

Athlone Care Ltd

Athlone Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 25th, 26th and 30th October 2017 and was announced.

Athlone Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in Bexley and surrounding areas. It provides a service to older adults, including people with physical and learning disabilities. At the time of the inspection the service was providing care for 11 people.

At the last inspection on 7 June 2017 the service was rated as inadequate overall and placed into special measures. We took enforcement action and served two warning notices which required the provider to make improvements by 21 July 2017 in the management of medicines, the assessment and management of potential risks to people's health and safety, and the systems in place for monitoring the quality of the service. These were continued breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also required the provider to take action to make improvements so that care plans reflected people's assessed needs and preferences, that there were effective systems to monitor potential safeguarding incidents, that any complaints were responded to and that staff were deployed so people received the care they needed when it was required. These were breaches of Regulations 9, 13, 16 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a plan setting out the actions that they would take to meet these legal requirements by 17 July 2017. The provider informed us there would be a delay in providing this plan which was received on 17 October 2017. In this plan the provider told us they had met or taken initial action to meet all breaches of regulations.

At this inspection in October 2017, we found improvements in most areas, but there remained a continuous breach in record keeping and two recommendations were made to drive improvements.

The service was run by a registered manager who was also the registered provider and they were present on the days of our visit. 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.

Some records in relation to people's care and treatment and the running of the service continued to be inaccurate and unavailable when staff needed them.

Most people said there had been improvements in the timeliness of staff so that they arrived when they were expected. However, three out of nine people said that on occasions staff continued to be up to one or two hours later than they anticipated. We asked the provider to investigate and have made a recommendation about this. .

People were informed of their right to raise any concerns about the service and these had been recorded and acted on. However, people and their relatives had mixed views about how responsive the service was to their complaints. We have made a recommendation about this.

The values and aims of the service were not consistently delivered as there were mixed views on whether the service was well managed and if people would recommend it to other people.

Comprehensive employment checks were carried out on all potential staff at the service, so they were suitable for their role.

People felt safe whilst being supported by staff. Staff had received training in how to safeguard people, knew what signs to look out for which would cause concern and how to report them. Staff carried pocket card reminders so they knew the appropriate action to help keep them safe.

A new framework had been established to assess potential risks in the environment that people lived and worked in and in relation to people's personal care needs. This included potential risks involved in moving and handling people, supporting people with their personal care needs and with managing medicines. Guidance was in place for staff to follow to make sure that any risks were minimised. A new system was in place to record, monitor and assess all accidents and incidents to make sure that the necessary action had been taken to keep people safe.

A medicines policy was in place to guide staff. Staff received training in the administration of medicines. Improvements had been made in the management of medicines so there was a clear recording and monitoring of each medicine a person was given.

New staff received an induction which ensured that they had the skills they required, before they started to support people in their own homes. Staff continued to undertake face to face training in essential areas, their practice was observed and they shadowed senior staff to ensure they were competent. Staff had been given pocket guides and received regular updates on areas essential to their role such as skin integrity, safeguarding and The Mental Capacity Act (MCA) 2005. Most people said that staff had the skills and knowledge they needed to support them.

Staff had undertaken training in MCA 2005 and the provider had strengthened their knowledge through giving them additional updates. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Improvements had been made to the way people's health care and nutrition needs had been assessed and guidance was in place for staff to follow, to ensure their needs were met. A record was kept of people's food and fluid intake when they supported people with meals.

People said that staff were kind and caring and treated them with dignity and respect.

The provider had developed a new assessment and care planning process which included people's individual needs, choices, and encouraged people to be as independent as possible.

Improvements had been made to monitoring the quality of the service which included asking people about their experiences.

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.

Staff had not always been deployed to meet people's agreed call times.

Improvements had been made to the management of people's medicines.

The assessment and management of potential risks had been improved and the service monitored incidents and risks to make sure the care provided was safe and effective.

Staff knew how to recognise and respond to the signs of abuse.

Is the service effective?

Good ●

The service was effective.

People's needs in relation to their health and nutrition were assessed and monitored.

Staff understood how to work within the principles of the Mental Capacity Act 2005.

People benefitted from receiving support from staff that were trained and supported to meet their individual needs.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring and treated with respect and dignity.

People's care plans had been developed to include their choices and preferences and how people were encouraged them to remain independent.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People had not experienced consistent responses to their concerns or complaints.

People's care plans had been developed and reviewed so they contained the necessary guidance to ensure staff gave the personalised care and support people needed.

