

Wealden Community Care Limited

Wealden community Care Limited

Inspection report

Cartlodge Office, Horam Manor Farm
Horam
Heathfield
East Sussex
TN21 0JB

Tel: 01435812003

Website: www.wealdencare.co.uk

Date of inspection visit:

26 March 2018

27 March 2018

05 April 2018

Date of publication:

25 June 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

We inspected the service on 25 March 2018. The inspection was announced. Wealden Community Care is a domiciliary care agency registered to provide personal care to adults with physical disabilities, learning disabilities, and dementia. It provides care to people living in their own houses and flats. Not everyone using Wealden Community Care 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 the inspection Wealden Community Care provided a service to 73 people.

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.

At the last comprehensive inspection on 2 December 2016 the overall rating of the service was, 'Requires Improvement'. We found that there were six breaches of the regulations. This was because the registered provider had not ensured people were kept safe from risks or avoidable harm. We also found they had not ensured that safe recruitment procedures were followed. Furthermore, they had not ensured medicines were being managed safely. In addition, we found that the service had not kept complete and up to date records of each person. The registered provider had not ensured that consent was sought in line with the Mental Capacity Act 2005 (MCA). Also, we found care was not always delivered in a person centred way. Lastly, we concluded that the registered provider had not ensured that quality monitoring was effective in highlighting shortfalls in the service. We told the registered persons to take action to make improvements to address each of our concerns and they subsequently told us that this had been done.

At this inspection we found the action taken was sufficient to meet the breaches identified above. Our other findings at the present inspection were as follows. People were protected from abuse. Staff were able to identify different types of abuse and were confident in reporting concerns when required. There were a sufficient number of staff on duty to meet the needs of the people using the service. Staffing levels were planned around the needs of people and rotas showed these were consistent. People were protected by the prevention and control of infection where possible. Accidents and incidents were reported by staff in line with the provider's policy, and the registered manager took steps to ensure that lessons were learned when things went wrong. The registered manager kept a log of incidents concerning the safety of staff, and took appropriate action. However, the registered manager had not submitted one notification to us relating to a safeguarding incident.

People's needs were assessed and their care was delivered in line with current legislation. When the service was responsible, people were supported to eat and drink enough to maintain a balanced diet. Appropriate referrals were made to dietician and Speech and Language teams. Staff received training which ensured they had the skills and knowledge to deliver effective care. Staff we spoke with had a good level of

knowledge about the roles and responsibilities when supporting people. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked together to ensure that people received consistent and person-centred support when they moved between different services.

Staff were encouraged to develop positive, caring relationships with the people they supported. Staff supported people to express their views and be actively involved in making decisions about their care. People were involved in reviewing their care. People's dignity and independence was respected at all times.

People and their families were encouraged and supported to raise any issues or concerns with the service manager. There was a formal complaints procedure in place, and details of how to complain were held with the person's care records at their home. People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that staff worked closely with health professionals such as nurses from the local hospice, dieticians and GPs to ensure people had coordinated care at the end of their life.

The registered manager had failed to notify CQC of a notifiable event in a timely manner. The registered manager had oversight of and reviewed the daily culture in the service, including the attitudes, values and behaviour of staff. The registered manager promoted transparency and fairness within the workforce. Staff retention was good, and staff told us they felt proud to work for the organisation. People, their families and staff were encouraged to be engaged and involved with the service.

We found two breaches of the Health and Social Care Act 2008 (Registration) Regulations 2014. You can see what action we have asked the provider to take at the end 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?

Good ●

The service was Safe.

People were protected from abuse.

People were kept safe from risks or avoidable harm.

There were a sufficient number of suitable staff to support people safely.

People's medicines were managed safely.

People were protected by the prevention and control of infection.

Lessons were learned and improvements were made when things went wrong.

Is the service effective?

Good ●

The service was Effective.

People's needs were assessed and their care was delivered in line with current legislation.

Staff received the training they needed to carry out their roles effectively.

People were supported to eat and drink enough to maintain a balanced diet.

Staff worked together across organisations to help deliver effective care when people move between services.

People were supported to live healthier lives and have access to healthcare services.

