

CCK Support Ltd

# CCK Support Ltd

## Inspection report

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Date of inspection visit:

05 November 2018

07 November 2018

Date of publication:

07 December 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

CCK Support Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the service was providing care for 18 older people including people with physical disabilities, mental health problems and people living with dementia. The service was provided in Canterbury, Whitstable, Herne Bay and surrounding areas.

Not everyone using CCK Support Ltd receives 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 take into account any wider social care provided.

The service was run by two registered managers, both of whom were present at the inspection visit to the office. 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.

At the last inspection on 20 and 22 September 2017, the overall rating of the service was 'Requires Improvement'. We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Registration Regulations 2009. People could not be assured they would be protected from abuse; medicines were not well managed; care plans were not always personalised; some records were not accurate; and the quality of the service was not checked to make sure risks to people were minimised. Furthermore, the provider had not notified the Care Quality Commission of all events and incidents as required.

We asked the provider to send us a plan setting out the actions that they would take to meet these legal requirements. The provider returned the action plan within the agreed timescale and told us they would meet all breaches of regulations by 30 January 2018.

At this inspection on 5 and 7 November 2018, we found that the provider had made improvements in protecting people from abuse, medicines, care planning, managing risk, record keeping and informing us of important events. However, the provider continued to have ineffective systems in place to monitor the quality of the service. We also found an additional breach of regulation in that not all staff that supported people with equipment had received training in how to do so safely.

This is the second time the service has been rated as RI.

You can see what action we have asked the provider to take at the end of this report.

People and relatives told us they trusted staff and felt safe. Staff had received training in how to safeguard people and knew how to follow the service's safeguarding protocols keep people safe.

Assessments of potential risks in the environment and with regards to people's health and welfare had been carried out. Guidance and strategies had been developed which staff followed to protect people from avoidable harm. Accidents and incidents were monitored to see if there were any trends or if lessons could be learned.

Improvements had been made to the management of medicines. Staff had received training in how to give people their medicines and knew how to follow the service's medicines policy. Medicines were audited and investigations took place to make sure people received their medicines as prescribed by their doctor.

Suitable recruitment checks were in place for new staff. People had their needs met by regular staff who were available in sufficient numbers.

Improvements had been made to the frequency that staff received formal supervision. Staff were supported by a management team that listened and responded to their views.

People's health and nutritional needs were monitored. Referrals were made to health care professionals and their advice was acted on. People were encouraged to eat and drink to maintain good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were introduced to new staff members before they provided them with support. Staff knew people well and provided consistent care. People and relatives said staff were kind and caring and they provided them with physical and emotional support.

People's needs were assessed before they were provided with a service. Improvements had been made to care plans so that they were personalised and gave guidance to staff about how to care for each person's individual needs and routines.

People and relatives knew how to make a complaint. The provider monitored complaints to see if there were any patterns or trends that needed to be addressed.

People, relatives and health care professionals thought that the service was well run. They were asked for their views and these were taken into consideration in the running of the service. The registered managers led by example, supported people with their care and staff understood how to put the aims of the service into practice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service had improved so that it was safe.

Changes had been made so people's medicines were managed safely.

Risks associated with people's care had been identified and there was guidance for staff to follow to help keep people safe.

People told us they felt safe. Staff and the management team knew how to recognise and report safeguarding concerns.

Suitable checks were carried out before new staff supported people.

People's needs were met by sufficient numbers of staff and regular staff provided people's care and support.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff who assisted people to move had not all received training or had their competence assessed to make sure they knew how to use the equipment safely.

Improvements had been made so that staff received supervision and felt well supported by the management team.

People's mental capacity had been assessed and staff supported people in line with this guidance.

People were supported to eat and drink to maintain a healthy diet.

The service worked with health care professionals to make sure people received the support they needed.

### Is the service caring?

Good ●

The service was caring.

People benefitted from being supported by staff who were kind and caring and treated them with dignity.

People were involved in their care and their independence was promoted.

