Compassionate Care Team Ltd

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Inspection report

35 Bridgegate
Retford
Nottinghamshire
DN22 7UX

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08 September 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 5 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk with staff and review records. Phone calls to people and staff were completed on 6 and 8 September 2017.

The service provides personal care and support to people who live in their homes in and around the Bassetlaw and Sherwood area of Nottinghamshire. At the time of this inspection between 90 and 100 people received support from the agency, most of whom received support with their personal care needs.

The service is required to have a registered manager. 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 time of our inspection there was a registered manager in post.

Improvements were required to some records to ensure they were accurate and complete; including medicines administration record (MAR) charts, care plans, risk assessments and investigations into complaints. In addition, systems and processes designed to assess, monitor, improve services and reduce risks to people were not always effective. Some policies and procedures contained out of date information and did not always fully cover the procedures operated by the service.

Risks were not always fully identified and information on the actions required to reduce risks had not always been included in people's care plans and risk assessments.

There was a risk that people would not receive their medicines consistently and as prescribed as care plans were not in place for when people received care with their medicines and creams. Records for medicines administration were not always complete or accurate.

People felt safe with the care staff provided and staff had been trained in how to identify and act on any suspected signs of abuse. Staff had been trained in areas relevant to people's needs and their competency to provide care to people was checked.

Sufficient numbers of staff were suitably deployed to meet people's needs. Recruitment processes were in place and had been followed. Staff received supervision and feedback on their performance; any shortfalls were identified with individual staff so they had the opportunity to develop and improve. Staff felt supported by the registered manager.

Staff checked people consented to their care before this was provided. Where a person lacked the capacity to consent to their care, the provider had a policy and procedure in place to follow to ensure their care would be provided in line with the Mental Capacity Act 2005.

People were cared for by staff who were kind and thoughtful. Staff promoted people's dignity and privacy. People were involved in planning and reviews of their care and support and their views were respected.

People received care so that they received sufficient food and drink that met with people's known preferences. Staff understood when to involve other healthcare professionals to ensure people maintained good health.

People received personalised and responsive care and were involved in reviewing what care they needed. People knew how to raise any worries or concerns should that be needed. A process was in place to investigate and respond to complaints. The registered manager was approachable and sought people's views on the quality of the service.

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this 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 consistently safe.

There were risks that people would not consistently receive their medicines as prescribed. Medicines records and care plans were not always complete. Risk assessments did not always identify all risks and the actions needed to reduce them.

People felt cared for safely and sufficient staff were available to meet people's needs. Staff were checked prior to employment to ensure they were suitable to work at the service.

Is the service effective?

Good

The service was effective.

Staff checked people consented to their care. Policies were in place so people's care could be provided in line with the Mental Capacity Act 2005 (MCA) if they lacked the capacity to consent to their care. Staff received training in areas relevant to people's needs. Staff felt supported by their managers. People were supported to have good health and nutrition.

Is the service caring?

Good

The service was caring.

People felt staff were kind and thoughtful. People felt staff promoted their privacy, dignity and independence. People had choices and control of their care and were involved in discussing what care they needed.

Is the service responsive?

Good

The service was responsive.

The views of people and their preferences were known and respected. People had opportunities to raise feedback and knew how to complain should that be needed. People received personalised care, responsive to their needs and were involved in on-going discussions with staff over what support they needed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements were required to some care plans, risk assessments and records of medicines administration. Systems and processes designed to check on the quality and safety of services were not effective. Policies and procedures were not always up to date or fully covered the procedures operated by the service.

The registered manager was known to people and was approachable. Staff were motivated in their roles.

Compassionate Care Team Ltd

Detailed findings

Background to this inspection

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

This inspection took place over 5, 6 and 8 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included one inspector 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 inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident was subject to a local authority safeguarding investigation and resulted in an outcome of neglect being substantiated. In addition, this incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However the information about the incident indicated potential concerns about the management of people's care when they were assisted to mobilise. This inspection examined those risks.

