Kind Caring At Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This service is a domiciliary care agency which provides personal care and support to people in their own homes. It provides a service to older adults. Not everyone using the service 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. At the time of our visit the service supported 11 people in the Surrey area.

The inspection took place between 25 July and 6 August 2018 and was unannounced.

This service had not been inspected before. The service is in the process of registering a new manager with CQC who has applied for registration. 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.

CQC was contacted by the provider in April 2018 to discuss an action plan that had been created to address various issues that had been identified in relation to the quality of care. This was still in the process of being implemented by management and the provider at the time of the inspection.

Recruitment policies and procedures were not being adhered to, to ensure that staff were suitable to work with people. The provider was not ensuring safe and proper recording of medicine administration. There was no overview or analysis of accidents and incidents to enable staff to see patterns or trends to reduce the risk of an incident or accident re-occurring. Care plans were not always person centred or detailed.

Staff had not completed the mandatory training set out by management and had not been signed off to work independently which was contrary to the providers own policy. Staff supervisions and appraisals had not been completed. The action plan created to improve, develop and sustain the service had not been completed by management. There were no audits or quality assurance processes being completed by management except for spot checks on visits.

Staff managed risks to people's safely. Where incidents had occurred, the staff took appropriate action to keep people safe. Staff understood how to identify and respond to suspected abuse. Staff took appropriate measures to stop the spread of infection when care was being provided. There was a business continuity plan in place for people in case of an emergency or disaster.

People were supported to prepare and eat food that they liked in line with their dietary requirements. People's needs and choices were assessed and people were involved in important decisions. Staff worked alongside healthcare professionals and other organisations to meet people's needs.

Staff treated people in a caring, considerate and respectful way. People told us that they felt staff were kind

towards them. People's choices were considered in the delivery of care.

People's histories and care needs were included in their care plans which helped staff provide responsive care. People received personalised care that reflected their needs, interests and preferences. People had access to activities that reflected what was important to them. Regular reviews were undertaken and any changes to people's needs were actioned by staff. Staff communicated any changes in care with each other. The provider had a clear and accessible complaints procedure although some responses had not been recorded.

No one was receiving end of life care at the time of our inspection. Surveys and newsletters had been completed to involve people and staff in the running of the service.

During our inspection we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Robust recruitment checks were not always completed. There were sufficient staff to support people.

Shortfalls were identified in the management and support of people's medicines.

Incidents and accidents were not recorded or analysed to help keep people safe.

Risks associated with people's needs were sufficiently assessed and planned for.

Staff were aware of how to protect people from abuse and avoidable harm.

Staff followed infection control measures to prevent the risk of cross contamination.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not completed the training they needed to do their jobs and did not have their competency assessed. Supervisions and appraisals had not been completed.

The principles of the Mental Capacity Act (2005) were complied with and people's consent was always sought.

People's health was monitored and changes were shared with others where required.

People's needs and choices were assessed and considered in their care.

People received effective support with meeting their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate.

People were involved in their care and support.

People's dignity, privacy and independence were promoted.

Is the service responsive?

Requires Improvement

The service was responsive.

Not all responses to complaints had been recorded although there was a complaints policy in place that was accessible to people.

Care plans did not always reflect people's needs and interests but people received personalised care specific to their needs. Care needs were reviewed regularly and any changes were actioned by staff.

People were supported to carry on doing activities that they enjoyed in their routines.

Is the service well-led?

Requires Improvement

The service was not always well led.

Monitoring and audit processes had not been completed to check the safety and quality of the service.

Where people's views were gained these were used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

The service notified CQC of significant events appropriately.

Kind Caring At Home Limited

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 was prompted in part by information of concern raised about the safety of care. The service had sent an action plan to CQC in May 2018 to address shortfalls identified by the provider. The action plan set out the main shortfalls related to recruitment processes, care plans, medicines administration records (MARs), risk assessments, quality assurance, training and spot checks.

Inspection site visit activity started on 25 July 2018 and ended on 6 August 2018 and was unannounced. It included telephone interviews with six people and three relatives. We visited the office location on 25 July 2018 to see the manager and office staff; and to review care records and policies and procedures. Two inspectors visited the office, one inspector carried out telephone interviews.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR prior to our inspection.

