Agincare UK Limited

Agincare UK Brighton

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 4 and 6 May 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us. Six months prior to the inspection Agincare UK Brighton had merged with another domiciliary care company in Brighton and was still going through a transition period.

Agincare UK Brighton provides domiciliary care and support for people in their own home. The service provides personal care, help, and support to people with a variety of needs in Brighton and the surrounding areas. The service is located in the centre of Brighton and is situated centrally to the geographic area it serves. At the time of our inspection 167 people were receiving a care service with an age range between 25 to 105. This included older people, people living with dementia and people with a physical disability.

The service had 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.

People and relatives feedback regarding the management of the service was varied and we were told that communication from office staff had been varied in quality. One person told us "I'm phoned by the management occasionally, not a lot though". Staff were supported by the registered manager. There was open communication within the staff team, however staff had not attended regular staff meetings to keep them up to date with changes through the merger. We have identified this as an area of practice that needs improvement.

Not all staff had received regular competency spot checks and supervisions. One member of staff told us "I don't receive supervision as often as I should, but if I have any problems I speak to a supervisor". Another member of staff said "I haven't had supervision since Agincare took over, I do get asked if everything is ok". We have identified this as an area of practice that needs improvement.

People and relatives gave us a varied response on whether they saw regular care staff and were advised in advance of who was coming and at what time. One person told us "The carers are good but the office staff are not good at letting you know why a carer is late". We have identified this as an area of practice that needs improvement.

Needs assessments were undertaken and care plans developed to identify people's health and support needs. Although there was a plan in place not all care plans had been reviewed and updated. We have identified this as an area of practice that needs improvement.

People told us they felt safe, that staff were kind and the care they received was good. One person told us "I feel totally safe, they are wonderful carers, no problems". Every person we spoke with felt their carers were

kind and caring. One person told us "I find all the staff very friendly and helpful and I couldn't wish for better carers".

Assessments of risk had been undertaken and there were instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and supported to access health care services if required.

The provider considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People were supported at mealtimes to access and prepare food and drink of their choice and were supported to undertake activities away from their home. One member of staff told us "I always ensure people have drinks available before I leave and they are in reaching distance for the person. This is all recorded in the care plans".

The management team monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by the provider through surveys which were sent to people annually. People and relatives we spoke with were aware of how to make a complaint. Complaints were responded to with details of any action taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received regular supervision and competency spot checks to ensure staff were delivering the correct care and support for people.

People were supported at mealtimes to access food and drink of their choice in their homes.

Staff and the provider were knowledgeable about the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People who used the service told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and relatives gave us a varied response on whether they saw regular care staff and were advised in advance of who was coming and at what time.

Assessments were undertaken and care plans developed to identify people's health and support needs. Not all care plans had been reviewed and updated.

Staff were aware of people's preferences and how best to meet those needs.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People and relatives feedback around Agincare being well- led were varied and the communication that they received. Feedback regarding the management of the service was inconsistent and we were told that communication from office staff had been varied in quality.

Staff were supported by the registered manager. There was open communication within the staff team, however staff had not attended regular staff meetings.

The registered manager carried out audits to monitor the quality of the service to make improvements.

Agincare UK Brighton

Detailed findings

Background to this inspection

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

The inspection took place on the 4 and 6 May 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us.

The inspection team consisted of two inspectors and an expert by experience with experience in adult social care. 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 provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also spoke to a representative from the commissioning team at the local authority. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with sixteen people and two relatives who use the service over the telephone, seven care staff, two co-ordinator's, an administrator, a supervisor, a recruitment co-ordinator, a deputy manager the registered manager and the area manager. We observed staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for eight people, medicine administration records (MAR), seven staff training records, support and employment records, quality assurance audits, incident reports and records relating to the

management of the service.

The service was last inspected on 2 December 2014 with no concerns.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told "I feel totally safe, they are wonderful carers, no problems". Another person told us "My carers are always on time and that what makes me feel safe".