Before the inspection we looked at all of the key information we held about the service. We reviewed statutory notifications that had been completed by the service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with the local authority commissioning teams and social work teams. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. We also checked what information Healthwatch Nottinghamshire had

received on the service. Healthwatch Nottinghamshire is an independent organisation that represents people using health and social care services.

In addition, during our inspection we spoke with ten people who used the service and one person's relative on the telephone. We also spoke with the registered manager and three care staff.

We looked at three people's care plans and reviewed other records relating to the care people received and how the agency was managed. This included risk assessments, quality assurance checks, staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

People felt their medicines were managed safely. One person told us, "Staff pass me my tablets and a drink and then once I've taken them, they write it down in the records." Another person told us staff helped them take their medicines at regular times. The registered manager told us they had recently received feedback from the local authority and local health commissioners on how to improve their medicines management. The registered manager told us they were in the process of implementing their advice. Staff we spoke with told us they had been trained in medicines management and knew to record any administration of medicine on a medicines administration record (MAR) chart.

However, we found records of medicines administration were not complete and did not show with accuracy what medicines people had received. In addition, how staff provided care to people in relation to their medicines was not always clearly identified in a care plan. For example, daily records showed staff administered creams to a person. There was no care plan or MAR chart in place for this person's creams. The provider's own medication policy and procedure stated, 'Clear information must be available to inform care staff as to what the Service User's cream is for, how much to apply, where precisely to apply the cream, the frequency of application and for how long the application is to continue. There must be a Care Plan for the application of the cream and a daily account of its application.' The registered manager had not followed this policy.

Another person had a medicine once every week; this medicine had very specific guidance for staff to follow when administering it. However, the care plan and MAR chart did not contain all the relevant guidance for staff to follow on how to administer the medicine. Without this, the registered manager was not able to demonstrate people received their medicines as prescribed as care plans for people's medicines care were not in place and MAR charts for creams were not always in place.

Staff we spoke with told us they followed people's care plans and would refer to care plans in people's homes to check what care people required. Staff also told us they would phone the registered manager if they were unsure of anything. The registered manager told us, and records confirmed, they were in the process of updating people's care plans after feedback from local authority commissioners.

However we found care plans and risk assessments were not always in place, or did not contain complete information for some areas of risk. For example, we found staff reported an incident where they had been at risk when providing care to a person when they had been distressed. Daily notes showed that on dates after this initial concern had been reported, staff had continued to find the person distressed and records showed staff provided a reduced amount of care because the person was distressed. The person's care plan did not contain any details on how staff should provide care should they find them distressed, and the risks that may be present and what actions they were to take to reduce risks to themselves and to the person. For another person, staff were instructed to check the person's pressure areas; however no information was included to identify where this person's pressure areas were. In addition, we found care plans and risk assessments sometimes lacked detail when equipment was required to assist in people's care. For example, when hoists were used there were no detail of the sling and the sling settings that had been assessed as safe

to use. For another person who required a brace to be worn, there was no detail or staff on how this should be fitted. Without this level of detail in a care plan and risk assessment the registered manager could not demonstrate care was consistent and risks to people and staff were consistently identified and reduced.

Staff told us, and records confirmed, if an accident or incident did occur they would report this to the registered manager. Records showed accidents and incidents had occurred and had been reported, however care plans and risk assessments had not always been updated as a result. This meant not all steps had been taken to reduce risks to ensure people's safety and there was a chance of an incident or accident re-occurring.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff we spoke with told us how they would recognise any suspected harm or abuse of a person. They told us, and records confirmed, they had received training in safeguarding adults.

We asked people whether they felt safe when staff cared for them. One person told us, "I do feel safe with the staff that I have looking after me. They have all been trained really well; particularly to use the hoist as it's not something that I really enjoy. They always talk me through what they are doing, and they never lift me until they have made sure I'm comfortable and ready." Another person said, "I need two staff every time to move me in bed and also to do the hoisting safely. I've never had a visit from just one carer in all the time I've needed two." A third person told us, "Staff let themselves in with the key safe. They know I always worry about the door being locked properly and also not knowing who is coming in. They always ring the bell and then as soon as they have opened the door they will shout out their name so I don't panic. They have always made sure that the door is totally secure before they leave and I have never had any problems with that so far." People felt safe with the care they received.

