Age Concern (Eastbourne Number 2) Limited

William and Patrica Venton Centre

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

William and Patricia Venton Centre is a domiciliary care agency and provided care and support to 44 older people in their homes. Not everyone using William and Patricia Venton Centre received the 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 inspection, nine people were receiving support with personal care.

At our last inspection in November 2017, the service was rated 'Requires Improvement'. During this inspection, we found some areas still required improvement. This is therefore the second inspection where the service has been rated Requires Improvement.

There was 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.

Shortfalls were found with record keeping which showed that current audit processes needed to be developed further. People's care needs were not consistently reflected in their documentation. Issues identified during the previous inspection regarding medicines and care documentation, had not been improved. There were gaps in the training plan which had not been addressed despite being picked up by the registered manager.

At the previous inspection, the service was in breach of Regulation for a lack of medicines guidance and staff did not always understand the support people required with their medicines. At this inspection, although improvements had not been made to people's documentation, staff had a good understanding of people's support needs with regard to medicines. People and their relatives also told us they were happy with the support provided. We considered any possible negative impact on people to be low risk. However, medicines documentation was a continued area for improvement.

People told us they felt safe because staff knew them and their support needs well. Staff had been recruited safely and there were suitable numbers to meet people's needs. Staff demonstrated a good knowledge of how to safeguard people. Accidents and incidents were recorded and analysed, with actions taken to prevent reoccurrence. People had assessments that identified areas of risk and how to reduce these to safe levels. Staff also had a good understanding of infection control and how to prevent the spread of infection.

People were supported by staff that had the skills and knowledge to meet their needs. Staff told us they received training, regular supervision and appraisals to support them in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us

their nutritional needs were met and that if they required support to access health or social care professionals, the staff would always accommodate this.

People and their relatives told us staff were kind, caring and attentive to their needs. Dignity, independence and privacy was promoted and encouraged. Continuity of care was achieved through familiar staff attending care calls on a daily basis.

People and their relatives felt staff were responsive to them and to any changing needs. They were confident that any concerns they had were dealt with in a timely and professional manner. Reviews of care were regularly completed with people and their relatives which ensured information about support needs was current. Staff had knowledge of people's communication needs and respected their preferences.

People, relatives and staff spoke highly of the registered manager. The registered manager had changed since the previous inspection. People felt there had been positive changes since they started and that the service was organised and well-led. Feedback was sought from people, their relatives and staff which was used to improve the service. A quality leadership group was developed by the management team to increase communication with others who had invested interest in how the service was run. The management were passionate about continually improving the service people received.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Although people told us they received their medicines safely, improvements had not been made to medicines guidance for people from the previous inspection.

There were enough staff to support people and they had been recruited safely.

People and their relative's felt that safe care was provided. Staff understood safeguarding processes and knew the correct procedures to follow.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of choice and how principles of the Mental Capacity Act applied to people they supported.

Staff had the skills and knowledge to meet people's needs.

People's nutritional needs were met. They had access to health and social care professionals when they needed to.

Is the service caring?

Good

The service was caring.

People and their relatives thought highly of staff and the support they gave. They were confident that staff knew people and their support needs well.

People's views, dignity, privacy and independence were promoted and respected at all times.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and responded to any changes in their

health or well-being.

Staff were very knowledgeable of people's specific communication needs.

People, their relatives and staff understood the complaints process and felt able to raise any concerns.

No-one was received end of life care. However, staff understood the importance of respecting people's choices at the end of their lives.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People's care documentation lacked consistency and did not always identify all of their care needs. Training records were not completed fully and actions identified at the previous inspection had not been addressed.

People, their relatives and staff spoke highly about the registered manager.

The registered manager and nominated individual were passionate about improving care and were responsive to issues found during this inspection.

William and Patrica Venton Centre

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.