We spoke with staff about safeguarding vulnerable adults and examined the provider's safeguarding and whistleblowing policies. All staff were able to identify the correct safeguarding and whistleblowing procedures should they suspect abuse had taken place, in line with the provider's policy. Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. They gave us examples of poor or abusive care to look out for and were able to talk about the steps they would take to respond to it. One member of staff told us "There are lots of signs to look out for including someone's body language. I would always report to my manager and ensure the person is safe". Staff training records confirmed that staff had completed training on safeguarding adults from abuse. The contact details for people to report concerns externally were made available to staff in the office. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Policies and procedures on safeguarding were available for staff to refer to if needed.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The registered manager told us "We have on going recruitment and at present are recruiting new staff. We ensure all calls are covered with the staff we have". We spoke with the member of staff who was responsible for recruitment who told us "We are constantly recruiting, today I have been to a local recruitment fair which was good and got several people interested and have contact with the local university. This has given healthcare students an opportunity to work in care. It is important to get the right people who are naturally caring and committed to the role".

People were supported to receive their medicines safely. People we spoke with who were supported told us they received help with their medicines from care staff and felt safe doing so. We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. People that required creams applied had a body map in the care plans. This showed carers exactly where to apply the cream and how often. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. One member of staff told us "Always check what is on the MAR chart, ensure the person takes the medicine and complete the MAR chart. Any concerns or gaps in the chart I would always ring the office". Staff also received a medicines competency assessment. We looked at completed assessments which were found to be detailed to ensure staff were safely administering or prompting medicines. The registered manager audited the medicine administration records (MAR) on a monthly basis. Any errors were investigated and the member of staff then spoken with to discuss the error in an informal coaching meeting with a supervisor and then invited to attend medication refresher training if required.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. Details were recorded and any follow up action to prevent a reoccurrence of the incident. One member of staff told us "Any accident that I may have or a person may have in their home is reported and recorded straight away". The registered manager audited these on a monthly basis to ensure that all incidents and accidents were recorded correctly and that the appropriate actions had been taken to minimise risk.

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place to ensure risks were minimalised. These included for staff to ensure clear pathways around the home. In one care plan it described the risk of a person showering. It detailed for staff to ensure the person was given support in and out of the shower and for the person to use the shower seat when in the shower. In another care plan it detailed that a person used a hoist and for staff to ensure the sling which the person sat in when being transferred was used correctly. To ensure this, pictures of the sling and the correct usage for staff to see where also in the care plan.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the registered manager had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Once staff were trained they shadowed an experienced member of staff until they felt competent in their role.

Requires Improvement

Is the service effective?

Our findings

People told us they felt that their carers had the correct skills and training to carry out their role. One person told us "It's very important to me that the carers know what they are doing and thankfully they do". Another person told us "They are very skilled in what they do, all the ones I have seen are for sure".

Staff undertook an induction and a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. The induction incorporated the Skills for Care care certificate. The certificate sets the standard for health care support workers and adult social care workers. It developed and demonstrated key skills, knowledge, values and behaviours to enable staff to provide high quality care. Training schedules confirmed staff received training in various areas including moving and handling, first aid, fire safety and infection control. Staff completed their training on the computer or workbooks and also trained and shadowed alongside senior staff on care calls. The details of when training was completed and when it expired was held on the computer and a training plan was in place. Staff were also supported to undertake qualifications such as a diploma in health and social care. Staff spoke highly of the training provided and one told us "We have good training and a good trainer who we can also contact with any queries". Another member staff said "We have many refresher courses yearly and some are workbooks. I am currently doing my level 3 diploma as well". Competency spot checks were completed to ensure staff were delivering the correct care and support for people. Not all staff had recently had a competency spot check. The registered manager told us this was an area that they were working on to improve and bring up to date. They told us "We have an action plan in place for all staff to have a competency spot check and had asked the provider for additional resources to ensure it could be completed within a certain time frame. We were shown the action plan which confirmed this. Regular spot checks on staff ensures they are competent in their role and the correct care and support is being delivered. The assessments are also an opportunity to identify with the member of staff any training needs and to ensure that the most recent best practice requirements and the providers policies and procedures were being followed. We have identified this as an area of practice that needs improvement.