Staff were knowledgeable about the Mental Capacity Act, knew how to seek consent for care and knew the processes to help those who lacked capacity make decisions.

Is the service caring?

Good ●

The service was Caring.

People were treated with kindness, respect and compassion.

Staff supported people to express their views and be actively involved in making decisions about their care.

People's privacy, dignity and independence was promoted.

Is the service responsive?

Good ●

The service was Responsive.

People received personalised care that was responsive to their needs.

People knew how to make a complaint and were confident to do so if they needed to.

People were supported at the end of their life to have a comfortable, dignified and pain free death.

Is the service well-led?

Requires Improvement ●

The service was not always Well-led.

The registered manager had failed to notify CQC of a notifiable event in a timely manner.

There was an open and inclusive culture at the service.

Management encouraged transparency and honesty within the service.

People, their families and staff were encouraged to be engaged and involved with the service through meetings and ongoing feedback to management.

There were strong links with the local community.

Wealden community Care Limited

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 48 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available.

The inspection took place on the 26 and 27 March 2018. It included visiting the site office, visiting people in their homes with staff present and speaking to people's relatives by telephone. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to 13 people using the service, two relatives, four staff, and the registered manager. We visited three people at home, with their agreement, where we made observations of staff interactions. We looked at three people's care plans, three staff files, staff training records, quality assurance documentation and people's medicine records.

Is the service safe?

Our findings

People told us they thought the service they received was safe. One person told us, "I use a wheelchair and my carers have to hoist me. They are very good at keeping me safe and they are careful with me." Another person said, "I feel safe because I know someone is checking in on me, they come twice a day." A relative told us, "It's a comfort to know mum's safe, I never have any cause for concern. I check the book regularly to make sure everything is going along smoothly."

At our last inspection on 2 December 2016 we found that the registered provider had not ensured people were kept safe from risks or avoidable harm. This was because the records lacked detail and did not consistently identify possible risks. Additionally, where people had a keysafe in place, the codes were being sent to staff using unsecured personal email addresses. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found improvements had been made to how the registered provider assessed risks and provided guidance to staff on how to minimise those risks. Senior staff had reviewed all risk assessments since our last inspection, and the registered manager had introduced a procedure where assessments would be reviewed twice a year or more often if there were changes to a person's need. During our last inspection one person used oxygen to assist them with breathing, and there had been no consideration given to the potential fire hazard in the environmental risk assessment. At this inspection this risk assessment had been reviewed and the use of oxygen had been identified as a fire risk. Other risks had been appropriately assessed. Staff carried out risk assessments on areas such as people's mobility, communication needs and health needs. For example, one person had previously been admitted into hospital with hypothermia. The risk assessment stated staff should leave the person's heating on in order to help prevent another admission. Another person was at risk of falling. Records showed how staff should support them in order to prevent further falls, and to ensure they wore their lifeline alarm at all times so they could call for assistance if they fell. Staff told us procedures for sharing information about people's keysafe codes had changed since the last inspection. One staff member said, "We need to call the office for the numbers now, they don't send them through anymore. It's not a problem."

At our inspection on 2 December 2016 we found the registered provider had not ensured that safe recruitment procedures were followed. This was because staff were working with people before suitable checks had been carried out to ensure that they were suitable to be employed at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found improvements had been made to recruitment procedures and staff were now being recruited in a safe manner. Pre-employment checks were made. Staff completed Disclosure and Barring Service (DBS) checks to ensure that they were safe to work with people using the service. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Records showed DBS checks were now in place before staff worked alone with people. References were sought from previous employers and were checked. Newly recruited staff completed an induction which included classroom-based training, online training and periods of shadowing more

experienced staff. Before passing their probation period all new staff had to prove their competence, and were assessed by senior staff on how they carried out their role. One staff member said, "The induction was totally led by me. If I wanted more shadowing I could have it. I only worked alone when I was ready." We spoke to one person who told us about their experience of the induction process. They said, "I was introduced to a new carer by my regular one, they both came to see me together for a week or so. I was a bit apprehensive when I knew she'd be supporting me by herself, but I was pleasantly surprised how calm she was. She knew everything that needed to be done."