We gave the service 2 days' notice of the inspection. This was so the provider could speak to people and relatives to gain their consent to speak to us over the phone. Inspection site visit activity started on 13 November 2018 and ended on 16 November 2018. It included phone calls to people and relatives. We visited the office location on the 15 and 16 November 2018 to see the manager and office staff; and to review care records and policies and procedures.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events, which the service is required to send to us by law. Due to technical problems, we were not able to view the Provider Information Return. This is a form that asks the provider to give some key information about the service each year, what they do well and any improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

One inspector was present at the office for two days. An expert-by experience supported the inspection process by speaking with people and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with five people and five relatives about their day-to-day experiences of the service. We spoke with six staff including the nominated individual, registered manager, a senior carer, the care co-ordinator and one carer. We spent time reviewing records, which included four care plans, three

staff files, medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were also viewed.

Requires Improvement

Is the service safe?

Our findings

At their previous inspection, William and Patricia Venton Centre were rated as 'Requires Improvement' in the key question of 'Safe', with breaches of Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff recruitment practices were not always safe and systems did not ensure staff gave or supported people to take their medicines in a safe way. During this inspection we found that improvements had been made to staff recruitment and the legal requirement of Regulation 19 were being met. Sufficient improvements had not been made to medicines documentation, but we assessed that this did not have a negative impact on people's safety and therefore the legal requirements of Regulation 12 were also being met.

We found that areas of concern identified as part of the Regulation 12 breach at the previous inspection, had not been addressed. People still did not have care plans to inform staff what medicine people took, how they preferred to take it and what support they required. Some people took medicines on an 'as and when required' basis (PRN). There were not PRN protocols to give staff guidance on the appropriate dose, time frame and any side effects of these medicines. Staff supported people with applying topical creams, but there was no guidance for how and where this should be administered. Other people's MAR charts held gaps in recording, where staff were not confident in how to document when medicines had been taken.

People and their relatives told us that staff knew people's medicine support needs and gave them as prescribed. One relative said, "They follow the instructions in so far as they have to do with what the doctor's instructions are. "We spoke with staff at length about people and they had a very good understanding of what medicine they needed and how they preferred to take it. They received regular medicines competencies to check their understanding of medicines procedures. Once we had made the provider aware of the lack of care plans and PRN protocols, they took immediate action to rectify this and put appropriate care plans and protocols in place. However, we were not able to see that these new plans and protocols had been imbedded into practice by care staff. Therefore, this remains an area for improvement.

People told us they felt safe. Comments included, "I have peace of mind them being here", "They worry about me and that is a nice feeling" and, "I have them once a day but when they are here, them just being here, makes me feel safe." Relatives were in agreement that their loved ones were kept safe by staff that knew people's needs, recognised risks and informed them of any concerns. One relative told us, "I do know that if there is anything that happened, or if I needed to do anything, they [staff] would let me know. I feel that we can go away knowing he [person] is in safe hands."

Risks to people's safety were assessed in their homes. This included risks surrounding mobility, falls, skin integrity and people's state of mind. There was a home environment risk assessment that considered home security and fire risks. This included where the person's fire alarm was, their understanding of fire risks and where they would evacuate the property. Staff knew how to manage risks. This included understanding of how to support people who experienced anxiety or low moods. However, records for these assessments were not always completed and we have addressed this in the Well-led section of the report.

At the previous inspection, it was identified that improvements were needed to ensure staff were recruited safely. References had not always been sought from previous employers and a full employment history was not gained or explored consistently. We found that significant improvements had been made during this inspection. The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked staff were suitable to work at the service. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. As part of the interview, potential candidates were asked to complete a 'Carer's standards' questionnaire. This was a way of evaluating their personal philosophy regarding care and whether they had the right values required to support people. This process ensured as far as possible staff had the right skills and values required to support people in their own homes.

There were enough staff to support people safely. Before a package of care was started, a 'Support needs assessment tool' was completed to determine what support the person required. This information was used to work out how many hours of support were needed throughout the day. People had the same staff who worked regularly with them which meant they felt comfortable around familiar people. They told us they received a weekly schedule to confirm the time of their care call and the staff member attending. One staff member said, "I go to the same people every week which is so important when building up a bond."