Staff told us that they had received supervision by their manager but not as much as they would like. One member of staff told us "I don't receive supervision as often as I should, but if I have any problems I speak to a supervisor". Another member of staff said "I haven't had supervision since Agincare took over, I do get asked if everything is ok". Staff we spoke with felt they would benefit from regular supervisions. In addition staff said that there was an annual appraisal system at which their development needs were also discussed. We discussed this with the registered manager who told us since the company merger they had got behind with supervisions for some staff and they were currently addressing this issue and had an action plan in place to ensure all staff received supervision within the next six weeks. We were shown the action plan which confirmed this. Through regular, structured meetings with a supervisor or manager, care staff have an opportunity to discuss how they are getting on with their role, develop their understanding and improve their practice. We have identified this as an area of practice that needs improvement.

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 some knowledge and understanding of the (MCA) because they had received basic training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people made choices about how they would like to be cared for and that they always asked permission before starting a task. One member of staff told us "It's about gaining their consent before you do anything, it is their home and people have choices and may want something done differently". The registered manager had also planned for all staff to go through further MCA training via a workbook over a period of time, to improve their knowledge around this subject.

We were told by people and their relatives that most of their health care appointments or health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments. If needed they liaised with health and social care professionals involved in people's care if their health or support needs changed. One person told us "My carer called the doctor for me once when I didn't feel well. They are so nice and helpful".

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. One person told us "I do get help with my meals and I am very thankful for their help". One member of staff told us "I always ensure people have drinks available before I leave and they are in reaching distance for the person. This is all recorded in the care plans". Another member of staff said "We encourage people to eat and make sure people have enough to eat. Any concerns we would raise them with our manager". In one person's care plan it detailed at what time the person liked to eat and how they may like to be assisted with preparing it. The registered manager told us that if they or staff had concerns about a person's nutrition or weight they would seek advice from health professionals.

Good

Is the service caring?

Our findings

Every person we spoke with felt their carers were kind and caring. Comments included "All my carers are lovely, especially one of them, there my favourite", I find all the staff very friendly and helpful and I couldn't wish for better carers, they do lots for me" and "Lovely girls I see, so caring and help me with anything".

Staff we spoke with showed a caring attitude towards the people they supported. Care staff were aware of the need to preserve people's dignity when providing care to people in their own home. Care staff we spoke with told us they took care to cover people when providing personal care, for example, before washing their lower half they helped people to cover their top half. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed their dignity and privacy was always upheld and respected. One person told us "They help me to wash, they are so kind and gentle".

Staff recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. Care plans provided details on how staff could promote independence. One care plan recorded how a person needed encouragement to create a shopping list and staff to help them by checking the fridge and cupboards and support them to complete the list of what they wanted. Staff told us how they promoted peoples independence and let the person do as much as they can for themselves. One member of staff told us "One person I pass the flannel to them while they are having a wash and I start helping them and then encourage them to carry on". Another member of staff said "It's about responding to people's abilities. I encourage one person to feed themselves and let them know I am there to support them if they need it".

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Care staff received their rotas through the post or collected them from the office. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff.

People said they could express their views and were involved in making decisions about their care and treatment. People and relatives confirmed they had been involved in their care plans and felt involved in decisions about their care and support. One person told us "Yes I have a folder that the staff complete on each visit. I also have had a supervisor come round and check that everything was ok a few months back".

On the first day of the inspection we observed members of staff speaking with people over the telephone. Staff were polite and understanding of people's needs and took time to answer any questions that they had. On one occasion a person called and seemed confused on when to expect a carer the next day. The member of staff assured the person of the name of the carer and what time to expect them, they then had a discussion about the weather and engaged in chat and laughter.

Requires Improvement

Is the service responsive?

