing.

All new staff were required to complete an induction with the provider when employment commenced. They then shadowed a senior member of staff. However, we found the induction process was not sufficient to provide new staff with the information they required.

Staff had not always received training that they need to provide effective care and support to people. There were gaps in key elements of training such as basic first aid, fire safety, food hygiene, and safeguarding of vulnerable adults. Specialist training in areas such as stoma and catheter care had not been completed.

Staff received regular supervisions from senior staff or management. Supervisions were usually completed in the community

People were consulted about their care and treatment and verbal consent was given. People we spoke with confirmed they were always asked for consent from staff.

Effective support was provided to people with dietary needs and people said they were happy with the support in this area.

People told us the staff and the managers were very caring. We saw people's needs were met with dignity and compassion and it was evident that people who used the service had positive relationships with the staff who supported them.

People told us they had a regular team of care workers and they never had to worry about late or missed calls. They told us the care workers arrived on time most of the time.

Care plans did not sufficiently detail the complex needs that people who used the service presented with. For example, people who were at risk of skin breakdown and who required stoma and catheter care. Care plans which were in place were not subject to a formal review process.

The provider was responsive to people's needs and regularly sought their opinions, which helped them to provide good care. However, there was no recording of these discussions.

People we spoke to were complimentary about the management and the staff of the organisation. We found no evidence of complaints being made to the service.

Following the findings of the inspection and the feedback to the provider, we saw that the manager and their staff worked in a pro-active manner to address a number of issues identified during the inspection process. By the third day of the inspection, the manager had implemented a number of improvements to the service. For example, risk assessments had been completed where they were required and care plans had been updated to ensure they contained sufficient person-centred information.

We found the provider was in breach of four regulations relating to good governance, safe care and treatment, staffing and fit and proper persons employed. You can see what action we have 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?

The service was not consistently safe.

Risk assessments were not completed and this meant staff could not always support people in a safe and consistent manner.

Safe recruitment processes were not followed. The provider did not complete adequate pre-employment checks of staff they employed.

Medication administration records did not contain sufficient details.

Staff understood how to keep people safe from abuse and how to report any concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

New staff completed an induction when they joined the service. However, this was not sufficient to provide new staff with the information they required.

Staff had not always received training that they need to provide effective care and support to people.

Staff consulted verbally with people about their consent to care and treatment. However, this was not consistently recorded.

People were provided with support to ensure their dietary needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us the staff who supported them were kind, caring and treated them with compassion.

Good ●

People told us they were treated with dignity and respect and staff promoted their independence.

Rotas were organised to ensure that people were supported by familiar staff wherever possible.

People who were at the end of their life had appropriate support and equipment in place.

Is the service responsive?

The service was not always responsive.

Care plans contained some person centred information but this was not consistently recorded.

People told us they were actively involved in reviews of their care. However, this was not recorded.

There was a discipline and grievance policy and procedure in place, which explained the process of how to raise a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Quality assurance systems and audits that were in place were not effective and the manager did not consistently monitor the safety and quality of the service.

Notifications such as safeguarding and expected deaths of people who used the service had not consistently been submitted to CQC as required.

People who used the service and the staff said that the management were caring and supportive.

Requires Improvement ●

Starlight Care

Detailed findings

Background to this inspection

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

The inspection took place over three days, 17, 18 and 27 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited.

The inspection team consisted of two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert in this case, had experience in of caring for older people and people with dementia.

Before our inspection, we reviewed all the information we held about the service, which included notifications received by the Care Quality Commission. Notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This document had been completed prior to our visit and we used this information to inform our inspection.

During the inspection, we reviewed a range of records. This included four people's care records containing care planning documentation, medication administration records and daily visit reports. We looked at six staff files relating to recruitment, supervision, appraisal and training. We viewed a range of records relating to the management of the service and policies and procedures.

During the inspection, we spoke with three people and visited two people in their own homes. We spoke

with five relatives of people who used the service.

We spoke with four care staff, the registered manager, and three senior staff. We asked for feedback from external professionals who were involved in supporting people who used the service, however none was received.

Is the service safe?

Our findings

We looked at the arrangements in place to manage risk so people were protected from harm. On the first day of our inspection, we saw that risk assessments were not completed when these were required. For example, one person used a hoist to support their transfers and we found that there was no manual handling risk assessment in place. Another person was at risk of engaging in behaviour that may challenge but a risk assessment had not been completed.