People commented on actions care staff took to manage other risks. For example, one person told us, "Staff have their own supply [of gloves and aprons], but I have a stock here that they can use as well. I have to say, their hygiene skills are very good; they look after my catheter bag so I don't get infections." Another person told us, "[Registered manager] did suggest I remove a couple of loose rugs that I had just in case I tripped over them." Records showed risks within around people's homes were reviewed to ensure a safe working environment for staff and for any care provided.

We looked at how the provider recruited and managed staff. Staff told us and records confirmed, the registered manager had checked references and obtained information from the Disclosure and Barring Service (DBS) when recruiting staff. Records showed all the required pre-employment checks had been completed.

Staff were deployed in ways to ensure people received safe care. People told us there were enough staff to provide them with a service. One person told us, "I have to be hoisted everywhere. The two staff usually arrive together and in my experience they've always sent me two staff every time." Another person told us, "Staff don't run late very often, but if they are the office will usually give me a call to let me know what is happening. It helps that we have a rota sent to us every week so we know who should be coming and at what time, because at least that way I know that the office have arranged somebody to come each time."

Other people commented that they did not feel rushed by staff and that staff stayed for the full length of their call. For example, one person told us, "I have four visits a day, so staff are here when I need them most; they usually stay a bit longer than they are supposed to if I'm honest." Another person told us, "I have three visits a day and the carers are lovely and never mind doing extra jobs. They never rush me and they're

always here for the full time they're supposed to be." Staff we spoke with told us calls were organised so they had enough time to provide the care people needed.
We discussed with the registered manager how they planned and deployed staff to meet people's needs. They told us, wherever possible people's preferences for any particular staff were met and taken into account. Sufficient staff were deployed to meet people's needs.

Good

Is the service effective?

Our findings

People told us they felt staff had the relevant skills and knowledge to care for them. One person told us, "When new staff start, they always shadow an experienced carer and some will do that two or three times before I see them on their own." Another person told us, "I have two members of staff because I am mainly in bed these days and have to be hoisted everywhere. When a new member of staff starts they will usually come along with one of my regular staff so that they can see exactly what needs doing and how I like things to be done." A third person told us, "For the type of help I need, I think their training is fine; they certainly know what they are doing in terms of catheter care as far as I'm concerned."

Staff told us, and records confirmed their competency in providing care was checked by senior staff. One staff member told us, "I did an induction, training, shadowing and looked at policies; it was all in place before I went on calls." Records showed staff worked to complete the Care Certificate. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. Staff had the skills and knowledge to care for people.

The registered manager told us and records confirmed, they used a training matrix to identify when staff training expired and when staff required refresher training. Training that was due to expire had been identified and plans were in place for this to be completed. In light of a recent incident where a person sustained an injury when in receipt of care, the registered manager had discussed the importance of staff assisting people safely and how to report any concerns regarding a person's safety in a recent team meeting. In addition, the registered manager had initiated refresher training on moving and handling for all staff; we saw this was in progress. Staff received training in areas relevant to people's care needs.

People told us staff would ask for their consent before providing care. One person told us, "Staff would never dream of starting anything without asking me if I'm ready first." Staff we spoke with provided examples of how they would check with people and obtain their consent for any care provided. For example, one staff member told us, "I always ask, talk and listen to people; listening is so important; I'll say 'Are you ready?' I'll always ask." Staff checked people gave consent for their care.

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.

We checked whether the service was working within the principles of the MCA. The service had policies in place that covered the MCA and making decisions in a person's best interests. At the time of our inspection, the registered manager told us no-one lacked the capacity to consent to their care.

Staff spoke highly of the support they received from the registered manager and other office staff when this

was needed. One staff member told us, "If I've any problems in a day, on-call are there straight away; any problems can be dealt with there and then; someone is always there." Another staff member told us, "Team meetings are really good; we think we know things, but we can always learn more." They went on to tell us, and records confirmed, training on preventing pressure sores that had been discussed in a recent team meeting. Staff told us and records showed they received formal supervision meetings. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. These actions helped to ensure staff are supported and follow good practice in their job role.