We visited two people at home and spoke with five people by telephone about the care they received. We also spoke to seven staff and the registered provider. We looked at four care plans and seven staff files. We checked the complaints log, accident/incident records and surveys completed by people who used the service. We also checked quality monitoring audits and records of spot checks on staff.

This was the first inspection undertaken at this service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives felt safe with staff who attended to them. One relative told us, "I feel very safe knowing they are there for my husband. He is 100% safe with them. I've seen them working, they know how to move him and handle him." One person said, "I feel very safe with the carers that come to my house." A second relative said, "they always stay for as long as they are needed. Last night (care staff) stayed an extra half an hour to make sure my husband was safe after he had a minor accident". A third relative told us, "I feel very calm and reassured with them."

Despite this positive feedback robust recruitment processes were not followed to ensure there were suitable staff employed to support people. We found that out of seven recruitment files none of them contained references and three staff members had no application forms completed. Where a Disclosure and Barring Service (DBS) check had revealed a previous conviction no risk assessments had been undertaken. These issues were in contravention of the service's own policy which required each member of staff to have two references and a full employment history. Although the service had created an action plan in May 2018 to address these shortfalls, the action plan had not been completed or implemented to address the gaps in the recruitment process or records.

The failure to ensure that all staff were of good character and suitable to be employed was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were positive about staff's support and assistance with medicines. One relative said, "They had mentioned to me when he was running low on medications so that I could ensure there was the right amounts of meds for him. They always enter the details in the red book." Another person told us, "They always give me my meds."

Despite this the provider did not always ensure medicines were recorded or documented properly. Medicines administration records (MARs) did not state the dosage for one person. This meant that there was no record of how much medicine they had taken. We also found multiple gaps in a MAR where staff had written 'X' instead of signing the record for one person. There was no definition or explanation as to what 'X' meant so it was unclear as to whether the person had taken the medicine on certain days. Another person had ten medicines in their care plan but had no clear records of how each individual medicine should be given to them. We observed that staff gave the person all ten medicines at the same time and didn't individually record them. This meant that there was no record that the person had had each individual medicine. MARs were returned to the head office consistently every two weeks so that the manager could collate them. Despite the failures in recording medicines, staff had been consistently administering medicines and supporting people to have their medicines. Relatives and people told us they were happy to have staff managing medicines.

The failure to ensure proper and safe use of medicines is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Lessons were not always learned or improvements implemented following accidents or incidents. Accidents and incidents were not always recorded by the service. We found two examples where two incidents had not been reported to the office or recorded by staff. In one example, one staff member described how a person had choked on their medicines which had then required the staff member to do back slaps to dislodge the pill. In another example, a second staff member told us that a person's foot had 'exploded' and had bled heavily until a health care professional treated them. As neither incident had been reported to the registered manager or recorded, there was no prospect of the service learning from the incidents or putting improvements in place. There was also no overall analysis or audit of accidents and incidents completed by management to enable staff to look for trends or patterns. However, as there had not been many incidents or accidents, this issue had not had an impact on people.

We recommend that accidents and incidents are recorded and analysed appropriately.

People and relatives told us that staff arrived on time and stayed the full time they were expecting them to do so. One person said, "Yes, they normally arrive on time – they would call me if they were not going to arrive on time." A relative told us, "They always stay for the right amount of time". A second person told us, "if they are going to be late then they would always call ahead, but that is rare".

There were sufficient staff to support people and meet their needs. The service ensured that visits were not missed or cancelled due to staff shortages by always having back up staff able to step in. Since the registration of the service they had only ever missed one call which resulted in disciplinary action being taken by the provider One member of staff told us, "I've only been here for a week but I would say there are enough staff." Another member of staff said, ""If I was running late I would ring the office and they would ring the client. There has never been an occasion where the double up hasn't turned up."

Risk assessments were created, updated and reviewed to monitor and manage people's safety effectively. We found risk assessments had been completed for all people using the service. These included household safety checklists, people using walkers to rise from their chairs, standing and general mobility. Staff were knowledgeable of the importance of risk management. One staff member said, ""One lady has a stair lift which she refuses to use to come back down the stairs. I try to get to the call early to try and stop her walking down the stairs. When she is going up on the stair lift I will walk up with her." A second staff member described how, following a choking incident, she had asked that the person's medicine from pills to liquid was changed to help reduce the risk of choking.