Staff knew people well and supported them with their physical and emotional needs.

People's records were securely stored.

### **Is the service responsive?**

**Good** ●

The service had improved so that it was responsive.

People's needs were assessed before they started to use the service.

Care plans had improved so that they contained information about peoples likes, dislikes and preferences.

People and relatives felt confident to raise any concerns with the provider and that they would be acted on.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

The registered managers had not identified the shortfalls found at this inspection. The audits in place had not ensured that the quality of service was checked to assess the care being provided.

Feedback was sought from people, staff and stakeholders to give them an opportunity to voice their opinions to improve the service.

Everyone told us the service was well managed and there was an open positive culture. □ □ □ □

# CCK Support 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 checked 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 announced inspection site visit took place on 5 and 7 November 2018. We gave the service 72 hours' notice of the inspection visit because we wanted to be sure that the registered managers and staff were available. We visited the office location on 5 November. On 7 November we visited three people and one of their relatives in their own homes. We also received feedback from a health care professional. All feedback was positive about the quality of care and support that people received.

Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We also asked the provider to complete 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.

We spoke to the two registered managers, a care coordinator, the head keyworker, a senior support worker and two support workers. We viewed several records including six care plans; medicines records; complaints log; four staff recruitment files; staff training records; medicines and complaints policies; and quality and monitoring audits.

# Is the service safe?

## Our findings

At the last inspection on 20 and 22 September 2017, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that people were protected from abuse and improper treatment; Regulation 13. This was because staff did not know which external agencies to report any safeguarding concerns. The provider had also failed to do all that was reasonably possible to mitigate risks to people's health and safety; Regulation 12. This was because guidance available to minimise potential risks was inconsistent in detail. Additionally, the provider had failed to ensure safe management of medicines; Regulation 12. The medicines policy did not contain guidance about administering medicines in a person's home, pain patches were not rotated as prescribed and medicines systems were not audited to make sure people received their medicines as prescribed.

At this inspection on 5 and 7 November 2018 we found that improvements had been made. Staff knew how to follow guidance to report any safeguarding concerns; strategies and guidance was in place to minimise potential risks to people; and changes had been made to address shortfalls in the management of medicines.

People and their relatives said they had developed trusting relationships with the staff who supported them and that they felt safe. One person told us, "Yes, I feel safe and trust the staff. They are like family". The provider had policies in relation to safeguarding and whistleblowing. These set out how to recognise abuse, staff's responsibility to report any concerns and the responsibility of the provider to contact the local authority who were the lead agency for safeguarding. Staff had received training in how to safeguard people. Staff demonstrated they knew people well and understood the importance of reporting any signs or symptoms of abuse, such as changes in a person's mood or behaviour. Staff felt confident that the registered managers would act on any concerns they raised. They also knew to report their concerns to the local authority safeguarding team, Care Quality Commission or police, if any concerns they raised were not acted on. The provider had obtained a copy of the Kent and Medway adult safeguarding policy and had followed this guidance to report safeguarding concerns and so help keep people safe.

Before a person received a service an assessment of risks in the environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors and electrical appliances, and to look at ways to minimise them. Individual risks to people were also assessed with regards to people's health and wellbeing such as when moving around their home, not having sufficient to eat or drink and of developing a pressure ulcer. Where a risk had been identified, control measures and guidance for staff was in place detailing how to minimise the risk. For people who were at risk of falling, guidance was available about the type of equipment they required and the number of staff to support them safely. Detailed guidance was in place for people who used a hoist including what movements people could do for themselves, the type of sling and hoist and which coloured strap should be applied to a specific part of the body.