There were contingency plans for emergency situations which ensured that measures were implemented for people to continue to receive their care. An example of this could be in severe weather conditions where carers were unable to travel. A letter had been sent to people in preparation for colder weather to explain the contingency plan and emergency measures. Either the registered manager, care co-ordinator or senior were available by telephone for emergencies, which meant there was always support available for staff if they needed it.

Staff were able to demonstrate their knowledge of current practice and understanding of processes to follow if abuse was ever suspected. Staff were knowledgeable of the whistleblowing policy. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff knew where to locate the services' safeguarding policy and had access to telephone numbers of local safeguarding teams if they were required. One relative said, "When staff are there, I know my relative is safe. They have raised issues they've found, for example, they saw a growth on her leg and took action. I had no idea. I would not have known had they not told me."

Accidents and incidents were recorded with evidence to show that actions were taken to prevent incidents from reoccurring. The registered manager evaluated accidents to look for patterns or trends. There was also evidence to show lessons were learned. An example of this was for a series of incidents where a person displayed behaviours that challenged. The registered manager identified this was happening only when certain staff were supporting. They talked to the person and listened to their preferences and choice of staff. Their rota was amended and incidents had stopped as a result.

Staff also had good understanding of infection control and how to prevent the spread of infection. People and their relatives told us that staff always used personal protective equipment such as gloves and aprons when supporting with personal care.

Good

Is the service effective?

Our findings

People and their relatives told us the service was effective because, "Staff are perfectly qualified for what I want and need" and, "All of them seem to know exactly what they're doing."

People told us they were offered choice in all aspects of their care. One person said, "They always ask me if I'm happy for them to do this or that. They're very respectful." Another said, "They say to me, are you ready? Shall we do those feet? We have a good laugh." Staff had good knowledge of how the Mental Capacity Act applied to people they supported. 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 gave examples of how they would support a person to make choices, such as asking them their preferences, or using objects of reference such as clothing or food. One staff member told us, "I always ask people what they want and give them choices. We can't choose for them. I can't imagine anything worse."

People's documentation reflected whether they were able to make decisions independently or if support was required. One person had a representative known as a Lasting Power of Attorney and care plans reflected who they were and what decisions they were able to make on behalf of people. There was evidence to demonstrate that people had been included in decisions related to their care and people that could, had signed their consent.

Staff had the appropriate skills and knowledge to support people living in their own homes. Staff told us that they received training appropriate for their roles. The senior carer was a moving and handling trainer and provided support to staff in their learning. There was a training room in the office that had been equipped with a bed, hoist and other moving and handling aids. This enabled staff to be able to practice safe techniques during their training. Most training was completed online, using courses and workbooks to assess learning. However other sessions such as medicines management and first aid were practical training sessions. Staff told us that training was regularly reviewed and additional information was added as guidance changed. There were opportunities for staff to complete a Qualifications and Credit Framework (QCF) qualification in social care for those who wished to develop their skills and knowledge. A QCF is a work based award that is achieved through assessment and training. To achieve a QCF, candidates had to prove they had the ability to carry out their job to the required standard.

Staff told us that there had been significant improvements to the induction given to new staff. One staff member said, "It used to be brief but improvements have been made now", while another said, "We get a lot more information about people now, which is what gives new staff confidence." Induction included time in the office to meet staff and learn about different roles within the service. There was also time to shadow more experienced staff to learn about people, their preferences and routines. The registered manager told us, "Shadowing can be as long or short as the staff member needs. If they are new to care, they will likely need much more time observing than someone who has already been a carer for years."

Following induction, staff were supported with regular supervision and annual appraisal, where they could set their own goals for achievement. Staff described supervision as, "A place I can talk about anything and everything I need to" and, "We discuss everything, how I'm getting on, any concerns and also we brainstorm ideas together." Another staff member told us, "I think supervision is especially important as we often lone work and it could get isolating. The registered manager is very good at making sure we are all okay and meeting with us often so we don't feel that way."