People were protected by the prevention and control of infection. People told us staff helped them keep their homes clean and hygienic. People told us that staff always used infection control equipment when they carried out personal care. One person said, "They always wear gloves when they are doing personal care for me". One staff member told us, "I have had infection control training. I have apron and gloves and I can come into the office if I need any more." A second person told us, "They don't come in to clean but they always remove the dirty things and do the washing if needed. They are very good at staying clean and tidy."

People were protected because staff knew how to recognise and act when they suspected abuse. The registered manager had raised concerns, when needed, with the local safeguarding team appropriately. One staff member told us, "I would raise (allegations of abuse) with (managers) but I wouldn't write it in the notes as I wouldn't want the person to know. I would do a report for (manager) and then if I needed I would raise it with Council or CQC. I wouldn't hesitate to use the Whistleblowing policy." Another staff member said, "I whistle-blew on a member of staff as I didn't like the way she spoke to (a client)."

In the event of bad weather or a major incident the provider had a contingency plan in place. We saw a

business continuity plan that accounted for fire, flood, staff sickness or road works. For example, in the event of a fire or flood in the office the care files could be accessed remotely which were regularly backed up.

Requires Improvement

Is the service effective?

Our findings

People told us that staff supporting them knew what they wanted and how to support them. One relative told us, "They were very detailed in asking (person) and I all about his personality and needs. The carers all know him so well now." A second relative said, "They do what he says and listen to him when he requests different things. They are thoughtful with him." One person told us, "I consider them to be my friends now. They know a lot about me now."

Despite receiving this positive feedback staff did not have their skills or competency assessed to ensure effective care was given. Staff had not completed the mandatory training required and had not had their competency assessed before they were able to work independently. Two new staff members both stated that they had not been competency assessed and were now working independently. This meant that there was no measure in place to ensure that staff were capable of carrying out activities such as medicines administration.

The service policy stated that before any staff provided care they were required to complete the mandatory training and be signed off by the manager. This policy was not always being followed. We reviewed the training schedule and found that only 12% of the courses listed had been completed by staff. For example, no care staff had completed the in-house training for moving and handling, dementia, infection control or end of life awareness. Training such as moving and handling is essential to ensure proper and safe handling of people during visits.

Supervisions had not been completed for all staff although it was clearly organised and planned to take place. This was because the manager had only been in their position for two months. Staff told us that they felt supported by management. One staff member told us, "I felt very supported, I wasn't left out in the cold." No appraisals had been completed for the same reason. We will check this at our next inspection.

The failure to ensure staff were competent, skilled or had received appropriate training was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new staff induction process had been implemented by the manager to ensure people were cared for by skilled, effective staff. Staff told us that they had completed the induction. They also told us that they shadowed experienced care workers on visits. One staff member told us, "It was hard work. I had two weeks of shadowing people. It was a brilliant example of how to care. The induction was really thorough, I was shown exactly how I would want my relative to be cared for. I learned so much." One person told us, "They absolutely have the skills required for the care." The manager confirmed what we had been told and that spot checks were carried out to monitor their roles. We saw evidence of spot checks being completed. The service was also in the process of training all staff to complete the Care Certificate which is a set of nationally agreed standards that care staff should demonstrate in their daily working lives.

It was clear from our visits that staff had experience and knowledge of care work from previous employment.

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's consent to care was sought by staff throughout their care. When people came to the service and were assessed for care they were asked to sign a consent form. We observed staff consistently asking for consent whilst carrying out care for people in their homes. The service had one person who lacked capacity but they had a relative who had power of attorney for health and welfare in place.

There wasn't always clear evidence that separate detailed pre-admission assessments took place prior to care plans being developed. However, the service had completed detailed needs assessments for everyone using the service. The manager told us that they used a full care plan as the tool for determining peoples' needs and that they were introducing a digital system with a pre-admission assessment as a separate document. This new assessment had been completed for all but one of the people using this service and was very detailed. For one person the needs assessment included details such as; mobility, nutrition, medication, next of kin, pets, health history, social activities, living arrangements, financial care, religion and personal care. There were details about the frequency, hazards, control measures and methods for each of the needs listed.

