BGS Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

BGS Healthcare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes in the community. They provide services in areas including Chippenham, Devizes, Calne and some surrounding areas. Not everyone using BGS Healthcare Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of this inspection BGS Healthcare Ltd was providing a service to 115 people. The service also supports people on a short term basis who have been discharged from hospital. This inspection took place on the 17 April 2018 and was announced which means the provider had short notice that we would be visiting.

A registered manager was in post and available throughout the inspection. 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. The registered manager was supported by two other directors, one of which was also present during our visit and, a team of office staff.

At the last inspection in March 2017 we found a breach of Regulation 17, Good governance. The service was rated as Requires Improvement. The provider sent a report of actions to us on how they would make the necessary improvements to meet this regulation. A recommendation was also made in relation to the provider ensuring they had a robust system in place for monitoring staff training and development.

At this inspection we found the service had met the previous breach identified, however we identified another breach of Regulation 12 Safe care and treatment in respect to the management and recording of people's medicines. This is the second consecutive time the service has been rated Requires Improvement. We will be asking the service for a report of actions of how they will make the necessary improvements and the service will be re-inspected to check this has been done.

We have made a recommendation to the service that they seek advice, guidance and further training from a reputable source, in following the principles of the Mental Capacity Act and ensuring all staff understand their role and responsibilities in supporting people around this.

We have made a second recommendation that the service review the documentation of people's care and support to reflect a person centred approach to the care being provided.

Risks to people's personal safety had been assessed and plans put in place, however these did not always provide clear detail on how to minimise the risks. Risk assessments were in the form of tick boxes. Some risk assessments were incorrectly completed and this had not been identified during reviews.

People we spoke with told us they had not experienced any missed visits, however people consistently raised that the times of visits were varied and this caused frustration. We raised this with the management team.

Quality assurance systems were in place to monitor the quality of service being delivered. However, completed audits had not identified all of the concerns we found during this inspection.

The service had taken measures since our last inspection to improve the monitoring of call visits. There was now a system in place to monitor when staff arrived and left care visits. All staff had a work phone issued to them and received their rota's and information by email which was password protected.

People told us they were happy with the care they received and spoke positively about the staff. We saw that staff were encouraged to spend time during care visits talking to people and one person's care plan recorded that if staff had any spare time they should use it to chat with the person.

The majority of people we spoke with told us the service was well managed and the registered manager was very approachable. Staff told us they felt well supported by the management team and interest was taken in their work and personal needs.

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.

Medicines were not always managed safely. Processes in place did not clearly identify the level of support that people received with their medicines. The service was in breach of Regulation 12 in respect to safe medicines management.

Risks to people's personal safety had been assessed and plans put in place, however these did not always provide clear detail on how to minimise the risks.

People we spoke with told us they felt safe. Staff were aware of their role and responsibilities around safeguarding people.

Is the service effective?

Requires Improvement

The service was not always effective.

At times the service had accepted decisions made by relative's who did not have the appropriate legal authority to make that decision or consent on a person's behalf. We have made a recommendation to the service in respect of this.

People's changing health needs were monitored to make sure their health needs were responded to promptly. Relatives praised the service for their response to people's wellbeing.

Is the service caring?

Good

The service was caring.

People received care and support from staff who knew them well. People told us they were supported in a respectful manner that upheld their dignity.

Staff were encouraged to spend time during care visits talking to people and building relationships of trust.

Is the service responsive?

Good

The service was mostly responsive.

We found there was a lack of person centred detail in some people's care plans. We have made a recommendation to the service in respect of this.

People's concerns and complaints were investigated and information on actions taken shared.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

Quality assurance systems were in place to monitor the quality of service being delivered. However, completed audits had not identified all of the concerns we found at this inspection.

People their relatives and staff felt the service was well managed and the registered manager was approachable.

People had the opportunity to provide feedback on the service. This was then analysed and action taken in response to any concerns raised.

BGS Healthcare 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 was a planned inspection to follow up on the concerns found at our last inspection in March 2017. At our last inspection this service received a rating of Requires Improvement and one breach of the Regulations was identified. This is the second consecutive time that this service has been rated as Requires Improvement.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us 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 used all this information to decide which areas to focus on during our inspection.