People told us their nutritional and hydrational needs were met. One person said, "I choose what I want and staff do it. They prepare drinks for me and make sure I have everything I need before they leave." Another said, "We go out shopping and they definitely have me at heart. They're really careful about sell by dates and pointing out things I might like. They'll sometimes cook for me, or I will prepare something for myself." Although no one had needs that related to choking or required specialised diets, staff had received training in nutrition and hydration.

People were supported to maintain good health and had input from health professionals when it was required. People told us staff encouraged or supported them to access their GP or other professionals if they felt unwell. One person was supported by staff to appointments with specialist nurses, audio professionals and their GP when their health deteriorated. Relatives told us that staff were responsive to concerns about people's health. One relative said, "When we were on holiday once, a carer noticed something when they were showering my relative and took him to the doctor immediately."

People and relatives told us they had not had any missed care calls. They felt staff had time to support them and that all their needs were met. Comments included, "Most of them come about five minutes before time, so they chat with us first", "There is no feeling of being rushed at all" and, "I think they do everything in the time they're given and I'm quite happy with the time they take." Relatives agreed, one telling us, "They do what is needed and sometimes they take mum out for a walk as well so if they didn't have time they wouldn't be doing that. They are there for the full time they are supposed to be there." People and their relatives confirmed that they were always telephoned and informed if staff were going to arrive a little late due to traffic delays. A relative said, "It works both ways. Mum had a fall and the carer went with mum in the ambulance, so I can completely understand, it's not an easy job they do." Electronic scheduling systems allocated enough time to staff for each care call. It also identified when staff had started and finished a care call. The care co-ordinator said, "This isn't only to monitor the care people are receiving but to ensure staff are safe as they lone work most of the time."

Good

Is the service caring?

Our findings

People were complimentary of staff and their caring nature. One person said, "My main carer is just so lovely, she's gentle and chats with me, I like her very much." Other comments included, "Very very good", "Friendly and efficient" and, "I feel I am truly blessed and would not be where I am without the carers." Another person said about their regular carer, "She knows how I like things done. In fact, I have made a great friend of her. She is a very dear and sweet lady. She actually says she loves her work and it shows. I'm a very happy bunny and surrounded by lovely people." Relative's also spoke highly of staff and described them as, "Courteous and understanding", "Excellent" and, "They are very caring and always make time to just sit and chat with my relative." One relative said, "Their attitude is brilliant. They come in and show that they care in a lot of ways. They show an interest in dad and they chat to him, not at him. Dad has never criticised or commented negatively about them."

Staff told us that they were passionate about working with people and they loved coming to work each day. Comments included, "I am sometimes the first person they see and so I always strive to be positive and cheerful. It's easy when you love your job", "It is so fulfilling" and, "I come to work and go home every day with the biggest smile on my face." One staff member had been to visit a person when they went into hospital each day because they knew they didn't have any other visitors. Another staff member said, "One person doesn't really communicate verbally but this morning they said good morning and that they loved me. It doesn't get better than knowing you've helped someone be happy."

Staff had a good understanding of people's likes, dislikes and preferences. People and their relatives told us the same carers visited each time and this made them feel they knew them well. People said, "I show them how I like things done and they do it this way" and, "They know me and my preferences but still always check that I am happy." One relative told us that their mother could become agitated, but, "Staff just know what to do because they have got to know her and her ways so well."

People told us that staff promoted their independence and encouraged them to do as much as possible on their own. One person said, "When I have a shower they encourage me to wash the parts I can. It would be quicker for them to do the lot but they like me to do what I can and I like to feel that little bit of independence." Staff gave examples of promoting independence, such as taking people shopping instead of doing it for them and celebrating, "Even the little things" people were able to do for themselves. One staff member said, "It may be a small achievement, but to the person it could mean everything."