A health care professional told us, "Systems are in place regarding safe administration of medications". The provider had introduced a new medicines policy which was available to staff and set out guidance for the safe storage, disposal and administration of medicines in people's homes. Staff who administered

medicines had received training in how to do so. Each person's ability to manage their medicines had been assessed. A record was made of what type of support people required to take their medicines, to apply topical creams and who was responsible for ordering people's medicines. Clear directions were in place to guide staff to which part of a person's body each cream should be applied. For people with pain patches, a record was in place so that staff made sure the patch was applied to a different part of the person's body to maintain healthy skin. When people were given 'when required' medicines, such as for pain relief, staff recorded the reason that these medicines had been given.

The provider audited medicines administration records (MAR) to check that staff were signing them when they gave people their medicines; and to make sure people were receiving their medicines as prescribed. When shortfalls had been identified, these were investigated and the appropriate action taken. If staff had not signed the MAR when they had given a person their medicine, clear protocols were followed to help minimise the occurrence. If a person had not received a medicine, staff knew to seek medical advice.

At the last inspection on 20 and 22 September 2017, references from applicants had not always included a reference from the person's previous employer. This was noted as an area for improvement. At this inspection on 5 and 7 November 2018, a comprehensive recruitment and selection process was in place. Checks were undertaken including a full employment history, two references, including previous employment in health or social care and a Disclosure and Barring Service (DBS) check. A DBS identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people. Applicants were interviewed and assessed as to their suitability to be employed. All these checks helped to minimise the risk of people unsuitable people being employed by the service.

People told us that they knew which staff member was coming to support them. They said that staff arrived on time, stayed for the correct amount of time and that they were not rushed. This indicated that there were sufficient staff available to meet people's needs. One person commented, "Staff are usually on the dot. They let me know if they are going to be late."". The provider had an on-going recruitment programme to help make there were enough staff available to support people. Staff rotas were completed in advance and any uncovered calls were covered by existing staff or members of the management team.

Disciplinary procedures were set out in the staff handbook and included the expected standards of staff performance and behaviours. The registered managers demonstrated they understood how to follow these procedures to make sure staff working at the service were of good character and had the necessary skills and knowledge to carry out their duties.

Staff knew how to report any accidents or incident. A log was kept which showed any action taken as a result of an accident, such as seeking medical advice; or if an investigation had taken place. The registered managers reviewed all accidents and incidents so they could identify if there were any patterns, trends or lessons could be learned.

Staff had received training in infection control and understood how to put this knowledge into practice. Personal protective equipment was available to staff including gloves and aprons. These actions helped to protect people from cross infection.

## Is the service effective?

### Our findings

People and relatives said that staff had the right skills and experience to support the people in their care. One person told us, "Yes, the person who supports me has the right skills. She has a lot of experience and knows exactly what to do". A relative said, "Staff know how to use the hoist. Some staff are more confident than others. Staff have never hurt my relative. I am here if they need any help".

At the last inspection on 20 and 22 September 2017 staff knew how to support people but their training had not been refreshed in line with the provider's policy. At this inspection on 5 and 7 November 2018, the provider's policy stated that staff should receive practical training in moving and handling each year to make sure they were competent in moving people safely. However, only three out of the six regular staff that supported people who used a hoist had received practical moving and handling training in the last year. No training certificate could be found for one staff member, another staff's training expired in 2015 and two staff's training had expired in July 2017. Also, a new staff member had helped to hoist someone with no practical training in how to move the person safely. The registered managers were not aware that staff were supporting people with equipment, when they had not been trained and assessed as competent to do so safely.

The provider had failed to make sure staff received appropriate training as necessary to enable them to carry out the duties they are employed to perform. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had an in-house induction which included shadowing more experienced staff. Training in essential areas was provided by e-learning and staff's knowledge was checked at the end of each topic. Staff said that their induction gave them the knowledge and skills they needed for their role. A senior staff member was a trainer in first aid and provided practical training to staff. Specialist training was available to staff in supporting people living with dementia, catheter care, diabetes and mental health illnesses. 70% of staff had completed a Diploma in health and social care level two or above. To achieve this qualification, staff must prove that they have the ability and competence to carry out their job to the required standard. New staff who did not have a Diploma, completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised.