At our inspection on 2 December 2016 the registered provider had not ensured medicines were being managed safely. This was because staff were not completing medication administration records (MARs) accurately and had not always taken appropriate action when people's medication had been missed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found improvements had been made, and people now received their medicines safely. People's ability to manage their own medication was assessed when they first started to receive support. If required, information on what support was needed was person-centred and easily accessible to staff at the front of their care records. MARs were completed accurately and legibly. Each person's care file in their home contained a document showing the name of the medicine, the reason for the prescription, common side effects and what to do if a dose was missed. Staff told us this helped them feel more confident when supporting people with their medicines. Since our last inspection the registered provider had implemented a monthly quality assurance check of people's medicines. This audit looked at the accuracy of recording and where errors had been identified action was taken, such as requiring staff to attend additional training.

People were protected from abuse. At our last inspection staff told us they felt the safeguarding training was brief, and we could not see separate safeguarding training on records we were shown. We made a recommendation that the registered provider review their training recording system to ensure all training is clearly recorded. As this inspection these changes had been made, and records showed staff had recently received updated safeguarding training. Staff we spoke with were able to describe different types of abuse, such as physical, financial or emotional. Staff were aware of how to report concerns if they had any. One staff member told us, "We all have a role to play with safeguarding. We're told to report everything, no matter how small, as it's the small details that give the bigger picture." Staff were aware of the whistleblowing procedure and were certain management would take any concerns seriously. Records showed the registered manager had worked transparently and effectively with the local authority when investigating safeguarding concerns and feedback we received from the local authority was positive.

There were a sufficient number of staff on duty to meet the needs of the people using the service. Staffing levels were planned around the needs of people and rotas showed these were consistent. People also confirmed this. The rotas showed there was travel time between the care calls to allow staff to get to people at the right time. Rotas were organised by area, with a small staff team covering the same calls. Staff absence, such as annual leave or sickness, was covered by senior staff or others from the team. If staff were needed from other areas they would shadow colleagues beforehand to make sure people had met them, and they were aware of the support needs and routines. This meant people were supported by staff that they knew. One person told us, "Each week I seem to get the same girls, there are about four of them." People told us staff were punctual, and if they were running late they would always be informed. One person said, "They do run late sometimes but I don't mind because I always know they're coming. If it's going to be more than about half an hour they call me."

People were protected by the prevention and control of infection where possible. Staff received infection control and food hygiene training. Staff were aware of the importance of using personal protective

equipment (PPE) when supporting people, and the service provided staff with gloves, alcohol gel and aprons to be used when needed. Senior staff monitored staff through competency checks to make sure they were using the equipment properly. When one member of staff was seen to not be wearing their apron at one visit, they were reminded of the policy during their next supervision session.

Accidents and incidents were reported by staff in line with the provider's policy, and the registered manager took steps to ensure that lessons were learned when things went wrong. The registered manager kept a log of incidents concerning the safety of staff, and took appropriate action. For example, in one week two different staff members reported they were scratched by one person's cat. Senior staff spoke to the family to arrange for the cat to be put in a room when the staff arrived at the property. Accidents involving people being supported, such as falls, were recorded on the persons care records and staff knew to report near misses to senior staff. The registered manager knew to report concerns to the local authority and our records showed they had worked closely with partner organisations during investigations in the past.

Is the service effective?

Our findings

People and their relatives told us their needs were met and staff were skilled in carrying out their roles. One person said, "My regular girls know my ways. If it is someone new they always check in the book and make sure they know what I need doing." Another said, "The carers are experienced and seem to know what they're doing." Another said, "I need the hoist when I get out of bed, they all know how to use it."

At our inspection on 2 December 2016 the registered provider had not kept complete and up to date records of each person. We saw changes were needed to people's care following input from healthcare professionals such as the speech and language therapy team (SaLT), but their care plans were not being updated. This meant carers did not have the correct information on how to support people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found improvements had been made to how senior staff recorded input from healthcare professionals. All care plans had been reviewed since the last inspection, and the records we saw were up to date. Staff worked closely with other professionals to help ensure people's health needs were met. One person was at risk of urine infections and used a catheter bag. Staff worked in conjunction with nurses to ensure the bag was changed and cleaned appropriately. This information was recorded in the person's file. People had been referred to the district nurse when, for example, their ears were blocked. One relative told us, "They are hot on medication. If they are not 100% sure on something they will ring the nurses or the doctors to check." Staff supported people to access health professionals, with one person telling us, "One girl is particularly good, she called the GP for me to order some cream for my rash."