People were treated fairly regardless of age, gender, religion, sexual orientation or disability. One person said, "It's the way they talk to me, the little things they do, they speak nicely to me and want to please me. That's all respectful." Relative's agreed, and one said, "They are so kind and they always talk to her [person], not over her, they always ask how she is and what sort of a day she has had. They talk her through what they are doing."
Staff respected people's privacy at all times. One staff member told us, "A person was embarrassed about personal care at first but I encouraged them to do what they can themselves, closed door for privacy and covered them up so they didn't feel vulnerable." Staff knew how to maintain confidentiality and that

information was shared on a, "need to know basis" only. Any concerns about people and their support needs were discussed in a secure, private location. People's care plans were locked away in the office and systems password protected to protect people's privacy. People's information could also be accessed via staff's work phones. Staff had their own personal PIN and were only able to access the information of people they were supporting on that day.

People were involved in making their own decisions and encouraged to express their views. People and relatives told us they had regular reviews of their care needs and people asked how they felt about the service and the staff supporting them. People were also asked to complete questionnaires about the service provided.

The caring principles of the service included the well-being of their staff. One staff member said, "We support and care about each other which is so important." Another said, "We laugh, cry and work things out together." One example was where the care co-ordinator had driven a staff member to their care calls for the day when they were unable to travel. Another staff member told us that management and colleagues were supportive with personal issues and this, "Helped me keep going." Staff told us they were continuously thanked by the registered manager for hard work and this made them feel appreciated. There was a "Carer of the month" award given to recognise good practice or going above and beyond what was expected in the role. One staff member had received it two months consecutively for supporting their team during a period of staff absence. Staff were presented with a certificate and a gift voucher.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to them and any changing needs. Relatives agreed that staff responded quickly and always kept them informed of any changes. Staff and a relative told us how one person could become anxious and that singing made them feel reassured. A staff member had learned songs that she knew the person enjoyed. They told us the person was now singing along too and this had helped to alleviate their anxiety. Another person could experience low moods and staff were aware of what topics to talk about that would make them feel happier. Staff also responded when people expressed worries or concerns. One person was worried about their mobility when visiting relatives for an extended amount of time. Staff supported the person to feel safe and comfortable going up and down the stairs and encouraged them to talk to their physiotherapist. The person fed back that this had really boosted their confidence. Another person had been receiving support with improving their independence with mobility and transfers. Staff also supported the person's family with how to support them. Gradually support was decreased until the care package was no longer required. Staff received a letter from the person's relative stating, "We have now reached the point where we believe we can now manage his care on our own. This would not have been possible without the support and help of your organisation and your carers for which we are very grateful."

Initial assessments were completed with each person before they received support in their homes, which identified their support needs, preferences and wishes. These were used to develop the person's overall care plan. There was emphasis on people's histories and this included their family, friends, where they grew up, occupation and significant events in their lives. At the person's request, relatives were also involved with the assessment process. One relative told us, "I was recommended to Age Concern by the hospital and they came out and they asked me what I needed, it was all written down and then they provided the care that I needed for mum." Another said, "After having rehabilitation, staff came out from the agency and we discussed what his needs would be. I was very impressed with the assessment."

People told us that their care needs were regularly reviewed by a member of the management team. People were consulted every 6 months. They were asked for their views of the service and their care packages were re-assessed which ensured all support needs were being met. One relative told us, "I have been present at a couple of reviews, I've never found it necessary to query their suggestions. I look to their experience and am quite satisfied with the care my mother is getting." Another relative said that staff always let them know if they think anything requires improvement as well. "One thing they did say about the early morning visit was that half an hour was too short and I agreed to increase that to an hour and that has made things much better for mum and the carer."