This inspection took place on 17 April 2018. This was an announced inspection which meant the provider had prior notice that we would be visiting. This was because the location provides a domiciliary care service to people in their own homes, and we wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf. The inspection team consisted of one inspector who attended the office and two experts-by-experience who made phone calls to people and their relatives to gain their feedback on using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke on the telephone with 14 people who used the service and eleven relatives. We spoke with the registered manager, one of the directors and four staff to gather their views about the service provided. Two health and social care professionals also provided feedback about this service.

We reviewed a range of records which included seven people's care plans, staff training records, staff visit schedules, staff personnel files, policies and procedures, complaint files and quality monitoring reports.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. Processes in place did not clearly identify the level of support that people received with their medicines. The management team told us staff did not administer people's medicines they only prompted. Staff would still complete a medicine administration record (MAR) to document when a person had taken their medicines. However, staff's understanding of prompting was to directly support people with their medicines and they told us "We give medicines, we also prompt and sign the MAR after", "We don't administer, just prompt, we have had training" and "We don't touch medicines unless they are in a Dosette box." (A Dosette box is an individualised box containing medications organised into compartments by day and time). When we spoke with people about the support they received they told us they received help from staff with their medication, some advised they self-medicate, some said staff prompted and others received their medication directly from staff.

We saw one person had a self-medicating form in place which had been signed by staff. This meant the person did not need any help in taking their medicines. However, when we spoke with the registered manager and looked at this person's care plan staff were still supporting this person as they could not independently access their medicines or dispense them without staff assistance. One person needed to be monitored when they took their medicines as they were at risk of choking. Their care plan stated medicines were to be given on a spoon and the person supported to have water. A risk assessment for choking around medicines was in place and documented that the precautions were to give one tablet at a time, allow time to administer, sit the person up and assistance from two staff. This was in conflict with the service stating that they did not administer but just prompted. Prompting with medicines is reminding a person to take their own medicines, however administering is the service accepting direct responsibility for giving the person their medicines and checking these have been taken. It is important that staff are aware of the difference and their responsibilities around this.

There was not a clear system in place for the MAR's to be brought in to the office for auditing to ensure any concerns were identified in a timely manner. We reviewed MAR's dated from November 2017 and February 2018 that were currently being audited. One staff member told us "We keep the clients MAR's and information in the folder for a few months and then it comes back to the office." The management team told us "The seniors bring in the MAR's, we need to look at this and have them brought in more regularly, administering is a grey area."

There were variations on the MAR's that we looked at with some staff signing they had administered and other times signing to say the medicines had been prepared for the person to take later. There was no clear plan to say if staff should be witnessing this person take their medicines or leaving them ready for the person to take at a later time. The provider's policy documented that 'Care staff must not put out individual doses of medication for the service user to take later in the day.' This was not being followed appropriately.

We saw gaps on people's MAR's which made it hard to ascertain if the person had received their medicines or staff had forgotten to sign. The management team were unable to confirm the reasons for the gaps but told us they dealt with missed signatures as a medicines error and staff were spoken to in this event. The

MAR's were not being audited frequently enough to pick up these gaps in a timely manner. There was no information recorded on the MAR's as to why the person may have missed their medicines that day. There were no record of actions taken around these missed signatures to show this had been followed up effectively. One person's MAR was being signed by staff but it had no recorded medicines on it, instead it just stated the month 'November' in the space where the name of the medicines should be recorded.

People who had support with topical medicines had a separate chart in place to record when these had been applied. We saw these also had unexplained gaps. One person had three days where their topical medicine was not applied. No reason was known or recorded as to why this had happened. The topical records often lacked clear guidance for staff. For example, one record simply stated "Apply to affected area" without any indication of where this was. Another record did not state how often the person was to have their topical medicine applied or how much. For people that were prescribed medicine to take 'as required' (PRN), we saw there was not a medicine plan in place to give guidance to staff. The provider's policy stated "Where the service user is prescribed PRN medication a specific plan for administering this PRN will be documented in the service user's care records. This was not being followed with respect to what should be documented in the care plan.