Staff worked well with their colleagues, other agencies and healthcare professionals to support people's health and treatment. One staff member told us, "The communication is amazing. They are really friendly and nice. If a person had a change in their needs, I would ring the office and ask them to let the next carer know." We saw evidence of people's access to other healthcare professionals being supported. The service had a rota which clearly set out when people had appointments with their GPs, hospitals or other healthcare professionals. One staff member described how one person had complained of having sore feet and so in response the staff member had immediately called a podiatrist to arrange an appointment.

Where relevant, people were supported to eat and drink enough to maintain a balanced diet. One staff member told us, "I would always leave water with a client. If they haven't touched it on my next visit I would encourage them and report it the office." One relative told us, "I manage his food normally but when I am not there, the carers do assist him to eat what he wants – I have seen them asking him what he wants." One person said, "They ask me what I want, I eat very well. I eat everything they make. I enjoy the meals." We saw people's care plans included details of what different people liked to eat. For example, in one person's care plan it stated that they liked salad, eggs, soup and fry ups. We saw from their daily records that they had been given variations of these meals on different days. One relative told us, "My mother likes cheese and crackers followed by chocolate. They always get her what she wants and asks for."

The provider supported staff to work to best practice and to keep abreast of national guidance and changes to procedures. They told us they had arranged for an advanced medicines awareness training session recently in which all staff attended. This included current first aid training. We saw the agency held the National Institute of Clinical Excellence (NICE) guidance for various procedures.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness, respect and compassion. One relative said, "The carers support him to see and keep in touch with his family. They chat to him about them all." Another relative told us, "Yes, they understand him and have a wonderful friendly relationship with him." Staff described to us how they went the extra mile with people during their care. One staff member told us, "If the work is done sooner I would stay and talk to them unless the client wants me to go. You stay and talk, you learn so much about them this way. I love to chat to people. That's how you get the knowledge." Another staff member described to us how they had requested the milkman use light plastic bottles for a person's delivered milk because they were struggling to lift the glass bottles. One person told us, "If I am feeling unhappy or moping – she (staff) can change my mood and cheer me up. She will really pick me up."

People were supported to express their views and be involved in their care. This was done by the staff directly talking to people and asking what they wanted and how they wished to be supported that day. We observed staff doing this during two home visits. One staff member told us how she specifically looked through people's care plans to find out what they wanted and enjoyed. She said, "I look for their interests. One client likes going for walks." She told us that she took the client out for a walk frequently, saying "At least she has been out. You don't just go in and do the job." One relative told us, "They are very considerate towards his feelings and thoughts. He is Catholic and they are aware of that." Another person said, "They ask me what I want and how I want to be treated. I'm being treated very well. I haven't asked for any changes."

People were actively involved in making decisions about their care and support. The service completed needs assessments with people so that they could set out exactly how their care was provided. This had been completed for all but one of the people using this service. The provider had recently sent out a survey in June 2018 to people to gain feedback on the care being received. They had received seven responses which were all positive.

People's privacy and dignity was respected by staff. One member of staff told us, "I would always make sure the curtains are shut and they have a towel covering them and the door is shut. I always knock and call out to them when I arrive. I would also always ask them what they preferred to be called." People told us that staff were thoughtful when providing personal care and ensured that they were happy throughout the visits. One person told us, "They treat me with respect. The new ones (staff) always ask me how I would like to be called and ask or tell me what they are going to do before they do it."

People's independence was promoted and respected by staff. One relative told us, "My mother has been bed-bound for two years. Now she has agreed to try getting into a wheelchair because of the confidence the carers have given her. This is with the hoist and the carers helping. They are always assessing her with the equipment." One member of staff told us, "If they are having a wash I would offer them a flannel. I don't just assume they can't do it. I lay clothes out for people and let them choose. One lady likes to wear make up. I offer the pot of cream to them for them to put on themselves. I want to make them feel included." Another member of staff said, "I try to get them to do as much as they can, if they are struggling I offer a hand." People we spoke to confirmed that staff were proactive in enabling them to do things for themselves. One

person told us, "They always encourage me to do things for myself before assisting me if I need help."