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff were very knowledgeable of how people specifically liked to communicate. For people with hearing and sight impairments, this was documented in their care plans and acknowledged support required by staff. Some staff told us that they helped people to maintain their

communication equipment, such as ensuring hearing aids were working and glasses were regularly cleaned. One person with a sight impairment, was provided staff rotas and invoices in larger print. A relative told us, "My dad is profoundly deaf although he has a cochlea implant. Regardless of this, staff always make an effort to talk to him and check he has understood them."

Although no person specifically required support with activities as part of their care package, staff understood the importance of knowing people's preferences and taking time to support these where possible. For example, one staff member told us that they knew a person liked playing cards, dominoes or board games and so they did this with them whilst preparing their meals. Another person was supported to go for a short walk every day. A relative told us, "They make time to do this and it is not just for my mother's health but also gets her out of the house and emotionally that is good." Some staff sat with people to look at photographs and talk about life stories. One person told us they were supported with shopping and staff always made time to have a coffee with them whilst out.

People's views were listened to. When people expressed they did not like something, this was documented and respected. There was a clear complaints policy available and people and staff told us they would feel happy raising any concerns with the registered manager. People told us, "I would be able to raise a concern or complaint if I had to. They [staff] are approachable" and, "The procedure for complaining is set out in their paperwork." Relatives were also confident any concerns would be dealt with promptly and professionally. One relative told us, "Certainly, I would feel able to make a complaint because what I've found is that over the time we've been using Age Concern I've formed a good rapport and would feel comfortable to raise something and being taken seriously." Another said, "I made a complaint and it was taken very seriously. I am very happy with how it was dealt with."

No-one received end of life care at the time of inspection. However, the registered manager and staff informed us that should this be required, they would do everything they could to provide this support. Staff had a good understanding of respecting people's wishes to do with end of life support. An example of this was for a person who advised during their initial assessment whether they had any advanced decisions or wishes. The person advised that they did not want to be resuscitated in an emergency but did not have a Do Not Attempt Resuscitation (DNACPR) document issued by their GP. The registered manager contacted the person's GP and organised for a home visit where their preferences were discussed and a DNACPR issued. Staff knew which people had these documents in place and their care plans referred staff to where these documents could be found in their homes.

Requires Improvement

Is the service well-led?

Our findings

At their previous inspection, William and Patricia Venton Centre were rated as 'Requires Improvement' in the key question of Well-led. This was because quality audit checks had not consistently been used to ensure people's documentation was up to date and relevant. People did not always have assessments that identified areas of risk and how to manage these. Although we found some improvements with risk assessments on this inspection, there were still inconsistencies within people's care documentation.

At this inspection, the registered manager completed quality assurance checks for complaints and compliments, accidents and incidents and staff and people's files on a monthly basis. The nominated individual also checked the registered manager's audits so they were always aware of what was being audited. 'Mock' inspections had been introduced and were completed by the registered manager and nominated individual. These looked at the different key lines of enquiry used on our inspections. Despite an increase in quality audits, we still found people's support plans were not consistently reflective of the support they received. This would suggest the quality audits still required some improvements to be fully effective.

One-person experienced periods of low mood and anxiety where they required emotional support from staff. Their care plan mentioned using 'Distraction techniques' as a method of support, however there was no detail on what these were or how else staff should support when they were feeling anxious. Another person had a detailed continence support needs assessment in their care plan, however staff were no longer supporting them in this way and their current needs were not reflected. Other assessments, such as for personal care or eating and drinking, did not specify the support needed, people's preferences or what they could do independently. Information shared within paper and online copies of people's support needs were also not consistent.

Staff knew people and their support needs extremely well and we therefore considered any potential or actual risk of incomplete records to have a low impact on people. However, inconsistencies within care documentation and medicines guidance were identified at the previous inspection and had not been resolved at this inspection.