At the last inspection on 20 and 22 September 2017, staff were not receiving supervision and appraisal as frequent as service's policy. At this inspection on 5 and 7 November 2018, improvements had been made in how often staff received formal supervisions and staff received appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff felt well supported by the office and management team and said they were approachable. One member of staff told us, "They have been so supportive. They have helped me get my confidence back". Another staff member said, "There is no stress in the job. The management team are so lovely". An on-call system was in place and staff said that this was effective. Staff described said if they were on a late call at night, they would contact the on-call person to let them know they had arrived home safely. They said if they did not contact the on-call person,

the person on-call rang them to make sure that they had not run into any difficulties.

At the last inspection on 20 and 22 September 2017, staff followed the principle of the Mental Capacity Act 2005 (MCA) that it should be assumed that people had capacity. However, the consideration and assessment of people's capacity was not included in the care planning process. At this inspection 5 and 7 November 2018, each person's mental capacity had been assessed. The MCA 2005 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.

We checked whether the service was working within the principles of the MCA. Some people had appointed a family member or representative as a power of attorney (POA) to act on their behalf. A POA can look after a person's financial affairs or health and care decisions. The provider had taken steps to check the authenticity of this documentation but a copy was not available in people's files. The registered manager said they would obtain a copy to make sure decisions made on people's behalf were made lawfully.

Information about people's health and medical history was included in people's care plans. This set out the person's health condition, how it affected them and the support and assistance they needed from staff. One person had arthritis and staff were alerted that this could affect their movements by making them slower and that they could be in pain. The provider worked in partnership with other health care professionals such as occupational therapists, the palliative care team and district nurses, and acted on their advice. Staff knew to contact the district nurse if a person's skin integrity had deteriorated. Body charts were used to identify and monitor which part of a person's skin was affected. A relative told us that they were informed of any changes in their family member's health.

People said that they got the help they needed with their meals. One person told us, "Staff help me with my meals. I don't go hungry". People's needs in relation to food and fluids were assessed and the support they required was detailed in their care plan. A record was made of what people were offered and how much they ate to monitor if people were eating sufficient. Staff encouraged people to drink. When the registered manager accompanied us to people's homes, they asked each person if they wanted a drink. One person, who said they had a poor appetite was also offered a snack. Staff also checked the food people had to make sure that it was eaten within the expiry date, so that it remained healthy to eat.

## Is the service caring?

### Our findings

Everyone told us that staff were kind and caring and that people were treated with respect. One person said, "All the girls are good. They are like part of a family". Another person told us, "We have banter and laugh together. Staff always come in with a smile on their face. I look forward to them coming". A relative said, "The staff are pleasant from the moment they came in. They are relaxed and like family. They don't understand the meaning of being unkind and they can't spell it. If staff were not good, they would be sent away".

People were supported by staff with their emotional needs. One person told us, "Staff go out of their way to help me. I am a bit of a worrier. They help me with that". Care plans included information about how to recognise the signs when people were anxious or upset. A relative described how staff provided personal care for their loved one, but also provided support for them. They expressed what a positive impact this had had on their well-being.

People were supported by caring, respectful staff who appreciated and welcomed diversity. Staff knew the people they were caring for, including their preferences and personal histories. People had been consulted about their daily routines and things that were important to them such as what time they like to get up, important events, their previous employment and family members. People explained that this meant that staff chatted to them about things that were important to them and in which they had an interest. One person said, "Staff go out of their way. They talk about their pets and families. I like to hear about their pets as I like animals. Look over there. There is a card with a cat on it that a staff member gave me". Another person told us that they always make jokes with and laughed with their regular carer and that this made them happy.

People were involved in decisions about their day to day care and encouraged to be as independent as far as possible. People were asked what outcome they would like from receiving support from staff. When people had said that they wanted to remain as independent as possible, staff respected and followed this aim. Care plans included information about which things people could do for themselves and when they required support such as prompting, encouragement or physical assistance.