Is the service well-led?

The service was not always well-led.

There remained shortfalls in the standard of records kept in relation to people's care and treatment and the running of the service.

People had mixed views about if the service was well-managed. Some people said they would recommend the service and others told us they would not.

Improvements had been made to the systems in place to monitor the quality of care provided.

Requires Improvement 

Athlone Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Athlone Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

We gave 48 hours' notice of the inspection, as this is our methodology for inspecting domiciliary care agencies. This inspection site visit started on 25th October and ended on 30th October 2017. Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service.

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was informed by feedback from nine people and/or their relatives. We visited three people and two of their relatives in their own homes and spoke to three people and three relatives on the telephone to gain their views and experiences. We also obtained feedback a commissioner from the local authority. They were complimentary about the improvements the service had made for the benefit of the people who used the service.

We spoke to the registered manager, business manager, care coordinator and three care staff. We viewed a number of records including six people's care plans, compliments and complaints logs, the safeguarding, medicines and complaints policies, audits and quality assurance questionnaires and surveys. We also looked at five staff files, the staff training programme, staff team minutes and staff handbook.

Is the service safe?

Our findings

People and their relatives said they felt safe when receiving care and support from the staff. Comments from people included, "Yes, 100 percent safe"; and "Yes, I feel safe and am made comfortable when staff help me move". People told us that staff gave them verbal reminders to make sure they took their prescribed medicines.

At the last inspection in June 2017, we identified breaches of Regulation 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people received support at the times it was required; to protect people from the risks related to medicines management; to provide care and treatment in a safe way and mitigate assessed risks; and to monitor potential safeguarding incidents.

At this inspection in October 2017, we found that improvements had been made to all identified areas since our last inspection three months previously. However, there had not been a long enough period of time to ensure that these improvements had been embedded and sustained. We also identified a further area for improvement in the management of call times.

Most people told us that staff arrived when they were expected and stayed for the required amount of time. Some people commented on how the timeliness of staff had greatly improved since our last inspection. One person told us, "Previously, staff did not always come and they missed my lunch call. Now staff always ring if they are going to be late or even if they are going to be early". Another person told us, "There were problems with the carers turning up late, but I complained and it has been ironed out". People had mixed views about one carer. Two people told us that a particular member of staff rushed them and did not stay for the allocated amount of time, but one person and their relatives could not praise this staff member highly enough for their patience, understanding and timekeeping. However, three people told us that staff could be up to one or two hours late and one of these people said this had occurred on the day we contacted them for their views. We asked the provider to investigate these concerns and they responded within the agreed timescale.

The provider confirmed that the new electronic monitoring system sends the management team an alert if staff do not visit a person within the agreed time parameters and stay for the correct amount of time. At the inspection the provider told us no such alerts had been received and they confirmed this after further checks of their monitoring systems.

We recommend the service seeks guidance from a reputable source and establishes a protocol around the flexibility of call times and seeks agreement for these time variances with each person. □

The service had a medicines policy which set out the storage, administration, recording and disposal of medicines. Staff had received training in administering medicines and level 2 training had been booked for November 2017. This was because shortfalls in medicines management had been highlighted at the last inspection and the provider wanted to ensure staff had additional knowledge in this area. Each person had

been assessed about the support they required with their medicines. This included the level of assistance and support the person required. A medication administration record (MAR) was in place which detailed the name of each individual medicine a person had been prescribed. Staff signed the record each time they gave the person their medicine and also recorded that they had done so on an electronic record. The electronic record alerted the management team if people had not been given their medicines as prescribed. MAR sheets were also checked monthly to ensure people had received their medicines as prescribed by their doctor. A list of the medicines each person was prescribed and their possible side effects had been recorded. This was being added to people's electronic records so the information was available to care staff. Staff supported people who used patches to alleviate pain according to their needs and choices. One person told us they directed staff so their pain patch was positioned on their body exactly where they wanted it and that they removed the patch themselves at the appropriate time, as they were able to do this independently. Their plan of care contained guidance for staff to monitor the person's skin and staff demonstrated they understood the importance of this, and to inform the person of any changes, so their skin remained healthy.

The provider had implemented a new process and associated documentation to assess potential risks to people and to identify the appropriate action staff needed to take to minimise their occurrence. This included in the environment such as trips, slips and falls. For example, when supporting a person with a shower, staff were guided to mop the floor of any water spillages to minimise the risk of them or the person they were supporting from slipping over. Risk assessments were also carried out in relation to the areas of each person's daily needs such as when supporting people to move, the management of medicines, people's skin integrity and a person's well-being. Moving and handling assessments took into consideration if the person had a history of falls. They identified whether the person was independent or needed staff support or specialist equipment in all daily living needs such as moving in bed, moving around their home and having a bath or shower. The equipment that each person required was identified such as a zimmer frame, or wheeled trolley.