We found the training plan was not consistently up to date. The registered manager told us when they started in their role, there was a lack of evidence to demonstrate what training staff had received. They had therefore, booked all staff to complete refresher training and started recording this on a training plan. When we spoke to staff, they said that they were very knowledgeable of people, their needs and how to provide safe and efficient care. Many of the staff team had worked in the care industry for years. Staff who required refresher training had been sent online training workbooks or courses to complete at home. For two staff, it had been identified that they did not have a computer at home to be able to complete this. They had been given time at work to complete outstanding training, however, due to staff sickness, this had not been achieved. We talked with the registered manager about alternative means of providing training to staff, so that delays in completion were reduced. They advised that now that staffing issues had been resolved, this would be a priority.

The provider had not ensured good governance had been maintained which had meant that records were not always up to date and accurate. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People complimented the registered manager and felt that the service was well led. One person said, "I think they are very good. They instantly get somebody else to come out to me if my regular staff are ill. They ring me up and tell me." Other people told us, "I've not had any problems with the management. I've found them very helpful" and, "They're excellent and know what they're doing." Another person reflected, "I think it is managed very well now. The staff have changed quite a lot, I think we are on the third manager now in 18 months but the woman that is there now seems to be very much on top of everything." Relatives also told us they felt the service was "Well run", "Efficient" and, "Organised." One relative said, "The registered manager is always available if I have any concerns." Another said, "They pull out the stops to make sure people get what they want."

Staff were equally complimentary of the registered manager. They described them as, "Absolutely fantastic", "Very supportive" and, "It always feels like I'm listened to." Another staff member said, "I love the registered manager, they've made lots of positive changes and everything is running much more smoothly." Staff felt part of an open and empowering culture where they were encouraged to share their views and resolve issues as a team. They told us that they attended staff meetings every few months and these gave them the opportunity to discuss concerns about people and review training or policies. We viewed the latest meeting minutes and saw that people's well-being, safeguarding, incidents and complaints were discussed. Staff were also given quizzes and questionnaires with regard to mental capacity and the fundamental standards that we look at when we inspect.

Spot checks were carried out on staff by the senior staff member regularly. This was completed throughout the day to ensure all staff provided safe and effective care. These assessments monitored whether the staff member arrived on time, whether they met all care needs and how they interacted with the person. Feedback was then given about positive work practice or areas for improvement. Where areas for improvement were identified, these were reviewed at the following spot check to ensure that practice had improved.

The provider sought views from people, their relatives and staff and valued feedback given. The nominated individual and registered manager had reviewed and updated the surveys to address each area of inspection that we look at. The most recent survey covered the 'effective' key question. Feedback was mainly positive, and no themes of concern were identified. Comments included, "Very pleased with the service I receive, the carers are all encouraging and positive in their approach" and, "I find this service to be extremely effective, always listen and accommodate needs. Long may they live." This feedback was then shared with staff during a meeting. The provider also used constructive feedback as means of improving the service. Feedback from a previous staff survey had been that their induction did not provide them with the information and tools needed to support people. In response to this, a new and more thorough induction programme was introduced and feedback from staff in the most recent survey was positive.

The nominated individual and registered manager were passionate about communicating with all levels of staff and improving knowledge throughout the organisation. They had developed a quality leadership group. This consisted of the nominated individual, chief executive and registered manager meeting with trustees on a monthly basis to discuss the quality of leadership. The nominated individual told us, "The aim is to communicate with all levels of staff and develop trustees knowledge of care." One of the leader quality tools was to look at personal qualities and what everyone could bring to their role and the organisation. The trustees had been given a personal qualities questionnaire to complete and the agenda for the following

meeting was to review and analyse these results.

During the inspection we found the nominated individual and registered manager to be very responsive to the shortfalls we identified. During and immediately following the inspection they had addressed some of the issues, such as medicines documentation for people. They had started to look at how they could develop people's care documentation to ensure it had more detail about support needs and preferences. The nominated individual had planned a training session for staff to develop their understanding of what made an effective care plan. This immediate action taken to respond to concerns raised by us showed a willingness to improve 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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured good governance had been maintained. Appropriate systems and processes were not in place to fully assess, monitor and improve the quality and safety of the service provided. 17(1) (2a) (2b) (2c)