People who received care with their meals and drinks told us they had sufficient to eat and drink and that their preferences were met. One person told us, "I have a ready meal cooked for me each day and the staff know that I like it emptied out onto a hotplate when it is cooked because I don't really enjoy eating out of a plastic container. They always remember to do it for me without me having to prompt them." Another person told us, "The first job the staff do when they come through the door is to put the kettle on and make me a nice hot drink, and they always make me another one just before they go. I also have a glass of water on my little side table next to my chair, so that I can reach that during the morning or afternoon when the staff aren't here."

Staff we spoke with told us they would always give people choices for their drinks and meals. For example, one staff member told us, "I always ask people if they want a hot or cold drink and I bring them a choice of meals from the freezer for them to be able to make a choice." They also went onto tell us care plans contained details of people's dietary needs when this was relevant. For example, they said, "The care plan identifies if people are diabetic and need sweeteners instead of sugar." Records we saw showed people's dietary needs were identified and any preferences they had were known. People received care so that they had sufficient food and drink that met their preferences and needs.

People were supported effectively where other healthcare services were involved in their care. One person told us, "I have a couple of hours twice a week where the staff will support me to go to any GP appointments, any hospital appointments or anywhere else that I need to go. I wouldn't be able to do these outings without the help of the staff, and my family live too far away for me to rely on them." Records identified when staff should contact other healthcare professionals for help in meeting people's associated health needs. For example, one person's care plan instructed staff to monitor a person's skin and contact the local district nurses should their skin appear red. The service helped people to maintain good health as they understood how to involve other healthcare services to ensure people's healthcare was appropriate.

Good

Is the service caring?

Our findings

People told us staff were kind and thoughtful. One person told us, "Staff know that I like a warm shower, so they will usually run the water so that it has a chance to warm up before I am ready to get in. They always put my towel on the radiator as well so that it is warm when I finish and I'm ready to get dried. It's only a small thing but it makes a real difference."

A relative told us, "Staff are really caring and go out of their way to make sure [my family member] is happy. [My family member] loves music and staff always make sure that they put some music on while they are doing breakfast. The main staff member loves to sing, and I very often hear them singing when I am upstairs getting myself ready. [My family member] loves the singing and I can hear them trying to join in or laughing whilst the staff sing little songs to them."

Staff spoke with warmth and affection for the people they cared for. One staff member told us, "We may be the only people they see, I love to empathise with them and talk with them." Another staff member told us, "It's nice to know people; and knowing those extra bits about a person, it makes them feel a little bit special." People received care from staff who were caring.

People told us staff respected their privacy and promoted their dignity and independence. One person told us how having control over how their care was provided helped them stay safe and manage other tasks as independently as possible. They told us, "I do like to have my breakfast before my wash so I don't go wobbly on my feet; it's never been a problem up till now." Staff we spoke with told us the steps they took to ensure people's privacy and dignity was respected. For example one staff member told us, "I'll close blinds and curtain and afterwards make sure skirts are down properly and ask 'are you comfortable?'" Care was provided with respect and to promote people's independence, dignity and privacy.

People told us they felt involved in their care and they had choice and control over how their care was provided. One person told us, "[The registered manager] was quite clear when we first sat down with her, that if there were certain ways we liked things to be done, then we should say, and it would only be if there was some difficulty with this regarding health and safety et cetera that we would have to rethink and compromise a bit." Another person told us, "I do like having my bed bath done in a certain order; no-one has ever said anything to me about not wanting to do it my way." People felt confident their care plans reflected their needs accurately as they had been involved in what had been included. For example one person said, "I go through the care plan with [registered manager] when she comes to visit and any changes get made straight away." People had choice, control and were involved in planning their care.

Good

Is the service responsive?

Our findings

Prior to this inspection, we were aware from the registered manager's own investigations into a recent concern, that not all people's wishes to have female staff had been respected. We saw actions had been taken by the registered manager to address this. At this inspection, people told us where they had a preference for female staff, this had been respected. One person told us, "I told the agency when I started that I only wanted female staff as I don't think it's right when I need help with my shower that it should be male staff that comes to help me. The agency have been very good, and always manage to find me female staff. They have never once tried to send me male staff."