Requires Improvement

Is the service responsive?

Our findings

People received personalised care by staff who knew them and responded to their needs. One staff member told us, "The care plans are in the file when we get to the house and I do read them." The same staff member was able to tell us in detail about the needs of five of the people she cared for. A second member of staff said, "I learn about people's needs by word of mouth and then I also read the care plans." A relative said, "(Person) gets to decide how she is cared for, she always says no or yes in response to their questions."

People's concerns and complaints were listened to and acted upon but there was no record that they had been responded to. The service policy set out that all complaints should be responded to in writing. This policy was not being followed. We found three complaints which had been logged by the service yet there was no record that responses had been sent to the complainants. The complaints were about one specific staff member which had been addressed by the provider as a result. The provider had a complaints procedure which set out how complaints would be managed and investigated. This was provided to people when they began to use the service. We asked staff how they would support people to make complaints, one responded, "I would speak to them (people) and suggest that the manager came and spoke to them. I would offer to be there with them if they wanted." One relative told us, "I have never had any reason to complain at all but I am well aware of how to do so. I would simply contact the manager directly and am sure that she would respond."

The failure to keep records of responses to complaints is a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were not always person centred or responsive to people's needs. There was one person who had no care plan at all because they had refused to give the service any information. Since the inspection the service has stopped providing care to this person. We saw a care plan which stated that the person had two serious health conditions yet set out no guidance or care planning for staff for either of these.

The failure to reflect people's preferences or record appropriate information was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Aside from the care plan example above, we were told by people, relatives and staff about how people received personalised care. Staff also went the extra mile to get to know people and their preferences. One person described how a staff member had done her nails for her during a visit. She told us, "She is sometimes more like my daughter than my actual daughter." One staff member said, "She (person) hates pasta. She likes fish and chips. She hates her light in the hall being left on and she likes her quilt tucked in at the end of the bed. I know all of this from getting to know her and talking to her. I also know it from the care plan." We checked the care plan for this person and it was person-centred with details set out about what the person liked to eat, watch, talk about and which activities the person liked to do themselves. For example, one care plan included, "I like to wash my own face, sleep a lot and listen to my book. I used to attend church, enjoy telling stories about the past and talking about the royal family."

We found that staff frequently went above and beyond to support people in their everyday lives. One person told us, "I think they are very kind people. For example, today one of the carers dropped a sample to our doctors for us. She didn't need to do that. She did that in-between her calls. They always take on additional jobs to help us out."

The service worked alongside multidisciplinary teams from hospital trusts to ensure that people had dignified, comfortable and pain free deaths. Since the registration of the service they had only provided end of life care to one person. The manager told us that they had worked alongside the district nurse to ensure that painkillers were monitored and the person's mouth remained suitably hydrated. The manager said that the service intended to continue to work alongside other agencies and health care professionals to ensure that end of life care was as comfortable as possible for people. At the time of the inspection no one was receiving end of life care.

Requires Improvement

Is the service well-led?

Our findings

There were no proper governance systems and processes in place. The provider had relied upon one person to organise the management and governance of this service up until May 2018. When the provider recognised that the service was unable to meet its registration requirements, a consultant was employed to improve and develop the service. A new manager joined the service in June 2018 and since then they have been implementing improvements.

One staff member said, "Leadership is good, things are running smoothly. They have picked up so much." Another staff member told us, "I do feel very supported by (manager) and (HR and Administration Manager) and the other carers. It's very nice. They have all made me feel very welcome." A third member of staff said, "The service is more under control now. We know who's who now and who to go to. It's more organised. We have a lot more messages coming out from them (management). We get an email each month." There is currently no registered manager at this service but the new manager has applied for registration. The previous registered manager left in May 2018.

There was a clear vision and credible strategy to deliver high quality care but this had not yet been implemented or completed. There was also an action plan which had been created to address various areas that required improvement but this had yet to be completed. This was because the manager had only been in post for two months and the two plans had been created three months before the inspection. For example, there was no recruitment process or complete documentation for each employee. We found that although the service had implemented a new recruitment process and action plan to address this, none of the employees had completed all of the mandatory training or had been signed off to work independently by a senior manager. We also found that none of the seven employee files we checked had references.