The processes in place for recording and responding to accidents and incidents had been reviewed by the provider. Staff described the circumstances in which they would record and communicate significant events to the management team. A log had been established of all accidents and incidents and the circumstances when people contacted the service out of hours. This was to ensure the service had taken the appropriate action to keep people safe and to assess if there were any patterns or trends which required further investigation and action.

Staff had received training in how to safeguard people and "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff felt confident that if they reported any concerns to a member of the management team that they would be taken seriously and acted on. The service had a safeguarding adult's policy which set out the types of abuse, how to recognise abuse, staff's responsibility to report any concerns and the responsibility of the service to contact the local authority as appropriate. The provider had summarised the key points of the policy and given this to staff on a small card, so they could carry it with them and refer to it at any time. The service also had a copy of multi-agency safeguarding vulnerable adult protection policy, protocols and guidance for Kent and Medway and Bexley local authorities and their contact details. These policies contain guidance for staff and managers on how to protect and act on any allegations of abuse.

New staff had completed an application form which included a full employment history and self-evaluation of their understanding of care and a maths and English test. They then attended a face to face interview to assess their skills and attitude towards caring for people. A number of checks were carried out including obtaining two suitable references, the person's identity, 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. All these checks helped to minimise the risk of unsuitable people being employed by the service.

Disciplinary procedures were set out in the staff handbook and included the expected standards of staff performance and behaviours and what performance and behaviour may lead to disciplinary action. The registered manager demonstrated they understood how to follow these procedures to ensure that staff working at the service were of good character and had the necessary skills and knowledge to carry out their duties.

Is the service effective?

Our findings

Most people said they had regular care staff to support them whom they knew well. One person told us, "The staff used to be all new faces, but now I know them. I have a main carer". Two people told us that they used to have regular care staff but they were being introduced to new staff. The majority of people told us that staff had the right skills to support them. A relative told us, "The registered manager has recruited some lovely staff".

At the last inspection in June 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure there was sufficient guidance in place for staff to follow to minimise risks to people's health and nutrition. A recommendation was also made that the provider reviewed and adhered to the principles of the Mental Capacity Act 2005.

At this inspection in October 2017, we found that improvements had been made to ensure that people's health and nutrition needs were effectively met and that staff supported people within the principles of the Mental Capacity Act 2005.

The provider had introduced a new tool to assess people's health care and nutritional needs. This included information about people's medical history, eye sight, hearing, mobility, skin integrity, symptoms of pain and dietary needs. Individual guidance was in place about how to support people effectively and staff understood how to put this into practice. For example, staff told us that one person's medical condition meant that they were prone to bruising and staff explained how they checked their skin when supporting them with personal care and reported any changes to the management team. The management team confirmed they contacted the person's next of kin or care manager if there were any concerns about a person's health and a record was kept on the person's electronic file.

People who received support with their meals said that staff prepared their food according to their choices and preferences. One person told us, "When the carer comes they always make me a drink". People's needs in relation to food and fluids were assessed and the support they required was detailed in their plan of care. Staff made a record of what people ate and drank and this information was easily accessible to monitor a person's food and fluid intake if it was required. Some people's care plans stated that drinks and snacks should be left within easy reach for people when staff had finished supporting them and staff understood the importance of this.

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. Staff had received training in the MCA 2005. To strengthen staff's knowledge, the provider had given staff a pocket sized card which contained the key principles of the MCA. Staff had also received information about the MCA and how it was relevant to their roles in the September staff newsletter. Staff understood that people whom they supported had capacity to make day to day decisions about their care

and that sometimes this fluctuated. They explained how they asked people for their consent before supporting them and acted on their responses. For example, staff explained how some people refused their assistance of support which had been agreed in their plan of care. They described how they diverted the person to another task or topic of conversation and then asked the person again at a later time during the visit to ensure they responded and acted on the person's wishes.

Staff said their induction was comprehensive and gave them the skills and knowledge checks they required to be confident to carry out their role. New staff completed an induction which included reading the service's policies and procedures, completing the Care Certificate and shadowing senior care staff. 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. Staff said they were introduced to people to get to know them before they started to support them with their care. There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. This was provided by a mix of online and face to face training. Staff were sent reminders about upcoming training events. The service supported people who were living with dementia, had diabetes or a learning disability. Staff had received or were booked on training in supporting people who were living with dementia and training had been booked in diabetes awareness.