People spoke with us about their preferences for staff. One person wanted more consistent staff; they told us, "I do know all the staff that look after me and they are all very nice, but it would be nice if I could just have three or four that I saw all of the time because I think they would probably get to know me a lot better and I would get to know them better as well. Don't get me wrong, I don't have a problem with all the staff I see, and they all remember what I need doing, so it's not a problem, but it would be nice." Another person told us how their preferences for staff had been met. They said, "I'm [in my nineties] and very set in my ways. [Registered manager] knows that I really don't get on particularly well with very young carers because they will tend to do things their own way and they usually like to try and clean up around me while I'm trying to eat my meals, which really annoys me. [Registered manager] is very kind and she looks out for particularly older staff who she knows I will get on better with and send them to me instead."

People told us they knew how to make complaints or compliments. One person told us, "I've never had anything to complain about, but there is a leaflet in the folder which explains who to contact and how complaints would be dealt with." Another person said, "As far as I remember there is a leaflet about complaints in my folder; although I've been with the agency some years now and I've never had to look at it as I haven't had anything at all to complain about." We saw a selection of thank you cards and compliments from people and their families who used the service.

Where people told us they had raised a concern or made a complaint they told us this had been resolved to their satisfaction. Policies and procedures were in place to manage complaints should any be made. Records showed where complaints and concerns had been received and resolved; at the time of our inspection one concern was in the process of being investigated. Improvements were needed to how records of investigations were kept, and we discussed this with the registered manager who told us they would take action to improve this area.

The service was responsive to people's needs as the registered manager had regular contact with people and listened to and respected people's views. One person told us, "[Registered manager] regularly rings me up and I always meet with her at least once a year to talk through my care and care plan; my [relative] usually comes to those meetings [as well.]" Another person said, "The care plan gets looked at every time I see [registered manager] and when we talk on the telephone; if I tell her that anything has changed regarding my health or the support that I need, she will arrange to come and see me and then the care plan is amended after we've met." Records confirmed people's care plans had been reviewed with them. People

received a responsive service because they were able to discuss their on-going care needs with staff.

People also told us staff responded to different situations and had been able to help them. For example, one person told us, "The other day, the heating didn't seem to be working very well in our house; I am confined to bed and [my relative] has unfortunately nearly lost their sight and hasn't much hearing. Staff very kindly sorted the heating out for us so that we weren't going to be getting cold during the day. We were very grateful to them, because we didn't know anybody else that we could ask to have a look at it for us."

Records showed people's life histories had been discussed with them, and summaries of these discussions had been included in care plans. Staff we spoke with told us this was useful. One staff member told us how they helped to stimulate conversation with a person living with dementia. They told us, "They can remember things from a long time ago, old songs they can remember; it's about bringing in things into the conversation that they can remember, like talking about tin baths in front of the fire."

Requires Improvement

Is the service well-led?

Our findings

The registered manager told us they understood improvements were required to the records for medicines administration and both the local authority and the local health commissioners had recently provided feedback on where improvements were needed. The registered manager showed us evidence of the actions they were taking to improve records of medicines administration. However as the actions taken to implement these improvements were still relatively new, there was limited evidence to say they had, at the time of the inspection been effective. At this inspection we found improvements were required to medicines administration and other records.

Records of medicines management and administration were not always accurate and complete. This was because medicines administration record (MAR) charts had not always been organised to record when specific medicines had been given. Medicines had sometimes been added onto MAR charts and it was not clear when the person had started with this additional medicine. Some records were overwritten and some codes used did not allow the records to show with accuracy what actions had occurred. In addition, MAR charts had not always recorded the dose and strength of medicine as required.

We were concerned that the registered manager's processes and systems to assess, monitor and improve quality and reduce risks to people had not effectively identified and improved medicines management prior to input from both the local authority and local health commissioners. The registered manager told us prior to recent input from the local authority and local health commissioners, they had only completed audits on a selection of MAR charts; there was no evidence these audits had resulted in effective improvements. The registered manager had however, more recently been auditing all MAR charts and identifying errors and discussing these with staff, both in individual supervision, and more widely at team meetings to try and improve medicines administration records.