Where the service was responsible, people were supported to eat and drink enough to maintain a balanced diet. Appropriate referrals were made to dietician and Speech and Language therapy teams (SaLT). Feedback from health professionals was positive, with one telling us, "If someone is losing weight the manager will contact us appropriately. They follow the regimes we set and when I check the records they always show staff have given what they were supposed to." People were encouraged to eat healthily. We saw one person being left a bowl of fruit when staff left for the day. Staff had received training on nutrition and hydration specifically for people with dementia in order to better support some people with their diet.

At our last inspection the registered provider had not ensured that consent was sought in line with the Mental Capacity Act 2005 (MCA). This was because one person required carers to use bed rails but the registered provider was not able to demonstrate the person consented to this potential restrictive practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best

interests and legally authorised under the MCA.

At this inspection we found staff were knowledgeable about the MCA. Staff had received training in the MCA and understood that people may not always be able to consent to care. Mental capacity assessments were completed when there were concerns about people's ability to consent to care, and where people couldn't consent staff had taken appropriate action to ensure care was provided in people's best interests. People were encouraged to sign their care plans to indicate they consented to care being provided, and we saw staff asking people if, for example, they wanted to take their medication.

People's needs were assessed and their care was delivered in line with current legislation. The registered manager ensured that a senior member of staff visited each person to conduct an assessment prior to the service being commenced. People were assessed either in their homes or in hospital. The assessment took into account their physical and mental health needs, such as eating and drinking, mobility, and how they make decisions. People's social needs were assessed, recording details about their family relationships and activities they liked to take part in. People's protected characteristics such as their religion and disability were recorded.

Staff received training which ensured they had the skills and knowledge to deliver effective care. A mixture of online and face-to-face training was provided on an ongoing basis to all staff, and records showed staff had been trained in subjects such as catheter and convene care, medication, moving and handling and infection control. Staff we spoke with had a good level of knowledge about their roles and responsibilities when supporting people. Newly recruited staff were given an effective induction using the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care providers are expected to uphold. Staff received regular supervision where they were encouraged to raise concerns. One supervision record we saw indicated a member of staff was concerned that one of the people they supported was beginning to decline some aspects of their support. The person carrying out the supervision subsequently discussed the concerns with the local authority who arranged a joint review of the person. Supervision also identified learning needs of staff and the registered manager ensured needs identified were followed up with additional training.

Staff worked together to ensure that people received consistent and person-centred support when they moved between different services. If a person had a hospital appointment staff ensured they went with an overview of their health and care needs, details of their medicines and when they were last taken. Similarly, if people returned from a period of time in hospital staff would request details of changes to their needs or medicines.

Is the service caring?

Our findings

People told us they found staff caring and treated them kindly. One person told us, "They have respect for me. They are so kind, and they respect my privacy." Another said, "They are all conscientious and really are kind and caring." Another said, "They let me do things for myself, to keep my independence."

Staff were encouraged to develop positive, caring relationships with the people they supported. People told us they were always introduced to staff before they provided care and support. Rotas were organised so people received support from a small number of staff, meaning staff knew the people they supported well. Rotas were sent to people by email in advance so they knew who was supporting them on any particular day of the coming week. During our inspection we visited three people's homes to watch and listen to how people and staff interacted with each other. We saw people took a leading role in how their care was delivered. Staff would ask how people wanted to be supported and we saw relationships had been developed where people were confident to say how they wanted things to be done. Staff were able to describe people's likes, dislikes and routines. One person told us, "They listen to me, they can tell that some days I'm feeling down. That's why I like them." We heard another person asking for a small bowl of cornflakes, toast with marmalade and tomato juice with some Worcestershire sauce for breakfast. The staff member told us the person will change their preferences every day. Conversations were relaxed and friendly, and staff told us they had time to chat with people about their personal lives or interests. During one visit we heard one person asking staff for advice about a family issue, and it was clear that a close relationship had been built between them both. Guidance on how to support people with communication needs was provided for staff. For example, one person's complex physical condition meant they often found it difficult to remember conversations about their care. Staff were able to overcome this by typing messages onto a tablet for them to read when they were feeling stronger. Other care plans guided staff on how to communicate with people with hearing difficulties or dementia.