This was a breach of Regulation 12 (2) (g) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had put a Dosette box verification form in place for staff to sign when a new Dosette box arrived at a person's property. Staff signed to record that the person's name, date of birth and address was checked and correct to ensure only the correct medicine was administered.

Risks to people's personal safety had been assessed and plans put in place, however these did not always provide clear detail on how to minimise the risks. Risk assessments were in the form of tick boxes. One person's risk assessment for their property and workplace environment stated the person had worn carpets, but there was no information on how this could impact on the care given or what was being done to manage the risk. A risk assessment for supporting a person around bathing and showering, stated the person was unable to run a bath unattended, but did not specific what the risk was. For example, it was unknown if the person was at risk of drowning, or there was a mobility issue getting in and out of the bath or the risk was scalding. This meant that staff did not have full information around supporting people appropriately to minimise the risks. There was no date recorded on this assessment so it was unknown if this was still a concern or had been reviewed and measures put in place to reduce the risks.

One person was at risk of falls and had a history of falling. The risk assessment ticked what factors might contribute but did not reference the person's environment in this or how they navigate around their home safely. There was a section to record any comments but there was no information on how to manage this risk or what staff should do during care visits. One care plan stated the person may go out alone, but that they were at high risk should this happen. There was no guidance for staff on what to do if the person was missing when they arrived or if they left whilst staff were present and the measures they should take to support this person to keep safe.

Some risk assessments were incorrectly completed and this had not been picked up during reviews. For example, one person's risk assessment stated staff needed 'unusual capability or strength' in supporting this person but the person was independent so required no support from staff to mobilise. We were not sure what was meant by this so raised it with the registered manager who was not aware of this and told us it was a mistake. Another person's lifting and handling assessment said there was no history of falls but an earlier falls risk assessment stated there was. This made it hard to ascertain the current needs of this person. We

raised these concerns with the registered manager and director who told us "We need to look at our risk assessments. We know we need to improve the risk assessments."

People we spoke with told us they felt safe with the staff that came to support them. Staff were aware of their role and responsibilities around safeguarding people and the action to take if they thought someone was at risk of harm. One staff told us "My priority is the wellbeing of clients. If I spot something I will relay it to the office. I know where to take my concerns, I would also whistleblow." People told us staff wore their uniforms and identification badges which helped them to recognise staff when they arrived at their house. The registered manager told us the service had developed their understanding around safeguarding commenting, "We give training to staff and what procedures to go through, there is a good system in place on how to recognise, who to tell and what to do. We have got better in the last year and understand safeguarding a lot more. If we have a safeguarding concern we manage it in a structured way."

There were sufficient staff to meet people's care needs. Staff told us they had enough time to support people safely and were not rushed. Staff commented "I have enough time to do visits, I don't rush and I won't be rushed" and "There are no concerns over staffing, it goes up and down. If I'm rushed I tell the office as it means that person has not got the right amount of time allocated to them." The registered manager used an online system to plan staff and visits which highlighted any staff shortages. They told us "We don't take on packages that we can't staff, there is not a formal staff dependency tool but the system shows us any gaps. We won't start a package on a Friday or a weekend either only from Monday to Wednesday. We always send seniors to the first calls not care staff."

People we spoke with told us they had not experienced any missed visits, however people consistently raised that the times of visits were varied and this caused frustration. People's comments included "They don't come at a set time unfortunately, but they do always come", "They always turn up but you never really know when" and "I feel the only thing they could do better at is letting us know what time they come. I know they can't always do this but just to have a guideline would be great." We raised this with the management team and one of the directors told us "We can and will send out rotas to people, but these change frequently with staff sickness etc. so what we send out one day will not always be accurate the next day."

The service had taken measures since our last inspection to improve the monitoring of call visits. There was now a system in place to monitor when staff arrived and left care visits. All staff had a work phone issued to them and received their rota's and information by email which was password protected.

People told us that if the staff were going to be late they were always informed with one person saying "They always call me if they are going to be late." The dedication of staff was praised by people who commented "They always get here, when there was heavy snow some of the staff had to walk as they couldn't get up the hill and they still always came which is great" and "They were amazing in the snow. It was so bad and the staff were great, they always came to us even if they had to walk quite a way."