We could see some steps were being taken to improve, however the systems and processes designed to assess, monitor and improve quality in this area, and reduce risks were still not fully effective. This was because the registered manager had not considered there to be any risks in the process of transcribing from prescription to MAR chart; however we found a recent MAR chart that had been transcribed from prescription that was not complete. There was also no process in place to check and verify any handwritten additions to MAR charts and again records showed these had sometimes been written without containing all the required details. We also checked a MAR chart that had been audited by the registered manager's new audit process; this audit had not identified the shortfalls we found on this record. This included the strength of medicines not being recorded and a handwritten entry added to the MAR chart in a way whereby it was not clear when the person started to take their medicine. Systems and processes deigned to assess, monitor, improve and reduce risks were not fully effective.

Systems and processes designed to assess, monitor and improve the quality of services had not identified omissions in people's care plans and risk assessments where areas of risk were present in providing care to people. Nor had they identified care plans and risk assessments were not in place for aspects of people's care, such as for their medicines and some equipment they used.

Systems and process designed to assess and review policies and procedures had not identified when they were out of date or incomplete. For example, the provider's safeguarding policy and procedure referred to out of date information. The medication policy and procedure did not clearly set out the processes staff should follow for all the areas of medicines administration and record keeping they were involved in; for example, it did not describe the steps for obtaining or organising MAR charts for staff to use. Although these polices had been recently reviewed, the reviews had not identified these out of date and incomplete areas.

Records of investigations into complaints were also not complete. The registered manager was unable to demonstrate how one complaint had been investigated and resolved as records of an email and of the details of verbal discussions to investigate and resolve the issue were not recorded. When we discussed this with the registered manager they were unable to provide sufficient detail to explain any actions they had taken in response to the concern. Therefore there was no evidence to show any learning or improvement had been identified and put into place.

During our inspection we found an allegation of financial abuse had been made against a member of staff whereby the police had also been informed. These circumstances require the registered manager to submit a statutory notification to the CQC; no notification had been submitted.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other checks on the quality and safety of services were in place. For example, we saw staff were observed in their job role to ensure they were competent.

People had been asked their views on the service with a written questionnaire and a telephone survey. We saw people's responses had been analysed for any areas where improvements could be made. We also saw this gave people an opportunity to raise and discuss any other issues they may have with staff, for example, we saw people were able to discuss if different call times could be arranged. People had opportunities to share their views on the quality of the service.

People told us they knew the registered manager and told us they were confident in her and described her as fair and approachable. For example one person told us, "I would always speak to [the registered manager] first because I have dealt with her since starting with the agency and have always been treated very fairly by her." A relative told us, "Both [my family member] and I have [the registered manager's] telephone number and she has always said that it doesn't matter what time of day or night it is, if we have something that we are worried about, we should always contact her first."

People also viewed the office staff and registered manager as reliable. One person said, "[Registered manager] and all the staff in the office are lovely. They are nice and friendly and always greet me with a nice 'hello' when I ring the office. If they promise to phone me back, they always do and they've always dealt very promptly with any changes that needed to be made." Another person told us, I have always been dealt with very fairly by everybody at the agency. I always say to people that I would recommend this agency to anybody because they have never promised anything that they haven't delivered on."

Staff we spoke with were motivated in their job role and enjoyed working for the service. One staff member told us, "It's a good little company; bang on." Another member of staff described the management and office team as, "So lovely," and told us they had felt very supported by them. The registered manager was supported by staff that were motivated and enjoyed their work.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks relating to the health and safety of service users receiving care and treatment were not always assessed and actions to do all that is reasonably practicable to mitigate those risks had not always been identified. Arrangements for the proper and safe management of medicines were not fully in place. 12 (1) (2) (a) (b) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes designed to assess, monitor and improve the quality and safety of services provided, and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users were not operated effectively. Records relating to service users' care and treatment, and other records necessary for the management of the service were not always accurate and complete. Services had not always been continually evaluated and improved. 17 (1) (2) (a) (b) (c) (d) (ii) (e)