The manager and deputy manager for the service had completed over 100 calls themselves between May and July 2018 due to staff shortages. This had had a direct impact on their ability to implement the action plan that was created by the provider in April 2018. Ordinarily managers should be office based and only completing visits in emergency situations. The provider and the manager were open and transparent with CQC about these failings and the steps that were being taken to address them.

There were no completed quality assurance audits of any documentation, records or processes. This was because the new manager and deputy manager were in the process of creating the documents to enable audits to be completed. We saw that they had created forms for monthly MAR and care note audits which were going to be used by them in the coming months.

The failure to assess, monitor and improve the quality and safety of the services being provided is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not always engaged and involved in how the service was run. There had been no staff meetings held by the managers with the team. The manager explained that this was because there had not been enough time to arrange one in the past two months whilst completing visits. Supervisions were in the

process of being completed and no appraisals had been completed. There were two staff newsletters which had been sent out in June and July. These newsletters firstly thanked the team for their hard work and introduced the new manager. The second newsletter reminded staff not to cut call times, to socialise with people during visits, encourage people to drink during the hot weather and inform the team of the new office. However, staff did tell us that they felt involved and valued. One staff member said, "I feel valued. The clients say that they won't go to hospital unless I go with them. The bosses are all really pleased with me." Another staff member told us, "The whole company values me. No one has ever been rude. If you have had a hard day at work then everyone rallies around and say well done. They keep an eye on your health. We have monthly newsletters which keeps us all in the loop, tells us what's been going on. Team meetings would be amazing and it's another way of communicating."

Although there were no team meetings, staff did mention that they were communicated with by management effectively and consistently. The manager also told us that staff meetings were going to be introduced. One staff member told us, "We come into the office and discuss messages, updates and developments with the managers often." Another staff member described how responsive management could be to concerns she raised with them, stating, "Some carers weren't following the instructions set out for one person regarding her food. I told management about this and they immediately sorted this issue by ensuring new staff read through the care plan before their visits."

There was a positive, person centred culture known and understood by staff. One staff member described the culture and aim of the service as, "To provide company, care and help." Another staff member told us, "Keep it kind and caring is the ethos. Put the client first."

People were engaged and involved in the service and the manager had responded to their feedback. A survey had been completed in June for feedback from people. In the survey one person had commented, "They (staff) have a timely manner, a flexible approach to problems and their levels of support are adjusted accordingly." A second person had said, "The service is excellent." Three people had commented that communication with the office was not always possible via telephone. In response to this the manager had sent every person a mobile number which gave them direct access to the manager 24 hours a day. One person had commented that they did not think their mobility equipment was being used correctly. In response to this the manager had reassessed the mobility equipment with staff to ensure that staff were using it correctly.

The service was in the process of implementing several improvements at the time of the inspection. There was a new office which has been purchased with the aim of using the extra space to complete staff training and meetings. The deputy manager has created a new training scheme which is in the process of being rolled out to all staff. Staff were now also being given the opportunity to complete a National Vocation Qualification (NVQ) in care.

The provider and manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

The provider had developed effective working relationships with other professionals involved in people's care. This included the work they were doing with hospices in relation to end of life care. The manager kept a spreadsheet of people's appointments with healthcare professionals which included contact details for them. We also saw and heard clear evidence of people being supported to access doctors and pharmacies. Staff were clearly encouraged by management to enable and ensure that people were supported to access holistic care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans were not always person centred or responsive to people's needs.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure medicines were recorded or documented properly.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints There was no record that complaints had been responded to. The service policy set out that all complaints should be responded to in writing. This policy was not being followed. We found three complaints which had been logged by the service yet there was no record that responses had been sent to the complainants.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were no completed quality assurance audits of any documentation, records or processes.

Regulated activity	Regulation

Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment processes were not followed to ensure there were suitable staff employed to support people.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not have their skills or competency assessed to ensure effective care was given. Staff had not completed the mandatory training required and had not had their competency assessed before they were able to work independently.