The service followed safe recruitment practices. Staff files included application forms and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Requires Improvement

Is the service effective?

Our findings

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

At times the service had accepted decisions made by relative's who did not have the appropriate legal authority to make that decision or consent on a person's behalf. For example, the service was monitoring one person's food intake at the request of a family member but the person had not been involved in this decision or asked for their consent. A consent form for the service administering a person's medicines and providing care and treatment had been signed by a relative who did not have the legal authority to make this decision on behalf of this person. Another person's family member had instructed the service to monitor the person's smoking and inform them if the staff saw any cigarettes in the person's home. This information had been recorded in the care plan, however this person had capacity to make the decision to smoke or not.

We spoke to staff about the principles around MCA and found that their knowledge was at times lacking. Some of the responses included "Instead of asking the person I would make that decision for them" and "MCA means they can't make their own decisions for daily living. Would ensure correct care in place and relay back to office." We spoke with the registered manager who told us they thought it was the Local Authority's responsibility to do mental capacity assessments for people and had not previously understood the responsibility they as a provider had around this.

We recommend the service seek advice, guidance and further training from a reputable source, in following the principles of the Mental Capacity Act and ensuring all staff understand their role and responsibilities in supporting people around this.

At our last inspection in March 2017, a recommendation was made for the provider to ensure they had a robust system for monitoring staff training and development. At this inspection we found that action had been taken in line with this recommendation.

Staff told us they had the training and skills they needed to meet people's needs. Each staff member had a training record and the registered manager had an online system which gave oversight to when staff's training was due to be refreshed. People and relatives told us they had confidence in the staff's abilities with one relative commenting "They (carers) are all very knowledgeable and good. You can ask them anything. In the main I am happy with the staff."

New staff starting their employment received an induction consisting of training, a period of shadowing other staff and information relating to the service. The registered manager told us they did not use the care certificate induction but their induction followed many aspects of this (The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health

and social care sectors). Staff spoke positively about their induction commenting "Induction was good, informative, looked at policies and procedures and had printouts. I shadowed for two weeks, they were very obliging when I asked for longer" and "I did a shadow shift before I started for a day to see if I liked the work." We saw in some staff files there was not always evidence of their induction records; however staff informed us they had received a proper induction.

The registered manager told us staff had the opportunity to attend a supervision with their line manager every six months to discuss their performance, training needs and progression. We were unable to review some staff supervisions as the registered manager explained these had been lost when they transferred over to a new online system. Staff assured us they continued to receive supervisions with one staff saying "We have supervisions every six months and appraisals. I am open minded and forthcoming, I raise problems and these are dealt with." In addition to these supervisions the service carried out regular spot checks on staff during their care visits. These checks observed their punctuality, manner and practical skills.

Staff supported some people with meal preparation and drinks. If there was a concern about people's food or fluid intake the service had charts to put in place to monitor this. One person who had a food monitoring chart in place showed they sometimes declined their meals. There was no information recorded on the action the service had taken in response to this. The registered manager explained this had been put in place to inform the family what the person had eaten that day and not because of an initial concern. The registered manager understood that if a person was at risk of not eating they would inform the family, offer different foods, or if necessary make a referral to the appropriate professionals.

People's changing health needs were monitored to make sure their health needs were responded to promptly. Relatives praised the service for their response to people's wellbeing commenting "The carers recognise when X is not well and if anything needs the district nurse or GP, they tell me. Sometimes the carers talk to the GP at the surgery for me" and "The carers provide all the care, but I can always talk to them. They tell me when I need to speak to the GP or the district nurse about X's care."

Health and social care professionals told us they had a good working relationship with the service commenting "I have always found the managers to be very approachable and act quickly on any requests" and "We occasionally have to arrange discharges that can be more complex on timings and they will put themselves out to work with us on these." The registered manager said "We have a good relationship with GP's and social workers; we do ring the nurses a lot."

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and spoke positively about the staff. Comments included "I like the staff we have they are very nice, there is always good banter and laughter" and "Staff are lovely they really are and cannot do enough to help you. I am very happy." A few people did raise that they preferred a female carer and at times this had not always been adhered to saying "The staff are really lovely that come, I would be happier if I had all females however" and "The staff that come are nice but I would like all females, but I do not get a choice unfortunately."