There was a lack of documentation, such as body maps, detailing vulnerable pressure areas where people's skin integrity was at risk. People's care records did not detail the care required to manage the risks of skin integrity breakdown. When people required re-positioning due to skin integrity risks there was no evidence of repositioning charts in place. We discussed this with the manager and on the second and third days of inspection, we found that these concerns were being rectified.

We looked at medicine administration records (MARs) for four people who were receiving a service. We could see these records did not always contain the required information to enable staff to administer medicines safely. For example, one MAR detailed that a person was required to take Alendronic acid on a morning. Alendronic acid is a medicine that is used to treat brittle bones. It must be given on an empty stomach at least 30 minutes before food to ensure it is fully effective. This information was not recorded on the MAR and on two separate occasions, this medicine had been administered at the incorrect time. All four MARs that we viewed contained errors and gaps in recordings.

We identified that the administration of topical medicines, such as creams was not recorded appropriately. For example, one person was prescribed 'Conotrane cream' to be applied every morning. There were several gaps on the MAR when staff had not signed to state this medicine had been administered. Another person was prescribed 'Epaderm cream' and the MAR stated this was to be applied to 'affected area twice daily'. However, there was no information to inform staff where the affected area was and there were several gaps in recordings of when this cream had been administered.

MARs had been audited but not identified the shortfalls, by the conclusion of the inspection this had been completed and actions followed

The failure to assess and mitigate individual risks and to review identified risks is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a recruitment policy in place which stated, "All offers of employment. ...are subject to the initial application and interview process, these offers are subject to the referees and DBS checks." We found this policy had not been followed.

The provider employed 11 members of staff and we selected six staff recruitment files at random. We could see from the records that safe recruitment procedures had not been followed. Of the six staff files we looked at two did not contain completed application forms or an employment history. We also identified that four

of the staff files did not contain sufficient references. There was no evidence of interviews taking place for three of the members of staff. Health declarations had not been completed to ensure newly recruited staff were fit to work in the community.

A Disclosure and Barring Service (DBS) check had not always been sought prior to staff starting employment at the service. One care worker's employment had commenced in April 2017. At the time of this inspection, a DBS check had not been applied for. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults.

We discussed the lack of recruitment checks in place for new members of staff with the manager who confirmed they had not followed a robust recruitment process. While we established that shortfalls in staff recruitment had had no adverse impact on people using the service this matter would have gone unchecked without it being identified at inspection.

Failure to establish and effectively operate recruitment procedures is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

The provider had a safeguarding policy in place and, when questioned, staff were aware of their responsibilities in relation to the safeguarding of adults who may be vulnerable. One staff member told us, "If I thought someone was at risk I would contact the manager straight away. They would then report it to the safeguarding team or CQC if needed."

The staff training matrix we viewed stated that only two of the 11 staff employed at the service had undertaken formal training in this area. The manager logged all safeguarding concerns onto an electronic system. However they did not monitor and track these for any patterns or trends. We found two examples of when safeguarding concerns had been raised but a notification to CQC had not been submitted. Services that provide health and social care to people are required to inform CQC of important events that happen at their location in the form of a 'notification'. We are dealing with this outside the inspection process.

People who used the service provided positive feedback about the staff that supported them and told us they felt safe when being supported by care workers. One person said, "I feel safe, very much so. It is the best company I have ever had."

People who used the service told us they had no issues with missed or late visits. The staff we spoke with told us they were allocated travelling time to get from one job to another. One care worker told us, "I get allocated travel time so I am generally on time for my calls. I have a regular rota which works well." A person who used the service told us, "They are always on time. They have never missed a call – I am extremely happy with the service." We saw the provider had an effective out of hour's system which was responsive to people's needs. One person told us, "There is always someone on call who I can contact when the office is closed."

People were protected by the prevention and control of infection measures in place. Personal protective equipment (PPE), such as gloves, aprons, tunics and alcohol gel was used by the staff when they provided direct support to people and staff had free access to a store of this equipment from the office. One person who used the service told us, "They always wear gloves and change them in between jobs. They are a hygienic lot." Another person told us, "They wear blue gloves, a blue apron and they wash their hands in-between jobs."