Staff said they felt well supported by the management team. They said they felt confident to ring one of the care coordinators if they had any queries or concerns and that they were given the guidance and knowledge they required. Staff said they visited the office regularly for supervision which included discussions about their role and gaining knowledge and skills. A planner was in place to identify when staff were due for an appraisal, but annual appraisals had yet to be carried out. Supervision and appraisal are processes which offers support, assurances and learning to help staff development. A member of the management team carried out unannounced checks on staff. This was to observe their practice, record keeping and make sure they had communicated important information to the office so it could be acted on. Staff were aware of the on-call system which was available out of normal office hours and people were given this information in when they first started to use the service.

Is the service caring?

Our findings

Everyone told us that staff were kind, caring and respected their or their relative's privacy and dignity. Comments included, "Yes I am treated with respect"; "Staff are friendly. We have a chat when I am having a shower which is nice"; and, "At first I was embarrassed, but now I am at ease with carers assisting me with personal care". Comments from relatives included, "Their main carer is very good and empathic to mum's needs"; and "The main carer's attitude is good. They are genuinely caring". People were asked if they preferred male or female staff to support them or if they did not mind. One person told us that it was important to them that they received care from a carer of a specific gender and that this was respected.

The provider had reviewed the care planning system and process which had been tasks focused and developed plans to include people's objectives and capacity to maintain independence via a self-assessment tool. As a result, people's care plans were more personalised and contained information about what people were able to do for themselves. For example, one person's care plan explained that the person was able to walk with a walking aid, but that they needed staff with them to ensure they were safe. Another person's plan stated that the person was able to wash themselves, but needed supervision as sometimes they required assistance or prompts.

Staff involved people in making decisions about their care. They explained that even though some people had routines with regards to their care, that they ensured people were given choices. For example, one staff said that when they were supporting someone with breakfast, even though they knew the person's preferences, they asked the person "What are we having for breakfast today". This involved the person and gave them the option of choosing something different to eat.

Staff understood people's choices and preferences which were recorded in their care plans. One person told us they liked to have two hot water bottles. This was recorded in their care plan and staff understood how important this was for the person concerned. Another member of staff described how one person had a preference for cold water when washing their face and that this was respected.

People's contributions were valued. Staff described how they encouraged people who were living with dementia to communicate. One staff member explained how they used music to encourage a person to dance when supporting them as they often could not remember their name or engage in a complex conversation.

The service had received two compliments about the caring nature of the staff team. "We would like to say a big 'thank you' to staff that provided care for my father over the last two weeks of his life. They provided an efficient and compassionate service"; and, "All the carers were most helpful and friendly and much appreciated".

Is the service responsive?

Our findings

People and their relatives said that staff carried out all tasks and support that was agreed in their care plan. They said that they were involved in reviews of their care needs. Most people told us that staff knew their likes and dislikes. A relative told us that their family member's main carer was skilled at picking up on the person's non-verbal clues and behaviour in order to ascertain their choices and preferences.

At the last inspection in June 2017, we identified breaches of Regulations 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure care plans reflected people's current needs and preferences and to ensure complaints were always documented, investigated and responded to.

At this inspection in October 2017, we found that improvements had been made to ensure care plans were personalised and up to date. However, there had not been a long enough period of time to ensure that these improvements had been embedded and sustained. The provider had established a system to monitor complaints, but there were mixed responses from people about how the service listened and responded to their views.

People said they had been given information about how to raise a concern or complaint when they first started to use the service. Most people told us they had raised an issue about the quality of the service since they had started receiving care. There were mixed views about how responsive the service was to the issues they had recently raised. Four people, which is just under half the people who used the service, said their views and complaints were not always acted on. One person told us, "I have complained to the office about late times but nothing is ever done". Three people said the service had improved the way it handled their complaints and two people said they had not needed to make a complaint. A relative told us, "I have complained about my relatives care and it has now been sorted".

The provider had a system in place to record any complaints received with their details and the action taken by the service to investigate and act on the information. There had been three complaints since our last inspection, but these did not include all the issues that people told us about. One of these complaints was a miscommunication from another agency about the timing of when a person's care package was due to restart. The provider had established a system for monitoring complaints handling so the service was aware of any reoccurring themes or outcomes which required attention to improve the service.