Staff supported people to express their views and be actively involved in making decisions about their care. People were involved in reviewing their care. Formal reviews took place twice a year or more often if there were significant changes. Family members and health and social care professionals were invited to the reviews to support the people if they asked. A relative told us, "They'll invite me to the meetings and I try to get there but if I can't I know they'll let me know if there are any changes." The registered manager had made referrals to external advocates such as support workers, care managers from the local authority or charities when appropriate.

People's dignity and independence was respected at all times. People were able to choose if they wanted to be supported by male or female staff. Staff were able to give examples of how they maintained and protected people's privacy and dignity whilst providing support. We heard staff explaining to people what was going to happen before care was provided so they were prepared. One person told us, "My dignity is important to me. The girls will close the door to the bathroom, and even close the blind so nobody can see into the room from outside." People were supported to be as independent as they wanted to be. Assessments took into account people's strengths as well as their support needs and people were encouraged to do things for themselves. During our visits we saw one person being actively involved in their

catheter care. They told us they like to take part as it keeps them active. Another person we spoke to had recently begun to receive support and was anxious about becoming too dependent on staff. They told us, "They don't take away my independence. I can't allow them to do everything for me. We have our routine and it's working well."

Is the service responsive?

Our findings

People told us the care and support they received was responsive to their needs. One person told us, "I get the carers at the time I need them." Another said, "If I don't feel like having a shower one day, I'll just tell them. They're there for me when I want them."

At our last inspection we found care was not always being delivered in a person centred way. Care plans lacked important personal details, did not show the person had been involved in making them and people did not receive support at the time they wanted it because staff were not always punctual. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found the quality of care planning had improved. Records showed care plans had been reviewed and people were involved in the writing of their care plans. Relatives told us they had been invited to take part in the planning sessions. Care plans showed some detail of the person's past, such as where they used to live and the job they used to do. Some care plans gave guidance to staff on what the person liked to talk about, such as their family. Documentation held at people's houses showed information about their preferences and choices was shared effectively between staff. One communication sheet showed how staff were monitoring a person's skin who was at risk of pressure sores. Another showed how staff were supporting one person to eat a more varied diet. Staff recorded what the person liked so other staff involved in their care were aware. Staff we spoke with were very knowledgeable about the people they supported. The service was meeting the accessible information standard. The accessible information standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. People were offered a choice of how they wanted to receive their support plan, with formats including braille, large print, British Sign Language DVD, or audio CD.

People told us the care and support they received was responsive to their needs. One person told us, "I get the carers at the time I need them." Another said, "If I don't feel like having a shower one day, I'll just tell them. They're there for me when I want them."

At our last inspection we found care was not always being delivered in a person centred way. Care plans lacked important personal details, did not show the person had been involved in making them and people did not receive support at the time they wanted it because staff were not always punctual. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found the quality of care planning had improved. Records showed care plans had been reviewed and people were involved in the writing of their care plans. Relatives told us they had been invited to take part in the planning sessions. Care plans showed some detail of the person's past, such as where they used to live and the job they used to do. Some care plans gave guidance to staff on what the person liked to talk about, such as their family. Documentation held at people's houses showed information about their preferences and choices was shared effectively between staff. One communication sheet showed how staff were monitoring a person's skin who was at risk of pressure sores. Another showed how staff were supporting one person to eat a more varied diet. Staff recorded what the person liked so other staff involved

in their care were aware. Staff we spoke with were very knowledgeable about the people they supported. The service was meeting the accessible information standard. The accessible information standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. People were offered a choice of how they wanted to receive their support plan, with formats including braille, large print, British Sign Language DVD, or audio CD.