The provider made it a high priority that people knew the staff member who was going to support them. People were introduced to staff before they supported them with their personal care. A record was made of this introductory visit so the provider could regularly check that they were taking place.

People's right to confidentiality was respected. People's records were stored securely in the office, which was only accessible to staff. Records contained consent details where people had agreed to share their personal information. People were given information about the service before they started to use the service. The service user guide was available in large print for people who had poor vision. Staff were aware that people could be supported by an advocate if they did not have family or they needed additional support to make decisions. An advocate is an independent person who helps people express their needs and to get the care and support they need.

## Is the service responsive?

### Our findings

At the last inspection on 20 and 22 September 2017, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans were not always person centred as they did not always contain people's likes and dislikes. Some care plans lacked detailed guidance about people's health and medical needs.

At this inspection on 5 and 7 November 2018 we found that improvements had been made. Care plans contained information about people's preferences and guidance was in place for staff to support people with any medical conditions.

Care plans included all aspects of the person's health, social and personal care needs. They included people's health and medical needs together with how this affected them and the staff support they required. When people had specific health requirements, additional information was available which gave staff further insight into their condition. When people had the understanding to manage their own health, this was clearly identified in their care plan. Information was available to staff about people's individual preferences, such as if they liked a set or flexible routine and what they liked to drink. One person liked a mug of coffee with sweetener and also a flask of coffee to be made up as well. This information helped staff to provide care and support in a way that was specific to the person.

People said their needs were assessed before they started to use the service. This took into consideration people's preferences as to whether people preferred a male or female staff member, or older or younger person. People knew that they had a care plan which contained information about their support requirements as they had been involved in its development. They were also aware that staff kept a written record of the support they received at each visit. People said that staff gave them all the support they required and asked them if there was anything else they could help them with before leaving. One person said, "I can't fault them. Staff do all I need them to do". A health care professional told us, "The registered managers are responsive and communicate well. I oversee the client's needs and CCK are always happy to accommodate any requests, changes or concerns".

At the last inspection on 20 and 22 September 2017 we noted that managing complaints was an area for improvement. This was because not all complaints investigations and outcomes had been logged, nor had an analysis been made of any themes to see if any lessons could be learned. At this inspection on 5 and 7 November 2018, a log was kept of all complaints. This included the nature of the concern, any investigation that took place and the outcome. The registered managers monitored the log and there had not been any reoccurring patterns or themes which indicated that there was an underlying issue with the service that needed to be addressed. People and their relatives told us that they knew what to do if they had any worries or complaints about the service and that if they raised a concern they would be listened to. One person told us, "I have no complaints. If I did I would say".

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand

information they are given. The provider had looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The service user guide was available in large print as some people had limited vision. One person had a large print timetable which set out the name of each staff member who visited them each day. They also had a whiteboard so staff and visitors could write important messages to help them remember.

People were supported by staff and in partnership with health care professionals, to have a pain free and comfortable death. Family members were supported at this difficult time according to their wishes and choices. Staff had received training in supporting people receiving palliative care and demonstrated that they did so in a sensitive and respectful manner.

## Is the service well-led?

### Our findings

At the last inspection on 20 and 22 September 2017, we identified a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that the systems in place to quality assure the service were effective. Shortfalls in staff knowledge of safeguarding, risk assessment, care planning and medicines management had not been identified so that necessary action could be taken.

At this inspection on 5 and 7 November 2018 the shortfalls identified at the last inspection had been addressed. However, the service continued to be ineffective in identifying shortfalls and developing and embedding systems to monitor and address all aspects of the service. Shortfalls were identified at this inspection in staff training in moving and handling of which the provider was unaware. After the inspection a senior staff member was registered on a 'train the trainer' course in moving and handling so they could train staff. This action was only taken after this shortfall was brought to the provider's attention. One of the care plans we looked at had not been reviewed for over a year. Although this person's needs had not changed, there was no system in place to ensure that each person's care plan was reviewed yearly. Another person's needs had changed significantly within the last week. This person's care plan was updated during the inspection, after it had been brought to the provider's attention.