There were systems in place to record accidents within a computerised system and a hard copy accident reporting book. We saw evidence of ten recordings of incidents in the previous year and these included safeguarding reports, a missed call to a person who used the service, admission to hospital and incidents of behavioural challenge towards staff by users of the service. The content of this recording was detailed with outcomes noted and lessons learned where appropriate. However, this information was not transferred into people's care plans and risk assessments weren't completed to ensure safety was maintained.

On the first day of inspection the provider did not have a business contingency plan in place. However, following day three of the inspection, the manager completed and implemented this plan to ensure the smooth running of the service in an emergency situation

We provided feedback to the provider at the end of day one of this inspection which highlighted the concerns which we had found. By day three, we could see that the provider had begun to take action to address the concerns we found. Risk assessments had been completed and put in place for people who needed them. A safe recruitment policy and procedure was being reviewed and updated and a new auditing tool to monitor medicine administration had been sourced and was being used by the manager. This demonstrated the provider was taking action to ensure risks to people's safety were reduced.

Is the service effective?

Our findings

People who used the service told us they thought the staff had suitable training to provide effective care. One person said, "The managers are very good they have the staff trained to a very high standard." A relative we spoke to told us, "The company introduces my relative to any new care workers. They then shadow the new carer for two weeks; it will be either the owners or the supervisors. They ensure my relative builds a relationship with the care worker, this is absolutely brilliant."

A staff training matrix was in place which detailed the training that all staff had completed. This matrix contained gaps, which informed us that key elements of staff training, such as safeguarding, health and safety, basic first aid and food hygiene had not been completed by some staff.

Specialist training in areas such as stoma and catheter care had not been provided. The manager told us that experienced staff who had completed such training in their previous employment provided guidance to less experienced staff. They confirmed that no specialist training had been provided by professionals. Staff had not always received sufficient training to support them in their role.

Failure to provide appropriate support, training, and professional development to enable staff to carry out their duties is a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

We looked at how new staff were inducted into the service and we discussed this process with staff. They told us their induction covered areas such as policies and procedures, uniforms and planned training. We were told new staff then 'shadowed' a more experienced member of staff before working alone in the community. However, this was not recorded.

We discussed the current induction provision with the manager. They explained that new recruits attended an induction meeting at the office, which was generally conducted one to one. They told us this was an initial induction to cover policies and further guidance was provided during the shadowing process. New staff were also required to complete the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected and is completed over a 12 week period. We looked at staff files and saw that staff had completed or were in the process of completing this training. This demonstrated how staff were supported to understand the fundamentals of care. One person who used the service told us, "They all seem very experienced carers. They currently have an apprentice with them, they are supporting her fully."

The manager acknowledged that the induction process required review and told us, "The service took off really quickly and there are some areas that we need to develop."

We asked the manager about staff probationary periods and how this was monitored. The manager told us that new staff received supervisions which took place in people's homes so their practice could be observed by senior staff or management. A probation meeting was then arranged after three months to discuss the

member of staff's performance and if it had been satisfactory. Records we looked at confirmed this.

Staff received regular supervisions from senior staff or management. Supervisions were usually completed in the community. The manager told us "Staff feel more at ease approaching us and discussing matters directly, the staff said that this made them feel more supported." It was discussed with the manager that this did not always provide staff with the opportunity to reflect on their performance and development. The manager told us, "Staff do come into the office often and we will have one to one discussion but we need to record these. They are not recorded at the moment." Staff we spoke with confirmed this. One member of staff told us, "I have supervisions. They are done in the community and senior staff watch how we work and then we have a discussion afterwards. They are useful. The management here are very supportive." As the service had only been registered for 11 months staff had not yet received an annual appraisal. Plans were in place for these to be completed.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection. We found the provider was not working within the principles of the MCA.

Evidence was contained in people's files that they had been consulted about their care and we saw that their choices were respected. People consented to care and support from staff by verbally agreeing to it. Staff confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. We saw no evidence of signed consent from people who were able to do so. However, people we spoke with confirmed they were always asked for consent from staff.

Care plans, where relevant, documented the support that people required with eating and drinking and stated people's likes and dislikes. One person who required support with their meals told us, "They give me my breakfast. They provide me food which I would like. I do enjoy breakfast." A relative of a person who used the service told us, "We keep a food diary for my relative and the care workers always fill this in so we can monitor what my [relative] has eaten or not eaten."