People also told us punctuality of staff and communication from the registered provider had improved since the last inspection. The registered provider used an electronic monitoring system which recorded when staff entered a person's home. This meant office-based staff were able to take proactive action if staff were running late. People told us that although staff were sometimes late, they were now being informed by the office.

People and their families were encouraged and supported to raise any issues or concerns with the registered manager. There was a formal complaints procedure in place, and details of how to complain were held with the person's care records at their home. This included how to take things further if needed, such as via the Local Government Ombudsman. The policy covered timescales for complaints to be responded to. We reviewed three formal complaints received since the last inspection. The registered provider had responded to the complainants in line with the policy. People told us informal complaints were also responded to appropriately. One relative told us, "Mum used to get anxious because she didn't always know which carer was going to visit. I spoke to the office and now they let her know who is planned to come and if there are any changes."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that staff worked closely with health professionals such as nurses from the local hospice, dieticians and GPs to ensure people had coordinated care at the end of their life. When appropriate people's wishes about the care they wished to receive and whether they wanted to stay at home or be admitted into hospital were recorded in their care plan. Records showed senior staff had ensured one person received support from the same member of staff for the two weeks before they passed away.

Is the service well-led?

Our findings

People told us they thought the service was well led. One person told us, "I haven't had them for long, but the office seem approachable and answer any questions I have." A relative told us, "The office always let me know what's going on, they're very good." A staff member told us, "It's a brilliant company to work for and I really like working with them."

At our last inspection the registered provider had not ensured that quality monitoring was effective in highlighting shortfalls in the service. This was because quality audits were not being completed regularly. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we found that improvements had been made. The registered manager had reviewed the quality auditing procedure and implemented new audits which were being carried out monthly. These audits covered areas such as medicines, health and safety, care records, complaints and training requirements of staff. Where areas of improvement were identified, the registered manager ensured action was taken to improve the quality of the service. For example, an audit of care records found some people had not signed their care plan to indicate they agreed with it and consented to care being provided. Action was taken to ensure all care plans were signed by people receiving support, and the care planning process was amended to ensure care plans were signed in a timely manner in the future. The registered manager also attended monthly quality assurance meetings held by the local authority, where key performance information was discussed, such as timeliness of visits by staff.

There was a registered manager in post. 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 not aware of all of their responsibilities to ensure compliance with fundamental standards and regulations. They had failed to notify CQC of a notifiable event in a timely manner. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. We saw that any incidents that had met the threshold for Duty of Candour had been reported correctly. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating in the service and on their website.

The registered manager had an oversight of and reviewed the daily culture in the service, including the attitudes, values and behaviour of staff. They were a qualified NVQ assessor, provided the majority of training to staff and felt this arrangement enabled them to have a good overview of the quality of staff the

service employed. They reviewed spot checks so were kept aware of staff performance. Staff treated each other with respect and spoke highly of one another. Staff told us the service was well-led, with one staff member saying, "There's a great open door policy. I know I can speak to the owner if I wanted to. And it's easy to get through to out of hours. Having someone on the end of the line whenever I need it gives me confidence."

The registered manager promoted transparency and fairness within the workforce. Staff retention was good, and staff told us they felt proud to work for the organisation. Staff had contracts with guaranteed weekly hours, and these hours varied dependent on personal circumstances. Weekend shifts were organised on a rota basis with each staff member carrying out one shift every other weekend. Annual leave was carefully managed to ensure continuity of service but also choice of staff. Good practice was encouraged and all senior staff had been promoted from within the service.

People, their families and staff were encouraged to be engaged and involved with the service. Staff took part in regular team meetings. Minutes of a recent meeting showed updates to policies and procedures were discussed as well as sharing information on changes to people's needs. Staff told us they found the meetings useful because they generally worked alone and it provided an opportunity for them to get to know their colleagues. At the time of the inspection the registered manager told us they had recently conducted a survey of people and their relative's views of the service, but had not yet compiled the results. Records of incidents, complaints and compliments showed feedback led to changes in how the service was delivered. There were strong links with the local community. The registered manager had good relationships with the local authority, hospice, GPs and other health professionals.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not submitted notifications of incidents as required. Regulation 18(1)(2)(e)