We saw that staff were encouraged to spend time during care visits talking to people and one person's care plan recorded that if staff had any spare time they should use it to chat with the person. Staff told us "We chat to people, read their care plan and get to know them. I love going out every morning and seeing people", "We always have a chance to chat with people at some point. I make sure care is given in a way that they find suitable" and "I enjoy having a chat with people."

The service had worked with one person to build their trust and allow them to support the person effectively. The person's care plan clearly stated this person needed time to build relationships with staff before they would allow them to support. The registered manager told us "We will take on packages and build trust with people, one person we have got their trust and they now work with us, that's our big achievement." Relatives told us that some of the staff had taken time to build a good relationship with them with comments including, "They are brilliant, so understanding, we are so grateful to them. Have regular staff and when one comes, my relatives eyes light up and she never stops smiling whilst that staff member is here", "Their listening and understanding is worth their weight in gold" and "I couldn't fault any of the staff."

People received care and support from staff who knew them well. People told us they were supported in a respectful manner that upheld their dignity. Comments included "They always treat you with respect and ask first ", "They do respect your dignity" and "I don't think that they could do any better; they do the best they can and go out of their way to help me. They don't force themselves on you. I like to do my own washing up and make my own bed and they let me do it, they allow me to make the choice."

People gave us examples of the support they received from staff and felt involved in their care choices. One person told us "I manage my personal care myself, but I struggle to get clothes on and they (carers) support me with this and will always check the clothes I've put out to wear to make sure they'll be easy for me to get on, because I tell them I like to do it myself." Another person said "I tell them if I want to do something. The carers ask me quite often if I'm satisfied with the care and I say that as long as you're coming into see me I'm alright. I was doubtful when I was first told that I should have care, but I tried it and it's quite good and I enjoy it now."

One person's care plan recorded that independence was very important to the person and they wanted to maintain this. Relatives told us "Staff have a real caring attitude", "There are really respectful and kind when helping my family member, I can't fault them" and "I feel they are very respectful to my family member and that's very important." Records showed that staff had completed training in equality and diversity and were

aware of how to promote people's dignity and independence.

Good

Is the service responsive?

Our findings

People had a care plan in place that set out what type of support they needed at each visit. However, we found there was a lack of person centred detail in some of the plans. The majority of people's care plans were written on one page and some were very brief comprising of two lines for the evening visit. One care plan stated that staff were to "prepare fluids" but there was no detail recorded about what drinks the person did or did not like. Another care plan stated "assist to get ready for bed, prompt meds" There was no information about the person's preferred routine or what they could do for themselves. The information did not identify the individual as a person in their own right with specific wishes and preferences.

The care plans did not always indicate to staff that choice should be sought and promoted. For example, one person's care plan stated staff were to "assist to dress" and "shower and wash hair when required." One person had a bed changing and clothes changing chart in place but there was no information about how staff should support the person with these areas of need. We did see one person's care plan that contained a lot more detail about their background, family and interests and how they liked their support. One of the directors told us this was what they wanted to put in place for everyone going forward.

Personal and social profiles were available which recorded details about the person's family or GP. There was no information available on people's likes or dislikes for food or drinks. These profiles were often not completed or were left without a date on when they had been completed. The terminology in care plans was not always appropriate. For example, one care plan stated "assist X into the bathroom wash and prepare for bed" and "cream legs and feet on each visit". Another care plan recorded "assist with toileting". One person's medical condition was documented as "suffers with cognitive impediment, can be confused and sometimes disorientated". There was nothing about how to support this person around this or how it impacted on their care. People did not raise any concerns that this was how their care was delivered and staff were able to tell us about people's needs and how they liked to be supported. This meant the issues we found were due to poor recording and not compromised care.

We recommend that the service review the documentation of people's care and support to reflect the care in practice and bring in line with a person centred approach.

People had information around their communication needs recorded. However, the detail was often in a prior review assessment completed by the Local Authority rather than incorporated fully into people's care plan. People had access to easy read safeguarding information should they need it in that format. The registered manager confirmed "We understand how to share information; we can get different formats if someone needed this." The registered manager was aware of The Accessible Information Standard (AIS) (AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS).