The provider had continued to fail to ensure that the systems in place to quality assure the service were effective. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 20 and 22 September 2017, we identified a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that records with regards to medicines administration and stock counting were completed and accurate. Policies and procedures were not all up to date. Furthermore, we identified a breach of Regulation 18 of the Registration Regulations 2009. The provider had not notified CQC of other incidents such as any abuse or allegation which is a required statutory notification.

At this inspection on 5 and 7 November 2018 a daily count was kept of each medicine a person had been prescribed and administration records were audited so that timely action could be taken to address any shortfalls. The provider had acquired a package of policies and procedures which gave guidance to all areas of the service and had reviewed them so that they met the specific needs of the service. The registered managers understood how to submit notifications to CQC in line with guidance and had done so.

People and their relatives said the service was well managed. They said they would recommended the service to other people. One person told us, "I would recommend it because I like the staff that come and they are more like friends". Another person told us, "I would recommend it for the care and attention". A relative said, "Yes, I would recommend it completely. I won't have a bad word said about it". A health care professional told us, "CCK overall are very caring and needs led. My client is very happy with the level of care and support that they receive".

The registered managers acted as a strong role models. They supported people with their care on a regular basis and knew people well. At home visits, one of the registered managers offered people their favourite drink, chatted with people in a way that put them at ease and acted with compassion when people were anxious or upset. One person said about the registered manager, "We go way back. She used to come and care for me". The registered managers understood the aims and values of the service and shared these with the staff team. The aims were, "To provide a flexible and needs led service which is responsive to each individual's needs and wishes". Staff were aware of their roles and responsibilities said that they received the support to put them into practice. As a result, staff felt valued and proud to work for the service. Staff were asked for their views and how they had improved people's lives, through survey questionnaires. One staff member described how they felt proud in managing to persuade a person to attend a medical appointment, through speaking with them and exploring the benefits. Another staff member commented, ""The company is friendly, helpful and professional. It understands both clients and employees needs and does everything to ensure good quality care".

Communication was achieved through a range of meetings with keyworkers and senior staff. Staff memos were sent to keep staff up to date with best practice, policies and introduce new staff members. All staff were provided with a handbook which set their expected standard of contact and key policies such as safeguarding and whistleblowing. Spot checks had been carried out on each staff member to assess their competency. This included if they arrived on time, treated people respectfully, communicated effectively and carried out all expected tasks. When any shortfalls had been identified, action had been taken to address them. The provider had identified that it would be beneficial for spot checks to be carried out on a more regular basis to monitor the quality of care people received.

Feedback from people and their relatives about the quality of the service was sought through survey questionnaires. The results of the survey in March 2018 had been summarised and shared with people and staff. People responded that overall the service met their needs, choices and wishes and that they would recommend it to others. People said they were treated with dignity, staff arrived at the right time, staff were polite and helpful, had enough time to spend with them and talk to them. One person said that they had not received one call. This had been investigated and found that the person had received all their planned visits. A relative said, "The staff member is absolutely amazing. She makes my relative feel happy, secure and comfortable". Another relative said, "All the workers are good, chatty and have phoned me if they notice anything out of the ordinary regarding my mother's wellbeing and her property i.e. they noticed a cracked window, leaking kettle and they check to make sure she is eating".

The provider worked in partnership with other health care professionals such as occupational therapists and district nurses to meet people's health care needs. The registered managers sought their views about the service through survey questionnaires. The results of the March 2018 survey were that positive working relationships had been developed. Healthcare professionals responded that any staff were trained and competent and that any problems were addressed. One professional commented, "Thank you for your continued support with my clients whose lives are greatly benefitting from your 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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had continued to fail to ensure that the systems in place to quality assure the service were effective.</p> <p>Regulation 17 (1) (2) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to make sure staff received appropriate training as necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2) (a)</p>