We recommend the service seek advice and guidance from a reputable source and take action to ensure people's views are listened and responded to.

The provider had reviewed the way that people's care was assessed and recorded and made changes so that it included people's individual needs preferences and choices. Assessments included all aspects of the person's health, social and personal care needs such as their daily life skills, mental well-being, mobility, nutrition and communication. This information was used to develop a plan of care for each person. Care plans had been regularly reviewed so they contained accurate guidance for staff to follow.

Plans of care were written after consultation with the person and from their perspective. For example, one person's plan stated that before the staff member left they would like them to check they had their lifeline pendant on, close their curtains and leave a glass of water within reach. A lifeline alarm is an alarm system that people can call in an emergency to summon help and support. They included personalised guidance about what was important to the person, their daily routine at each visit, likes and dislikes and how they wished to be supported. For example, one person's plan detailed that their family members were important to them and they liked to spend their time sewing. Their daily routine included the tasks the person was able to do for themselves and the exact assistance they required such as prompting, physical support or supervision. Useful information such as where a person's toiletries were located was included so staff could access them without needing to ask the person. A summary sheet was being developed for each person which included all essential information about each person's support tasks and personal history so staff could gain a clear and holistic picture of each person's needs.

Is the service well-led?

Our findings

People's views of their overall satisfaction with the service were split. Five people or their relatives said the service was well managed or that it had improved. These people said they would recommend the service to others and their comments included, "It has greatly improved" and, "The registered manager is on the ball". However, four people or their relatives told us the service was not well managed and they would not recommend it. Their feedback included, "There is no communication between anyone" and "I think I could run this better".

At the last inspection in June 2017, we identified a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to establish an effective quality assurance system and failure to ensure that all records were accurate.

At this inspection in October 2017, we found that improvements had been made in monitoring the quality of the service but changes in record keeping were not sufficient enough to meet the regulation.

The registered manager told us that a paper copy of each person's care plan was kept in their home so it was accessible to staff. However, one of the three people we visited did not have a plan of care in their home and the registered manager was not aware of this shortfall. Therefore, staff did not have access to the essential information they need to support people according to their needs. Another person's care plan did not contain accurate information about how to apply and remove their pain patch. The person directed staff where to place the patch but this significant information was not contained in staff's guidance. It also incorrectly stated that staff were to remove the patch, when this task was undertaken by the person themselves. The weekly monitoring reports for September and October 2017 contained inaccurate information. They had incorrectly recorded that the target number of care plans to be reviewed was 26, but there were only eleven people being supported by the service at this time.

This failure to ensure all records in relation to people's care are accessible, accurate and kept up to date is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had introduced a new electronic system and planned to transfer all eleven people's care notes, but this process was not yet complete. Once care notes had been uploaded on the system they could be instantly accessed by office staff and staff who were supporting people in the community via their mobile phone. Staff made a record on the electronic system and on a paper record of the care they had provided. Staff had received training in how to use the system. Feedback at staff and management meetings in October 2017 were that most staff had adapted to the system that one staff had received retraining and that smart phones were being purchased for two staff that did not have them. Policies and procedure had been put in place which covered all aspects of the service.

The provider had introduced a number of systems to monitor the quality of the service. This included checking daily log entries, that staff had administered medicines, that care plans had been reviewed, that

staff supervision and training was up to date and that spot checks had been carried out to observe staff practice. A weekly report gave an overview of these checks was produced and reviewed by the registered manager. Telephone calls were monitored and processes were also in place to track any accidents, incidents, complaint or safeguarding so that any appropriate action could be identified and addressed. Staff meetings with the management team and care staff had been held to aid communication within the service.

Most people said they were asked for their views about the service through visits, reviews and completing a questionnaire. People had been surveyed to gain their views about the quality of the service in June 2017. The results were that 96% of people agreed that their needs were being met as described in their plan of care. In addition, the registered manager had started the process of visiting each person to gain their views and to ensure people's needs were being met.

The aims and values underpinning the service were, "To support vulnerable people so that they can continue their lives with dignity and independence and be participating members of their own communities". These values were contained in the information people were given when they first started to use the service and in the staff handbook and staff were reminded of the behaviour expected of them through staff newsletters. However, these values were not consistently delivered across the service as some people said there were unacceptable variations in call times, that their concerns were not listened to and that they would not recommend the service to others.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area of the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records in relation to people's care were not always accessible, accurate or kept up to date.</p> <p>Regulation 17 (2) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>