We saw evidence that the provider worked with community health professionals to support the needs of the people who used the service. For example, the community mental health team were contacted by the manager to assess a person who was experiencing difficulties with their mental health. A relative told us, "They speak to him about additional help such as district nurses, they're very good."

Is the service caring?

Our findings

People who used the service consistently told us the care workers who supported them were kind and caring. Comments included, "They [the care workers] are a breath of fresh air. Anything I need they listen to me in a caring manner. They are a good set of people" and "The carers are all very nice people. They are always kind and they take an interest in me."

People told us they had good relationships with the staff and the staff approach was professional but friendly. A relative of a person who used the service told us, "The staff are all very gentle and understanding, we saw a difference in the quality and standard of care when Starlight started."

During the inspection, we witnessed meaningful and respectful interactions between the care workers and people who used the service. We saw that people were treated with kindness and compassion. For example, when offering support, a care worker spoke to person in a respectful manner and explained what they were about to do and offered that person choices on how they received their care. One person we spoke with told us, "They [the care workers] are absolutely wonderful. They are caring, compassionate, brilliant people."

We observed the manager and staff working in a person-centred way and they ensured the people they supported were offered choices about their preferred method of care. For example, one person who was being cared for in bed looked uncomfortable. The care worker asked if they would like to be re-positioned and completed the task to the person's preferred position.

Although we found care records did not always contain person-centred information, it was clear care workers were very knowledgeable about the needs of the people they were supporting and were able to tell us about their individual care routines. People told us they were involved in the planning of their care and care calls were arranged around their preferences of timings of visit times. They said the manager asked them regularly if they were happy with the support that they were getting.

The staff rotas that we looked at demonstrated people who used the service had a regular team of familiar carers supporting them. This enabled staff and people to build relationships with people and become familiar with their likes, dislikes and preferences.

When providing direct care to people, we saw staff offered explanations and choices to people about the tasks that they were completing. One staff member said, "I ask people what they want. If I am helping them to dress I ask them what they want to wear. With meals I always ask people to choose I never just make something."

We saw staff involved people in their care routine and, where people were able to complete tasks independently, or with minimal support, we observed the staff empowering and enabling people to do so. One staff member told us, "To promote people's independence I encourage people to complete their own personal care where they are able."

The provider and staff promoted the privacy and dignity of the people who used the service. One person who used the service told us, "The care workers always treat me with respect and dignity. I am so fortunate to have these care workers, really fortunate indeed." Another person told us, "They [care workers] respect my privacy and always show an interest in me and are open to anything that I may ask." A care worker told us, "I always close curtains and doors when providing personal care support. I keep private areas covered."

People did have access to advocacy support from friends and family, and the manager told us they would source independent advocates for people if this was needed.

People who were at the end of their life had appropriate support in place and were satisfied with the care they were receiving. One person said, "They are very understanding, very gentle with me and very caring." A relative told us, "They are all very genuine, nothing is too much trouble, they're brilliant with my [relative]." Palliative care services were being accessed where required and the provider had good links with the palliative care teams in the local area, such as the local Hospice.

Is the service responsive?

Our findings

During the inspection, we looked at a total of five care plans. We saw that all of the care plans did not contain sufficient detail to support the care workers to meet the complex needs of the people who used the service. Where people had support needs in areas such as stoma and catheter care, behavioural challenge or end of life needs we found that specialised care plans in relation to these needs were not in place.

The care plans did contain some person centred information with regards to personal care. For example, one person's care plan detailed their independent abilities and the support they needed from staff to maintain their independence. However, this could have been expanded upon. For example, care plans did not detail people preferred routines and comment such as 'make a hot drink' and 'assist to shower' were used. It was evident during discussions with staff that they knew people's individual needs well and, as a result, were able to provide personalised care.

People told us their care was reviewed on a regular basis. However, we saw limited, written evidence of formal reviews being completed and there was no detail of such reviews contained within people's care files. The provider and manager told us reviews did take place but they did not formally record these or the outcomes of these meetings. They agreed this was an area that needed to be improved.

Failure to keep up to date, accurate, complete and contemporaneous records for each person who uses the service is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

We discussed the lack of information in care plans with the provider who agreed with our findings and told us they would make improvements. One the third day of inspection we saw improvement had been made and records that had been updated contained sufficient information. Plans were in place for all care plans to be reviewed and updated to ensure they provided person-centred detail.