Our findings

People told us that they were offered a choice of staff in terms of a male or female and felt that staff knew them well. Comments from people included "They help with lots of little things, they [carers] know what I like, what more can I say", "X [carer] is a godsend. She knows me so well and I am thankful for her help and support. Lovely, just lovely".

People and relatives gave us a varied response on whether they saw regular care staff and were advised in advance of who was coming and at what time. Some people felt they did not receive regular care staff. This included people saying they would feel less anxious if they knew when the carer was going to turn up. Comments included "I have one carer that stands out for me and they try to keep my same carers. The last month has been very, very good", "I would like a regular carer", "The carers are good but the office staff are not good at letting you know why a carer is late" and "They send me a rota every week so I know who is coming and when. That is important to me". People also told us they understood that sometimes it may be traffic in the city that caused carers to be late but they would like to be told. One person told us "They try their best, my carer travels all over the place and sometimes is a little late." A relative told us "My relative gets agitated because of the service changing their visiting times". We discussed these concerns with the registered manager who told us "We know this is an area we need to improve on and we are working towards ensuring it improves. People need to be told when the carers are running late and also who to expect. We have implemented improvements on how far in advanced the rotas are completed and sent out to people. And ensuring staff inform the office if they are late and the office staff then contacting the person it will affect". The registered manager had also introduced an office communication plan. This plan detailed that all office staff used the telephone log system and recorded what actions had been taken where necessary after taking a phone call. This was then audited at the end of the day by the registered manager and deputy manager to ensure staff have been responsive. We have identified this as an area of practice that needs improvement.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. There were two copies of the care plans, one in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people. The outcomes included supporting and encouraging independence for people to enable them to remain in their own homes. The care records were clear and gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required. In one care plan it detailed a person had a hearing impairment and explained to staff to speak louder and face on to the person so they could understand what was being said. In another care plan it detailed that the person wanted to remain living in their home with support from Agincare staff and needing assistance moving around the home. It detailed the person had a weak left knee and for staff to support the person around their home. Staff also needed to make sure the person was wearing their emergency care link. It was varied on how often people's care plans had been reviewed. Some people had received a telephone review and some people had received a face to face review with a supervisor. If reviews are not carried out on a regular

basis, there could be a potential risk people may not be receiving the correct care. We had a discussion around this with the registered manager who told us "Through the transition of merging with the other company we still have care plans to review and update. We have a plan in place to complete 20 care plans a week and within the next four weeks we should have completed the outstanding reviews and re-assessments". We have identified this as an area of practice that needs improvement.

Care staff told us they did not always have enough travel time between visits to people which can cause staff to be late for calls. Comments from staff around travel time included "It can be an issue sometimes not being allocated enough travel time", "I have enough travel time as I see the same people" and "It depends of the day, problems with routes should be factored in". One staff member explained to us how they asked for more time between some care calls and it was arranged quickly. Another member of staff told us of the issues of staff sickness and how this could impact the rotas for the day. We spoke with the members of staff who completed the staff rotas and discussed this with them. They told us they were looking to ensure staff had sufficient time to travel in between calls. They regularly received feedback from care staff on what travel times they required. A member of staff told us "We have staff who drive and staff who walk so they are reliant on public transport. We also have a 15 minute window each side of the call for a carer to be early or late, anymore then we do need to let people know and we are working on improving this". They also told us they had been working closely at ensuring staff worked in close proximity of their calls and therefore were not travelling across the city. The aim was to provide continuity of care for people and prevent issues with travel time and late calls. One member of staff told us "We are working hard to improve this and ensure people know who is coming and at what time. I know we all need to improve in communicating any changes to people".

People we spoke with told us that staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff told us about the intricacies of people's needs and gave us examples of people's likes, dislikes and preferences for example how they carried out a moving and handling transfer and what people liked to eat and drink. One member of staff told us "I know how my person likes her bed made, that is important to them". We asked staff what they understood by the term 'person centred care'. One staff member told us "It is making sure the person is the centre of our attention". Another told us "People are individuals, not everybody is the same". In one care plan it detailed that the person liked to be reminded of birthdays of family members from staff and also support to ensure they were able to vote at local elections. This meant staff had an understanding and their approach to supporting people was person centred.