People's needs had been reviewed and amendments made in care plans where necessary. Staff told us they were informed of any changes to people's needs by email or phone depending on the change. There was

evidence in the daily records where staff had communicated a concern or contacted the on-call to seek advice.

Most of the people we spoke with advised they had not raised formal complaints about the service. There were a couple of people who had made a minor complaint and this was discussed and resolved with management. There was a service user guide given to people when they joined the service, which contained clear information on how to make a complaint. All complaints were logged, investigated and responded to. Where necessary there was evidence staff had been brought in for meetings and any action taken was shared with the person who had made the complaint. Compliments were recorded from people who praised the caring nature of the staff and service they received.

The service was keen to support people at the end of their life; however there were not always end of life wishes recorded in people's care plans. The registered manager told us "We take on packages and end of life information is taken at the time." One health and social care professional told us "The service provides care for end of life patients and makes every effort to fit in care at the times required."

Requires Improvement

Is the service well-led?

Our findings

Quality assurance systems were in place to monitor the quality of service being delivered. However, completed audits had not identified all of the concerns we found at this inspection. One audit review stated that care plans needed to be more detailed. However, this audit had no date of when it was completed and no information how, by whom and when these improvements would be made. It also stated that some risk assessments were incomplete and needed action but there were no further details of timeframes.

The service did not currently look at the quality monitoring across the service as a whole but considered events individually due to the fact that people were supported in their own homes, so changes would be specific to the person. We saw the service monitored things including complaints, incidents or accidents, care reviews and staff training and practice. The rating from the last inspection had been displayed at the location from which this service is run but the provider did not have a website in place at this time to display it there. The registered manager told us "We want to improve risk assessments and mental capacity assessments, it's all assessment based improvements. We will improve and go through things in the next 12 months."

The service had a registered manager in place who was also one of the three directors. The majority of people we spoke with told us the service was well managed and the registered manager was very approachable. One person said "I would definitely recommend the service, because there are lots of different ones (carers) and if I don't like something, I tell them." Relatives praised the leadership commenting "The management team always answer and ask if everything is alright. I would give them ten out of ten, totally brilliant, well managed", "I've met one of the owners of the firm (BGS Healthcare Ltd), she came with one of the carers and acted like one of the carers; she's very nice and I can talk to her easily; seems it's a very good firm" and "The office staff I know as they have been out to deliver care and I see the manager, she comes out and is approachable."

Health and social care professionals told us the staff were responsive commenting "I often speak to the workers via telephone; they are always polite and willing to offer help whenever possible. They will always reply to my emails and queries quickly" and "I just wish there were more companies like this one."

Staff told us they felt well supported by the management team and interest was taken in their work and personal needs. Comments from staff included "The manager is supportive. She is the most approachable and kindest lady I have met, if she can help you out she will", "I am supported, the manager is approachable for work and personal concerns. I enjoy the hours I do and I think we have made a lot of improvements over the year", "I feel valued, if I need to I will go the extra mile" and "I feel supported, if ever I have a problem I can ring and it's dealt with efficiently." Staff attended regular meetings where they were kept informed of events and information relating to the service. The provider had pool cars available for staff to use should they need one for work and had also provided bikes for some staff who preferred these.

At our last inspection in March 2017, the service was found to be in breach of Regulation 17 Good governance. This was because three safeguarding alerts made to the local authority had not been notified to

The Care Quality Commission. There was also no robust system for missed or late calls to people. The provider sent a report of actions to us on how they would make the necessary improvements to meet this Regulation requirement. At this inspection we found the provider had made the necessary improvements and was no longer in breach of this Regulation.

People had the opportunity to provide feedback on the service. This was then analysed and action taken in response to any concerns raised. The results were then shared with people. Where people had raised queries about the complaints process the service had taken action and adapted the questionnaire in light of this. One relative told us "They send us feedback forms but nothing has ever been wrong. I don't see how it could work any better."

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 Medicines were not always managed safely. Processes in place did not clearly identify the level of support that people received with their medicines. Regulation 12 (2) (g).