The manager completed pre-admission assessments with the people who used the service and their relatives, before they commenced the service. We saw the assessments contained good life history information and detailed the person's needs. Also, their preferences in relation to the timing of the calls they required. One person, "They are really good. If they change the timing or care workers they let me know. I mostly have the same team."

People and relatives told us that staff were responsive to their needs. One relative told us, "If [my relative] doesn't need as much support the carers will sit and have a nice chat. Often they play music to [my relative] and they have a good sing-along. Nothing's too much trouble for them."

There was a discipline and grievance policy and procedure in place, which explained the process of how to raise a complaint. People told us they knew who to contact if they had a concern and that they were confident their concern would be dealt with appropriately. A relative said, "I feel that they are able to deal with issues although I have had none up to now." There had been no complaints made since the service

began operating.

The provider had received four compliments in the form of thank you cards and letters. Compliments included, "The care towards my [relative] is outstanding; they certainly go the extra mile. My [relative] has gained their dignity and holistic well-being just by receiving the correct level of care." and, "My [relative] is looking really well. Thank you for going the extra mile."

Is the service well-led?

Our findings

The service had a registered manager in place who had registered with CQC in August 2016. The manager has a 15 year employment history in the social care field prior to setting up their own business as Starlight Care Ltd. The management structure of the service consisted of two managing directors, one of whom was the registered manager, and three senior care workers.

We found the provider did not always follow registration requirements. Notifications such as safeguarding and expected deaths of people who used the service had not consistently been submitted to CQC as required, to ensure people were protected through sharing relevant information with the regulator.

Failure to notify CQC of significant events is a breach of regulation 16 (Notification of death of service user) and 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

We found there was a lack of quality assurance processes in place to monitor and improve the service. For example, quality assurance processes to monitor the content of documents such as care plans, daily monitoring documentation and staff recruitment were not in place. These areas were not effectively monitored or audited by the provider. This meant that issues were not identified and addressed to deliver improvements to service provision.

Quality assurance processes that were in place, such as checks of medicine's arrangements, had not been fully effective in recognising and acting on concerns. Where errors had occurred these had not always been identified. When action was needed, this was not always recorded. We directed the manager to the relevant NICE medicines guidance. At the end of the inspection the manager told us they had implemented new medication administration records and new audit tools.

The provider delivered good care to people. However, systems to ensure robust record keeping were lacking. When approached regarding this, the manager agreed that quality of care had always been the company's number one priority and improvements were needed in governance and oversight of the service.

Failure to establish and operate effective systems to monitor and improve the service is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

Regular staff meetings had not taken place. One member of staff we spoke with told us, "I'm not sure about staff meetings. I think there was one but I didn't go. I didn't see minutes. I think it was more of an introduction for staff rather than a focused meeting." Another staff member said, "I have regular one to one meetings with my manager but don't think I have been to a group meeting or anything like that." We saw that the provider compiled newsletters that were distributed to staff and we viewed one dated July 2017. This included reference to new staff, completion of the care certificate, training plans, staff structure and teams, confidentiality, team work and issues with medicines.

People told us the managers were very approachable. One care worker told us, "I get lots of support from

management. They are really good." Another care worker said, "The management are very helpful and lovely to work for. They have been really good. They asked if I wanted to do my NVQ3 but I don't. I know that the option is there if I want which is nice." A relative told us, "The company seems to respect service users. They take on board ideas on how to make my [relative's] life bearable and they listen to feedback. They have a wonderful relationship with their service users and staff." Another person who used the service told us, "They are a good company – very hands on – the owners come down to see me- I am extremely happy with this company."

We saw that the manager sent out review surveys for people to complete. These contained response comments such as, "Any issues dealt with immediately." "Very good team of carers, the service is excellent and professional, "Very polite and courteous." We saw that these review surveys were not dated and there was no indication of how action would be taken if any concerns were raised.

Following the feedback received on day one of the inspection the manager was proactive in taking responsibility in the areas identified as requiring improvement. By day three of the inspection the manager was driving service improvement and records were being updated in line with current best practice guidelines.

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 failed to assess and mitigate the risk to people who used the service. The proper and safe management of medicines had not been followed</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to assess, monitor and improve the quality of the service were not in place. Complete, accurate and contemporaneous records were not kept.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not established and operated effectively to ensure that new staff were of good character. Appropriate checks had not been completed.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to provide appropriate support, training, professional development and supervision to enable staff to carry out their duties.</p>