Comments from people and relatives were varied around the confidence in raising any complaints with the registered manager and the response they would receive. One person said "I've got no complaints so there is nothing to complain about". Another said "I complained about late calls, I was listened to but it has still happened a few times". A relative told us "I have had a meeting with Agincare and I must admit some things have improved since my social worker has got involved". The registered manager audited complaints monthly. Records showed responses to complaints and any follow up actions required. The complaints procedure and policy were accessible and complaints made were recorded and addressed in line with the policy. The complaints were also audited on a monthly basis by the registered manager with details of a resolution and outcome and any follow ups that may be required.

Requires Improvement

Is the service well-led?

Our findings

People and relatives comments around Agincare being well- led were varied. Comments included "The service has its hiccups and you have to accept that", "I'm phoned by the management occasionally, not a lot though", "More communication from the office would be nice" and "Management sometimes show a poor attitude under stress". One person told us they thought the merger with another care company was done badly as they were not informed of what care staff they were getting and at what time. However they did tell us they thought this had improved in the last month. The management structure consisted of the registered manager and a deputy manager. The registered manager had remained the same throughout the merger.

Staff we spoke with were positive around the management team. One member of staff speaking about the registered manager told us "She is good and responsive. I hear good feedback from other staff and she understands the job". Another member of staff said "I can go to the manager or my supervisor, they're lovely people". Staff we spoke with told us they felt able to report any incidents, concerns or complaints to the office. They were confident that if they passed on any concerns they would be dealt with. Comments from staff around this included "I love my job and feel supported. If something is not right I will speak up", "I can come into the office at any time and speak with them" and "Whenever I phone up they are supportive. It's difficult when colleagues let you down". However staff felt they had not had regular staff meetings, especially with all the changes that had taken place at the service. One member of staff told us "We don't have regular staff meetings, but they would be good to have to catch up with everybody and see how things are". Another staff member said "We have a staff meeting next week, last one was months ago". We discussed this with the registered manager who said "This is something we are addressing we have three staff meetings planned over the next two weeks and then every three months after that. With everything that has been going on we have got behind with the meetings and they are much needed". Regular staff meetings are a forum for problem-solving, generating ideas, building morale and promoting teamwork. This could have an impact on staff who are going through a period of transition if not held regularly. We have identified this as an area of practice that needs improvement.

The registered manager and area manager monitored the quality of the service by the use of monthly checks and internal quality audits. The audits covered areas such as training, MAR, staffing and care records. Highlighted areas needed for improvement were reviewed and findings were sent on a regular basis to the provider and ways to drive improvement were discussed. Recent improvements included ensuring carers where completing financial transaction forms when they have been shopping for a person with details of amount spent and change given including a copy of the receipt. Memos had also been sent out to carers as a reminder. Feedback from people and staff had been sought via surveys which were sent out annually by the provider. The registered manager told us that a survey was being organised by the provider to be sent out soon. The last survey from 2015 comments were mostly positive. Comments included "I am happy with my carer", "X [carer] is professional, kind, understanding and patient. Never late and a hard worker" and "We have a good laugh and get on like a house on fire". The surveys helped the provider to gain feedback from people and relatives about what they thought of the service and areas where improvement was needed. The registered manager also showed us communication which had been sent out to staff and people about updates and changes that had been made to the service.

We spoke with the registered manager in depth at the improvements they had already implemented and what they had planned. We were shown the action plans the registered manager and provider had worked on to address the issues. The registered manager and area manager showed passion about the service and talked about the ways of improving the service for people and staff. The registered manager told us "Since the merger it has impacted on the service we provide and improvements need to be made. We have had challenges and staff are very good at helping out, even at short notice". They also told us how they were currently not taking on any further referrals and people until improvements had been made with support from the provider. The local authority were currently working in partnership with the registered manager and provider around their improvement plans.

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). They had submitted notifications to us, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014.